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 healthcare teams.

Methods to Achieve Competencies
- Close supervision of resident assessments with families and staff.

Reviewed: September 2012, Dr. Granton