

PEDIATRIC EMERGENCY MEDICINE (PGY-1)

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA *Objectives of Training and Specialty Training Requirements in Anesthesia*

Specific Objectives in CanMEDS Format

ROTATION OBJECTIVES

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

Medical Expert/Clinical Decision-Maker

Specific Knowledge Requirements

- Differentiation of the well child from the acutely ill child in order to build a base for the pre-anesthetic assessment.
- Initial ABC management of a sick child including basic airway management with oxygen delivery, positioning, bag-valve-mask ventilation, and fluid resuscitation.
- Approach to fever in neonates, infants, and children.
- Airway ABC's – asthma, bronchiolitis, croup, foreign bodies – their diagnosis and management.
- Fluid management and assessment of dehydration along with rehydration techniques.
- Rapid sequence intubation – technique, indications and contraindications.
- Procedural sedation – indications and contraindications.
- Knowledge of pediatric pain management.
- Management of otitis media, urinary tract infections, pneumonia, and gastroenteritis.
- Approach to fracture management including Salter-Harris classification.
- Diagnosis and management of common surgical emergencies – appendicitis, pyloric stenosis, intussusception, volvulus, hernia.
- Knowledge of drug dosing for common drugs – epinephrine, antibiotics, antiepileptics, bronchodilators, antihistamines, steroids, and analgesics.
- Knowledge of common overdoses and poisonings.

Methods to Achieve Competencies

- Formal and informal teaching sessions in the ED.
- Provision of both PALS and APLS courses to interested first-year residents.
- Provision of PEM library resources and selected landmark studies.

Specific Skill Requirements

- Bag-valve mask ventilation, orotracheal intubation, splinting, suturing, casting, lumbar punctures, local anesthesia, intravenous placement, chest and abdominal radiograph interpretation

Methods to Achieve Competencies

- Demonstration of technical procedures in the ED.
- Supervised procedures in the ED with immediate feedback.

Communicator

The resident will be able to:

- Obtain a relevant history from patient, parents, and caregivers.
- Communicate with the child's family management plans to inform them and allay undue anxieties.

Methods to Achieve Competencies

- Observed history-taking and physical examination skills.
- Observed management plans communicated to patient and family/caregiver.

Collaborator

The resident will be able to:

- Consult with other physicians and members of the health care team effectively.
- Understand the roles of the interdisciplinary team.

Methods to Achieve Competencies

- Observation of interaction with nurses, respiratory therapists, and x-ray technicians.

Leader

The resident will be able to:

- Utilize resources efficiently to manage patient care effectively.
- Work effectively and efficiently in a health care organization.

Methods to Achieve Competencies

- Residents with appropriate staff supervision will decide which patients require discharge, observation, or admission.



Health Advocate

The resident will be able to:

- Contribute effectively to improved health of patients and their communities.
- Consider anticipatory guidance with each patient encounter.

Methods to Achieve Competencies

- Discussion of illness and injury prevention when appropriate.

Scholar

The resident will be able to:

- Provide evidence-based medical practice via frequent critical appraisal of the literature.

Methods to Achieve Competencies

- Attendance at Pediatric Emergency Rounds.
- Presentation of Pediatric Emergency Rounds.

Professional

The resident will be able to:

- Appreciate the complex emotional effects that an acute illness has upon a family.
- Practice ethically according to professional standards with patients, families, and health-care teams.

Methods to Achieve Competencies

- Close supervision of resident assessments with families and staff.

Reviewed: September 2012, Dr. Granton