



Schulich
MEDICINE & DENTISTRY

Children's Hospital
London Health Sciences Centre



Western



The Paediatric Insider

Continuing Medical Education Annual Report 2023/2024



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Paediatric Continuing Medical Education

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Miss. Megan Dykstra – CME Coordinator

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Representatives:

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Dr. Sara Puente
Dr. Tania Rubaiyyat

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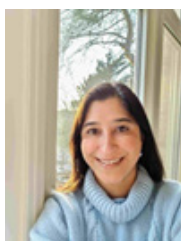
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Maternal Newborn Child and
Youth Network

Message from the Department of Paediatrics Chair



Please take the time to digest another outstanding annual report that highlights our CME activities in 2023 and 2024 and reflects the work of our dedicated CME team. After virtual attendance over the past few years, I was able to be at the Paediatric Update Conference in person in 2024 and was struck by the high quality of the speakers and the atmosphere of professional growth and collaboration with paediatric colleagues regionally.

I am very grateful to everyone who was involved in the Update conference but also the many CME activities taking place across our Department.

Dr. Craig Campbell MD MSc FRCPC
Chair and Department Head,
Paediatrics Professor, University of Western Ontario



Message from the Paediatrics CME Director

Looking back at the Department of Paediatrics Continuing Medical Education (CME) in the past, we are proud of our achievements that were only possible through the extraordinary commitment of all our faculty members and staff. Not only did our Department lead many invited lectures, workshops & symposiums across the globe, but they are working to transform medical education to ensure every child receives high-quality care locally, nationally and internationally.

Our department has been hosting outstanding paediatric conferences every year. In previous years we have made this into a 2-day conference including a workshop. The Paediatric CME also continued and expanded the Paediatric Regional Outreach Program (PROP). The PROP-POCUS program has received great response within and outside of the province. The PROP Lecture Series under this program has gained huge appreciation not only from our regional partners but attendees across Ontario and other provinces. Our outreach simulation workshop has also gained momentum.

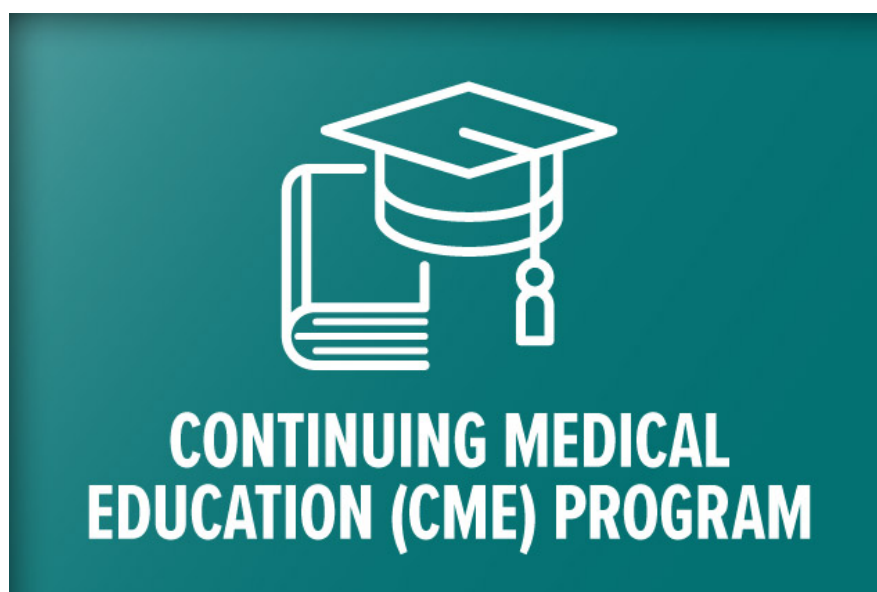


A big thanks to Michael Gunning Simulation Centre and MNCYN for partnering and providing PROP in-situ paediatric simulation workshops across the region.

Our Grand Rounds has been a forum for information exchange and to display excellence in paediatric research and education. We are committed to providing cutting-edge topics relevant to contemporary paediatric practice on a weekly basis.

We are in pursuit of a truly dynamic, learner-focused approach. CME continues to evaluate, receive feedback and improve on an ongoing basis to ensure we are meeting and growing with the needs of the community. It is paramount.

Dr. Rahul Ojha MBBS,DCH, MD, FRACP
Director of the Continuing Medical Education
Department of Paediatrics
Children's Hospital, London Health Sciences Centre



Conferences in Focus

Provincial

Children's Hospital Paediatric Update Conference

We had another successful Children's Hospital Paediatric Update Conference. Both years we held it at the the Best Western Lamplighter Inn. It was a great opportunity for healthcare professionals to gather and learn more about our Healthcare and continuously growing activities. Both years we made it a 2-day event where the first day was skill workshops and the second day was full of presentations and breakout sessions.

Some of the topics covered by our doctors: Strategies to Manage Anxiety in Adolescents, Learning about Long Covid in Children, Common Orthopedic Problems in the Office, Effects of Cannabis use during Adolescence and Emerging Challenges, PEM Quick Hits, Choosing Wisely, Interesting cases in Paediatrics, New Guidelines in CMV and Syphilis, Brain Teasers, Golden Moments, Neonatal Emergencies, Kawasaki Evaluation and Management, Disordered eating, Tricky ECG, Seizures, Update in Management of Growth Faltering, Pneumonia, Drug Reactions, Approach to Rickets, Sexual Health for Adolescents and Approach to Gender Diverse Patient.



190+ Participants in
the last 2 years



Paediatric Emergency Medicine Refresher Day

The Annual Paediatric Emergency Medicine Refresher Day is an accredited, multidisciplinary course that is open to all healthcare providers who are looking to update their knowledge in paediatric emergency medicine.

Topics are PEM specific, relevant for the current year and focus on the practical aspects of patient care. Each topic is presented by multidisciplinary speakers who are experts in their fields and include physicians, nurses, EMS, RRT, and social workers.

The 1-day course is held in the spring of each year in London, ON and has been running for more than 10 years. Attendees are from across Ontario. This is a regional course with PEM hot topics that are relevant to not only Southwestern Ontario, but all provincial regions.

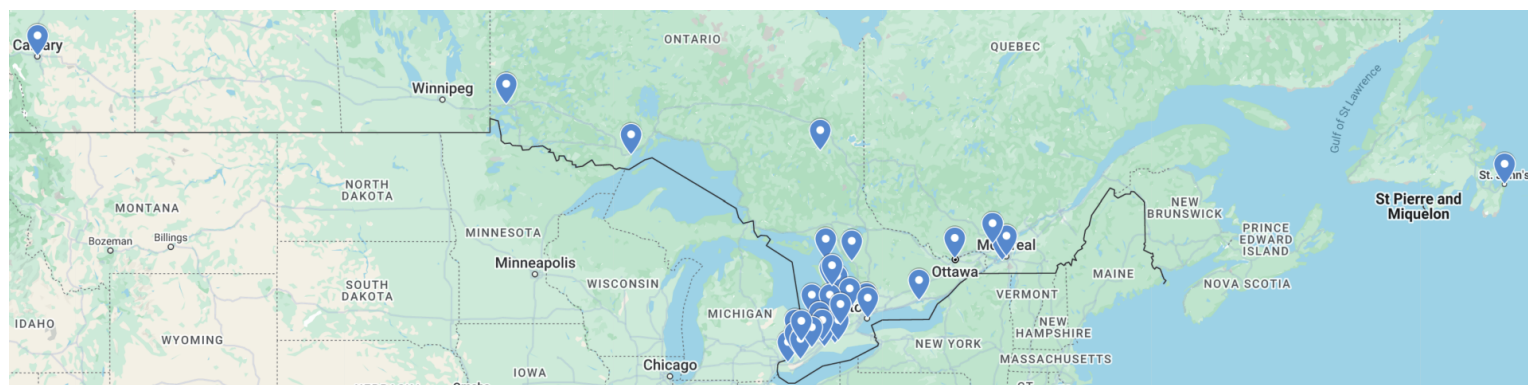
The 2023 and 2024 courses were a hybrid model of primarily in-person attendees and several Online attendees. Fifty-six people attended in 2023 and 85 people attended in 2024. Feedback for both courses as well as previous years has been

excellent, and attendees love the mix of plenary and smaller break-out sessions. They have several opportunities throughout the day to interact with speakers directly.

In 2023 there was a pre-conference day Simulation and POCUS workshop that provided direct hands-on skills for attendees to enhance their resuscitation and POCUS skills. In 2024 one of the plenary topics analyzed and taught around a recorded Simulation of a resuscitation from a community ED to our PED.



PEM Refresher Day



Location of the participants who joined the Children's Hospital Paediatric Update and the Paediatric Emergency Medicine Refresher Day

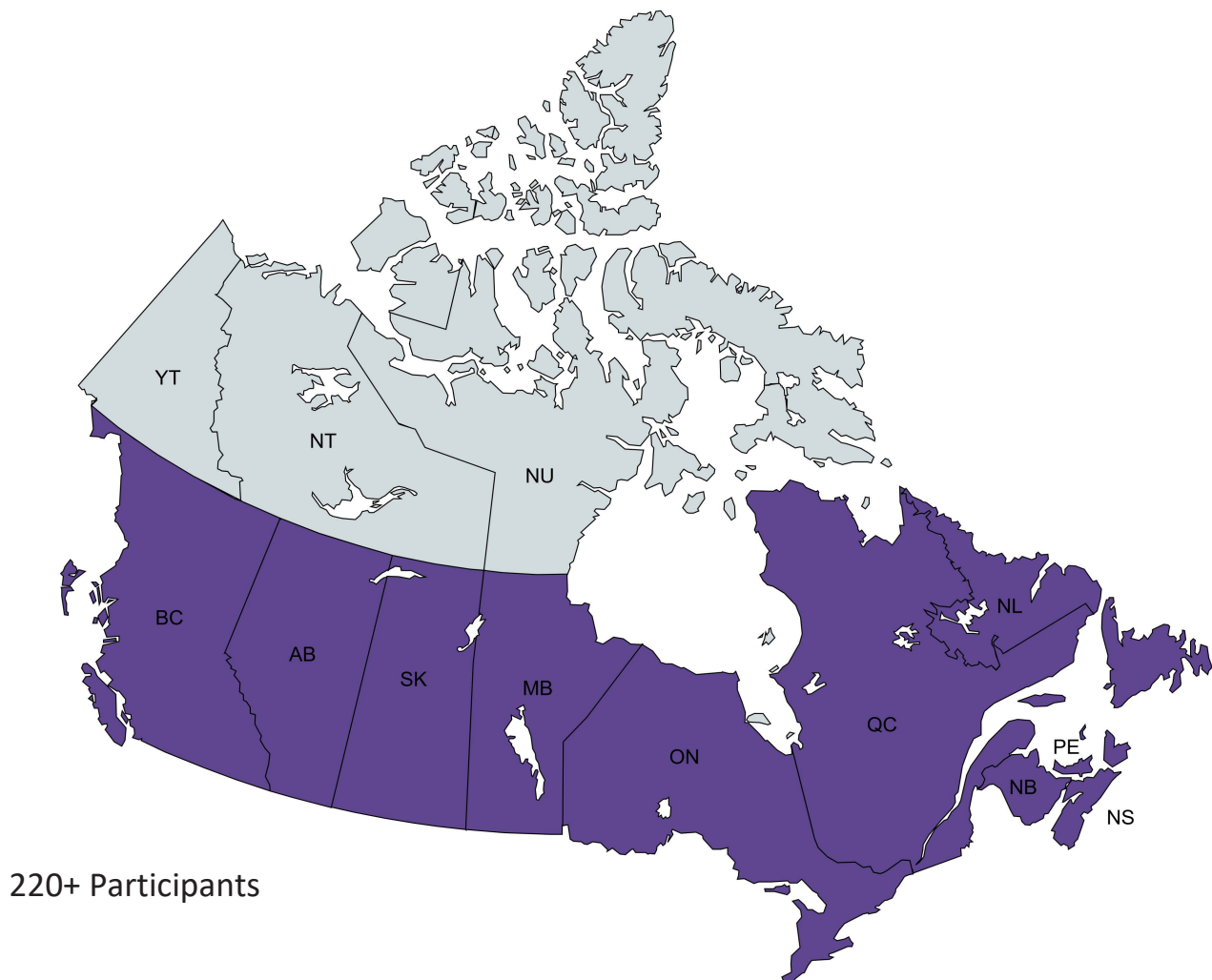
National

Canadian Paediatric Emergency Medicine Review Course

The Canadian Paediatric Emergency Medicine Review course is a national annual course open to physicians from across Canada who would like a comprehensive review of core topics in paediatric emergency medicine. Speakers are paediatric emergency medicine physicians from across Canada who are experts in their field. In 2023 we were able to get back to in person in Banff. It was wonderful getting to gather again in person. They also had a virtual option available for those who could not attend in person. In 2024 the review course was hosted in Quebec. The course provided the opportunity for participants to review their literature, update knowledge on procedural sedation, common hematological, cardiac emergencies, surgical emergencies, neurological emergencies and behavioural emergencies. There were a total of 30 topics in 2023 and 29 topics covered in 2024.

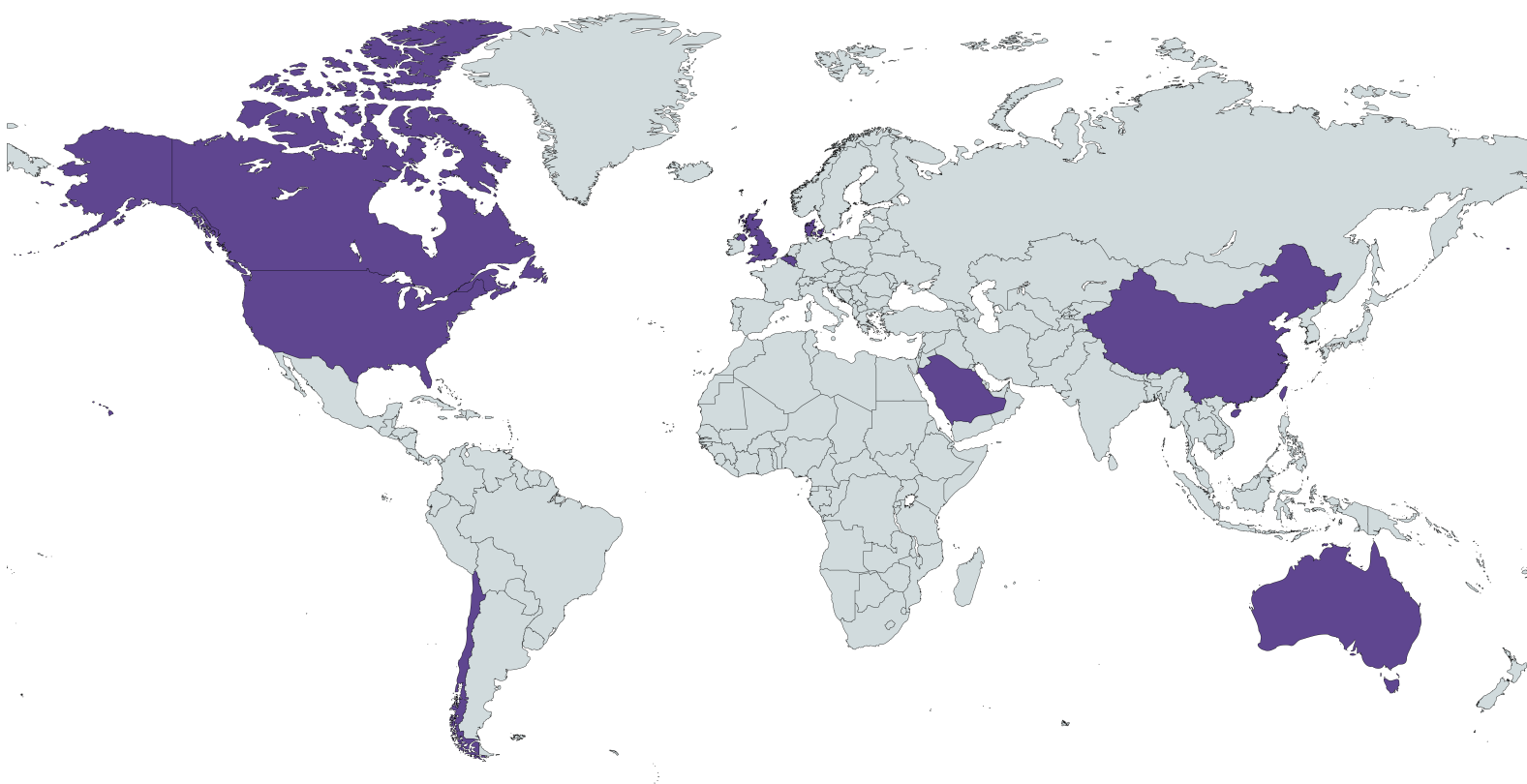


Registrants from all Provinces of Canada joined us for the Canadian Paediatric Emergency Medicine Review Course



International Impact

Our CME Activities Around the World



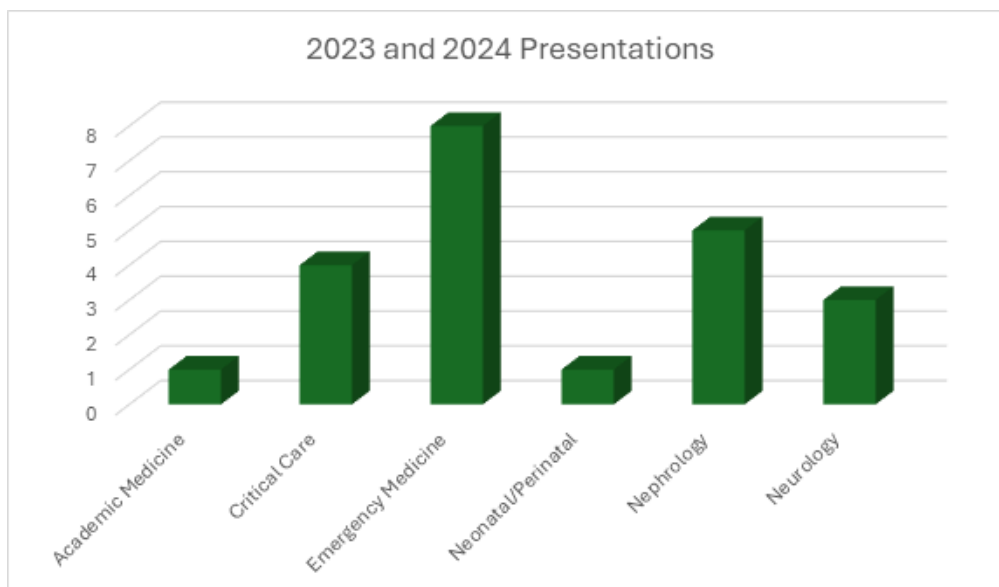
Where in the World?

The Department of Paediatrics has provided more than 30 Continued Medical Education(CME) presentations between January 2023 and December 2024. These presentations were done in 10 different countries around the world: Australia, Belgium, Canada, Chile, China, Denmark, Saudi Arabia, Taiwan, The United Kingdom and The United States.

The presentations ranged in topics from Neurophysiology of Delirium, Inhaled Sedation in Critically Ill Children, Delirium in Critically Ill Children, Paediatric Emergencies, Paediatric Marketplace-Neonatal Resuscitation, Wellness and Burnout in Paediatric Emergencies Physicians, Cell-based therapies in kidney disease, Becoming a Successful Scholar, mGFR and eGFR-back to the basics, Harnessing the Power of Generative Artificial Intelligence in Medical Education, Transition Strategies for Managing Adolescent and Young Adult Migraine.

Breakdown by Division

International Presentations and Invited Lectures



Other Educational Activities

Spotlight

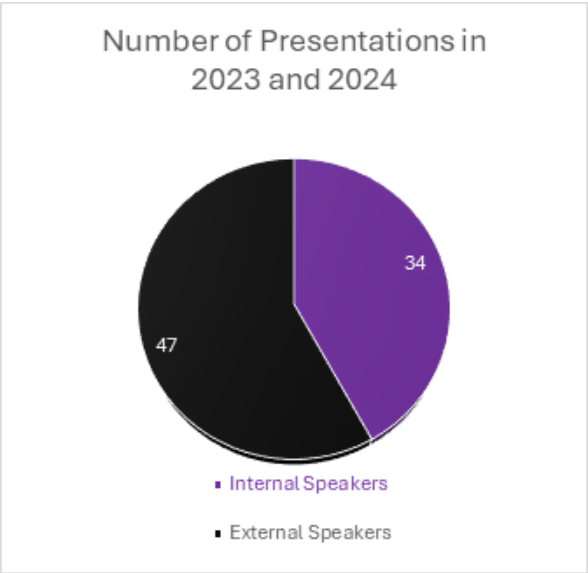
Grand Rounds

Paediatric Grand Rounds take place each Wednesday from 12:00-13:00 throughout the academic year. In 2023 we were able to bring Grand Rounds back in person instead of being purely virtual. We have switched into a mainly hybrid setup depending on the topic or presenter.

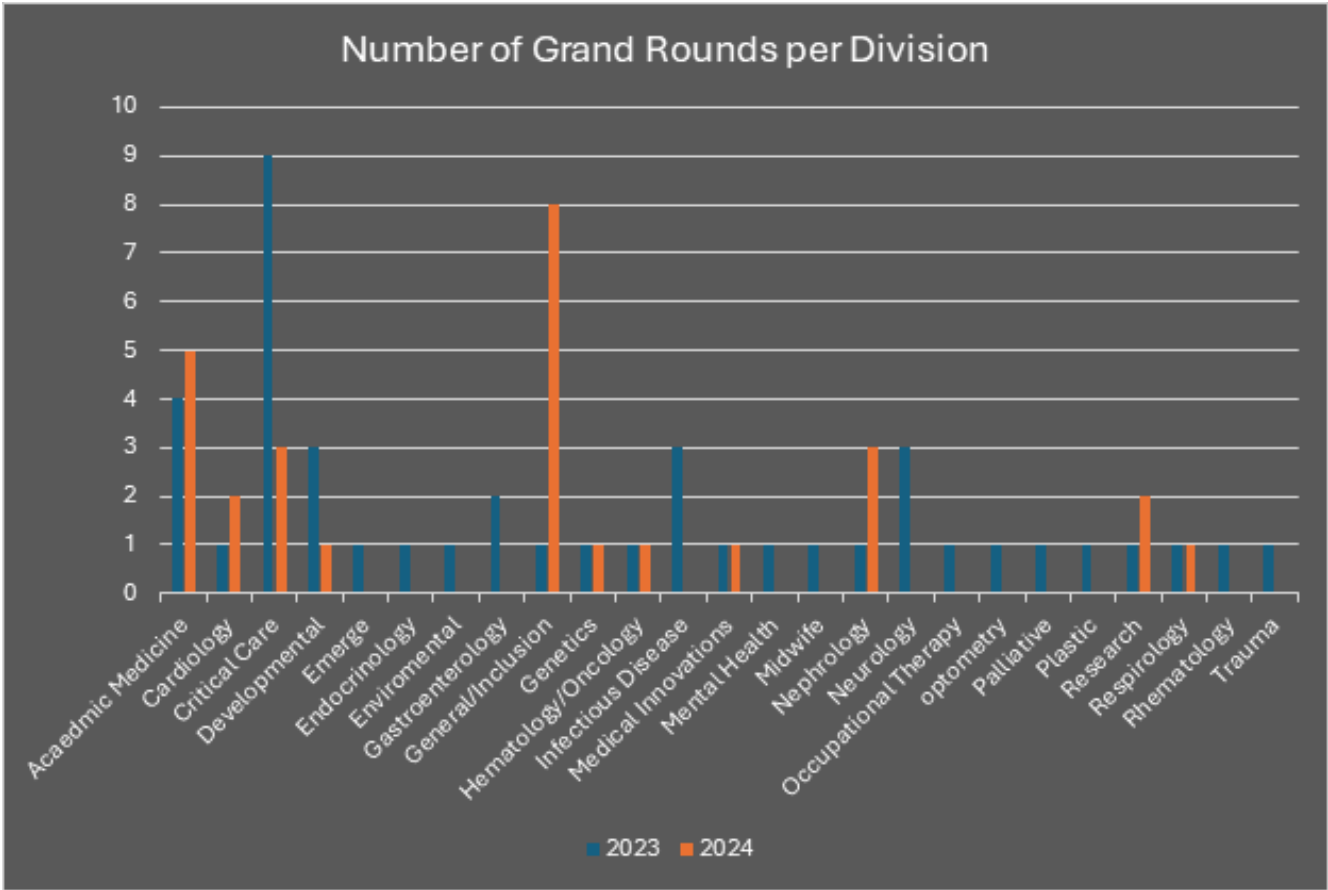
It has been great gathering together again in the Sumner Auditorium weekly to listen to new cutting-edge topics as well as going over the importance of taking care of yourself. This is your chance to gather and network and continually help each other learn and improve our skills.

This is a golden opportunity for our internal doctors to showcase their work and knowledge with their colleagues. As well as a opportunity to bring speakers from around the world to share other cutting-edge research and findings. In 2023 we had 16 internal speakers and 29 external. And in 2024 we had 18 internal and external speakers.

NUMBER OF PRESENTATIONS FOR 2023 AND 2024



34 Internal Speakers
47 External Speakers



Paediatric Regional Outreach Program (PROP)

LHSC is the only place that has the 3-prong PROP teaching series

PROP

The Paediatric Regional Outreach Program (PROP) is a program that provides medical education across Ontario and beyond. PROP was developed by the CME Committee, the Michael Gunning's Simulation Centre, The Maternal Newborn Child and Youth Network (MNCYN), and the Department of Paediatrics at Schulich School of Medicine and Dentistry, Western University to provide educational opportunities to healthcare partners in the region. We have now expanded from Regional to National.

PROP Lectures

Our PROP Lectures are virtual (zoom) educational lecture series that occur every 3rd Wednesday of the month from 3:00 – 4:00 PM. Our target audience is academic paediatricians, community paediatricians, emergency physicians, family physicians, residents, students and other health disciplines.



PROP Simulation

PROP Simulation Workshops allow a participant to experience a real-life medical problem without causing harm or danger to a real patient. It is a learning experience provided to health care professionals with the opportunity to assess and treat a specific medical condition.



PROP POCUS

The Paediatric Regional Outreach Program, Point of Care Ultrasound is a 4-hour, in-person hands-on workshop that allows physicians and other health disciplines to feel comfortable and proficient in the placement of an ultrasound-guided peripheral IV.




PROP Lecture Series

This, once a month virtual (Zoom) lecture is an educational series that provides online case-based lectures on a variety of topics related to paediatric health; for example, sepsis, paediatric transport, trauma, assessment of a sick child, bronchiolitis, DKA, pre-school asthma, febrile infant, burns, foreign bodies, and many more.


Our target audience is academic & community paediatricians, emergency physicians, family physicians, nurses, residents, students, and other health disciplines.

So far there have been:


- 63 different sessions
- 56 different topics
- 30 experts
- 500+ participants



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Paediatric Regional Outreach Program (PROP)


Virtual - Case Based Lecture Series

Management of Status Epilepticus

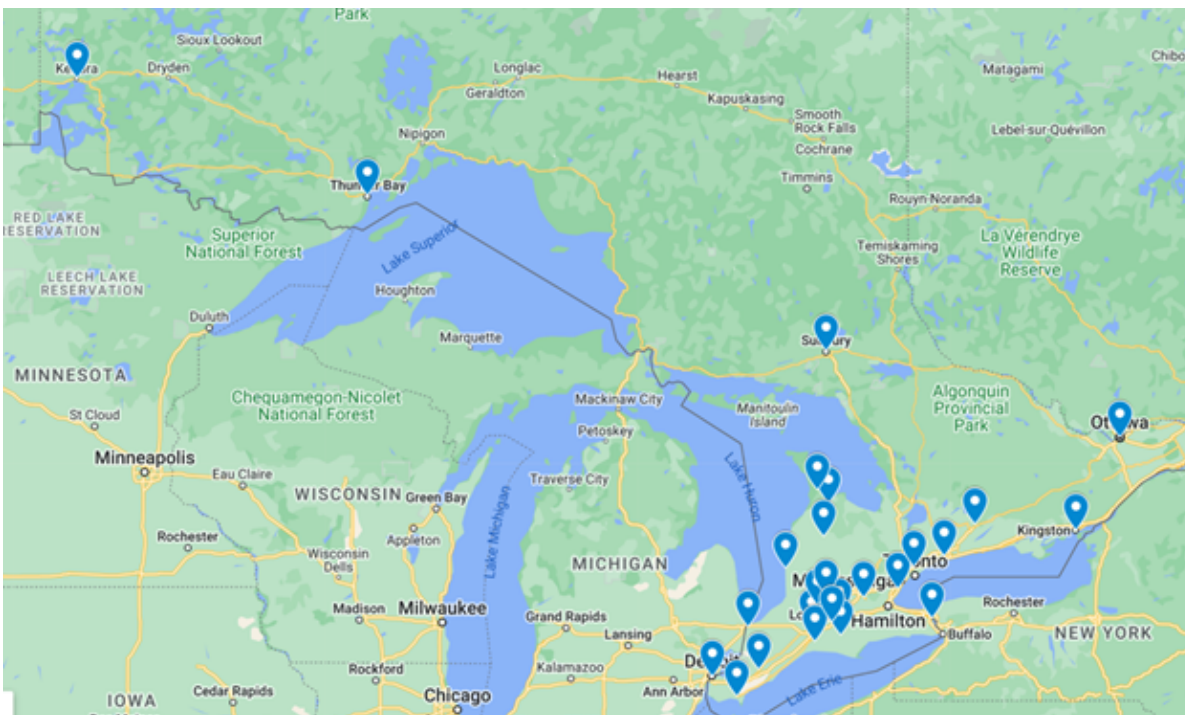
Dr. Rishi Ganesan, MBBS MD DM FACNS
Children's Hospital – London Health Sciences Center
Schulich School of Medicine & Dentistry, Western University
Brain & Mind Institute/ Western Institute of Neurosciences



Rishi Ganesan



Jana Haines



Locations of the participants who joined the Paediatric Regional Outreach Program
PROP Lecture

For more information check out our websites:



CME Website



Western Website

PROP Point of Care Ultrasound (POCUS)

PROP POCUS had now been running for 3 years. We began the program back in 2022 with three workshop. Over the past few years, we have been able to advertise and make our program known to the community and surrounding area. From that, we were able to have 5 workshops in 2023 and another 5 in 2024.



Evidence

- Improved first pass success (Donigher et al.)
- Improved Catheter longevity (Vinograd et al.)
- Simulation Training has shown success (Blaivas et al.)
- Nurses' first-pass success improved from 67% to 83% after 10 attempts (Blici et al)

Breakdown of Workshop: This is a 4 hour in-person hands-on workshop that allows physicians, nurses and allied health to feel comfortable and proficient in the placement of an ultrasound guided peripheral IV.

*1 hour lecture on the principles of vascular ultrasound

*3 hours of hands-on ultrasound guided IV insertion using the needle creep technique.

*Maximum of 12 participants per workshop

2023		2024	
Location	# of Participants	Location	# of Participants
Ottawa	61	Nipigon	30
Exeter	14	Kawartha Lakes	28
London	20	Windsor	30
London	16	PEI	18
London	17	London	11

For more information check out our websites:



CME Website

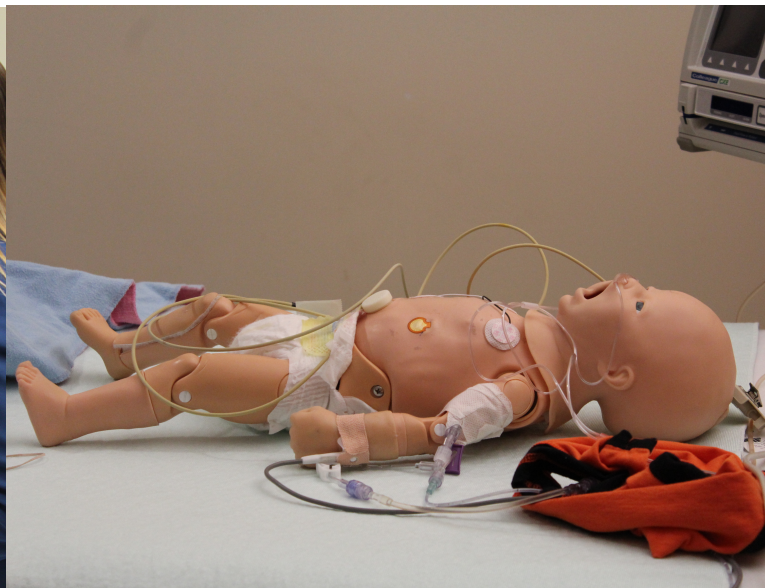


Western Website



PROP Simulation Workshops

In 2023 the team went to Stratford where they had about 20 participants attend.



For simulation workshops, we will travel to you and bring along all the materials needed. Including medication to use in simulation. This provides real life-like learning experiences and hands-on skills to manage and treat acute medical conditions. Not only does this workshop provide skills, but it also allows you to learn about effective communication and role division. Each simulation workshop is comprised of three scenarios and each scenario has a dedicated amount of time for the participants to assess and manage in a simulated environment. After the scenario is complete, there is a debrief session.



Currently, we have two more workshops that have been booked. As well as, another in the planning stages.

These sessions require time to plan and we are booking at least 6 months in advance.

Our target audience includes, any medical facility or hospital in the region caring for a paediatric population. The Simulation Team brings all the necessary gear, equipment and mannequins to the regional hospitals for this outreach program.

For more information check out our websites:



CME Website



Western Website

Paediatric Advanced Life Support Course (PALS)

We offer Paediatric Advance Life Support provider and renewal courses to our staff and any external participants needing this course. We also will provide an instructor course if there is demand.



PALS Courses In 2023

- 8 Renewal Courses
- 5 Provider Courses
- 75 Participants

PALS Courses In 2024

- 6 Renewal Courses
- 9 Provider Courses
- 132 Participants

Children's Hospital Participants

Pricing:

Provider Course:

- 1 - RN, RPN and RRT \$30 for BLS
- 2 - Children's Hospital other staff \$210 plus \$30 for BLS

Recertification Course:

- 1 - RN, RPN and RRT \$30 for BLS
- 2 - Children's Hospital other staff \$100 plus \$30 for BLS



External Staff Participants

Pricing:

Provider Course:

- 1 - MNCYN-affiliated, non-children's hospital staff \$300 plus \$30 for BLS
- 2 - Other \$400 plus \$30 for BLS

Recertification Course:

- 1 - MNCYN-affiliated, non-children's hospital staff \$150 plus \$30 for BLS
- 2 - Other \$200 plus \$30 for BLS

Register here:



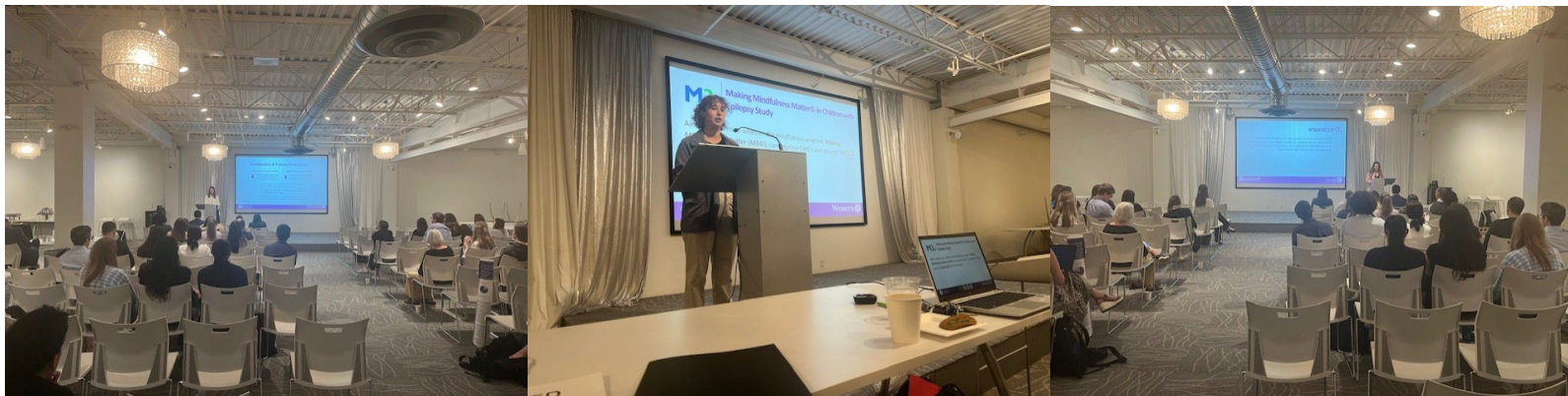
Register here:



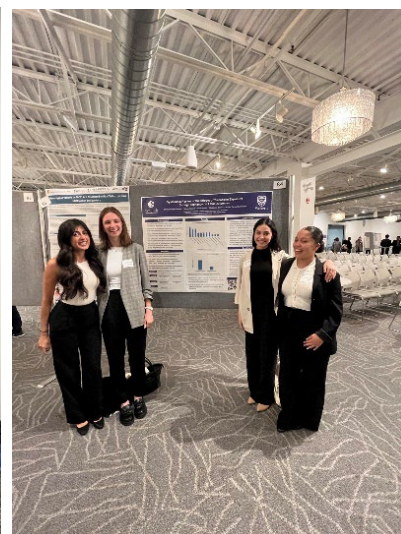
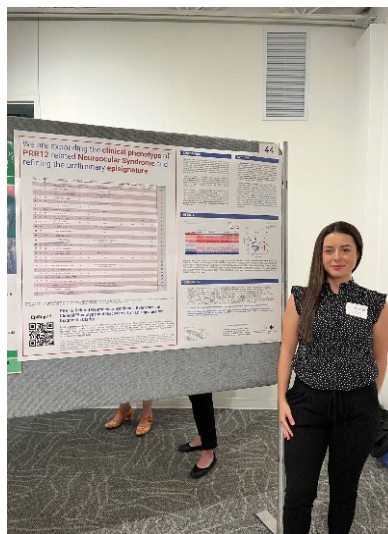
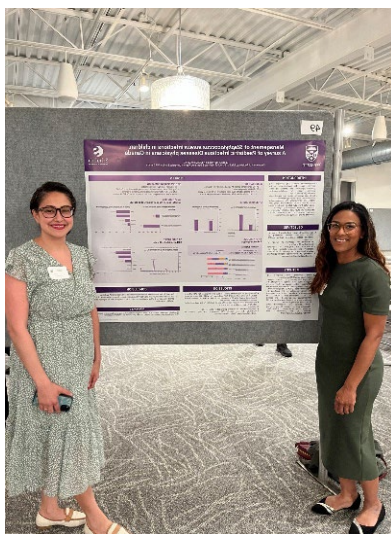
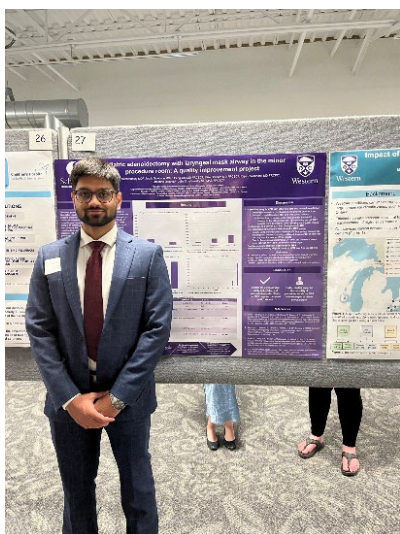
Child Health Research Day

The Child Health Research Day is an amazing event that occurs annually each May in the Department of Paediatrics lifecycle. This is a great opportunity to showcase the incredible research work that is taking place within our community.

We work in collaboration with the Department of Paediatrics, Child and Adolescent Mental Health, Children's Health Research Institute, Children's Hospital, LHSC, Developmental Disabilities Program, Paediatric Surgery, TVCC, Western's Collaborative Graduate Specialization in Developmental Biology, and Western Faculty of Health Sciences. In 2023 our Keynote Speaker was Lisa Robinson. We had 14 platform presentations and 2 select presentations. In 2024 we had Charles Schwartz as our Keynote speaker with 13 platform presentations and 2 select presentations.



In the past years, we have been working closely with TVCC and making this into a two-day event with the TVCC's Child Health Symposium. We branch the two days by having an Evening Joint Poster Session between the two days. This is an opportunity to share posters, and network with the community. In 2023 we had a panel session with Lisa Robinson, Teji Singh and Kathy Speechley and had 122 posters showcased. In 2024 our Keynote Speaker was Gail Teachman, and we had 95 posters showcased from a broad range of content and expertise.



We are excited for Child Health Research Day to take place again on May 20th and 21st, 2025. This year we will have both days and the evening at the same location at Kings College.

Annual PROP Lecture Award

The Paediatric Continued Medical Education is proud to announce the winner of the 2023/2024 Paediatric Regional Outreach Lecture:

Dr. Jag Brar!

Dr. Brar presented on Diabetic Ketoacidosis (DKA).



Congratulations Dr. Brar

This award is given to a presenter in recognition of an outstanding presentation for our regional partners.

PROP October 16, 2024 - Jag Brar

Definition

- Diabetic Ketoacidosis (DKA) is defined by **hyperglycemia** (>11) and **metabolic acidosis** ($\text{pH} < 7.3$ and/or plasma bicarbonate $< 15 \text{ mEq/L}$) with **ketonemia** and ketonuria. (ISPAD 2014 Consensus Guidelines)

Table 2. Determination of severity of DKA

DKA severity	Acidosis	Bicarbonate
Mild	$\text{pH } 7.2 \text{ to } 7.29$	$10 \text{ mmol/L to } < 18 \text{ mmol/L}$
Moderate	$\text{pH } 7.1 \text{ to } 7.19$	$5 \text{ mmol/L to } 9 \text{ mmol/L}$
Severe	$\text{pH} < 7.1$	$< 5 \text{ mmol/L}$

Regional Case Reviews 2023 and 2024

For over 45 years, the Maternal, Newborn, Child & Youth Network (MNCYN) has supported hospitals in Ontario Health West (OHW), focusing on high-quality, family-centered care. To address challenges with limited paediatric resources, MNCYN offers standardized resources, educational materials, and training, including the annual Paediatric Case Rounds. These rounds, organized with CME physicians from Children's Hospital, LHSC and MNCYN partner hospitals, feature expert-led discussions on paediatric emergency medicine, critical care, and general paediatrics. Covering six to eight clinical cases, they help participants apply evidence-based strategies for managing paediatric conditions, including stabilization, ongoing care, and discharge follow-up.

The accredited rounds, approved by Continuing Professional Development at the Schulich School of Medicine & Dentistry, Western University, bring together healthcare professionals such as physicians, nurses, educators, and leaders, promoting a collaborative approach to paediatric care.

Program Staff:

Kristine Fraser, RN, MN, CNCCP(C), Regional Paediatric, Professional Practice Consultant, MNCYN

Dr. Rahul Ojha, General Academic Paediatrics, Children's Hospital - LHSC

Dr. Rod Lim, Medical Director, Paediatric Emergency Department, Children's Hospital - LHSC

Dr. Cory Anderson, Paediatric Intensivist, Paediatric Critical Care, Children's Hospital - LHSC



Participating Hospitals:

- St Thomas Elgin General Hospital (STEGH)
- Huron Perth Healthcare Alliance – Stratford General Hospital (HPHA)
- Brightshores Healthcare - Owen Sound Hospital (BSH)
- Chatham Kent Health Alliance (CKHA)
- Bluewater Health (BWH)
- Thunder Bay Regional Health Service Centre (TBRHSC)

Number of Cases Reviewed: 35

Number of Attendees: 105

Participants: Paediatricians, Emergency Medicine Physicians, Registered Nurses, Registered Respiratory Therapist, Clinical Educators, Managers & Directors



Enhancing Paediatric Palliative Care for a Brighter Future

Dr. Sara Glazer, Dr. Jitin Sondhi, Dr. Robin Williams

We are thrilled to share the progress and expansion of our Quality of Life and Advanced (QoLA) Care Team in this edition of the newsletter. As we continue to grow, we are excited to collaborate with our colleagues to provide comprehensive support and care to our patients and their families. In this article, we highlight the evolution of QoLA and the innovative services we now offer, all aimed at enhancing the lives of children with complex medical needs and life-limiting conditions and their families.

Name Change: Why QoLA Care

Our name change from palliative care to QoLA (Quality of Life and Advanced) Care team reflects the evolution of our services beyond end-of-life care. While we provide support to individuals nearing the end of their lives, our focus extends to enhancing the overall quality of life throughout the entire illness journey for our patients and their families. The minority of our children are actively dying, and based on evidence from other centers with established paediatric palliative care teams, the earlier palliative care is involved and integrated into a child's core treatment team, the better the outcomes. Our aim is to identify what is truly important to our patients and their families and explore how we can add meaning to a child's life within the context of an incurable life-limiting condition. So much of this is done through building strong relationships, which requires involvement early in the child's course.



The "A" in QoLA stands for advanced care. Our team is composed of experts in complex symptom management including not only physical symptoms, but also psychological and spiritual distress which is seen often even in our younger patients.

Expanding Horizons:

QoLA has grown exponentially, transitioning from a team led by a single nurse practitioner, to a dynamic group consisting of three physicians (Dr. Robin Williams, Dr. Jitin Sondhi and Dr. Sara Glazer) and a dedicated support team.

This expansion has allowed us to broaden our reach and provide even more comprehensive care to our patients. Our team is equipped to handle the most complex presentations, offering pain and symptom management encompassing physical, spiritual, and psychological aspects.

We have an evolving perinatal program, that allows us to become involved and support families from the time of prenatal diagnosis of a life limiting condition through complex and challenging decision making on to palliative care for the baby once they are born or bereavement support should the family decide to terminate or once the child dies.

We understand that a child's well-being is intricately connected to the well-being of their family. Therefore, we have expanded our services to encompass not only the child but also their siblings and parents. The QoLA CATs (QoLA Creative Arts Team) have been introduced to provide holistic support. This team includes our talented music therapist (Fleur Hughes), art therapist (Claire Webster) and child life specialist (Karen Groeneweg) who have been an invaluable addition to our team. They not only support our sick children, but have also initiated support groups for siblings of children with serious illnesses and siblings who are bereaved.

Recognizing the emotional challenges faced by our families, we have recently celebrated the addition of a dedicated social worker to our team, (Siobhan McPartland). Siobhan has shown commitment to our bereavement support program, which is rapidly evolving. We acknowledge that grief knows no timeline, and our team is committed to providing ongoing support to families even after their child's passing.

QoLA's growth and development over the years has been remarkable, and we have exciting plans for the future. We are in the process of hiring a clinical nurse specialist to work alongside our physicians, adding a new and important skill set and supporting continuity of care.



Continuing Education:

We are focused on increasing education and training opportunities in our own region. By collaborating with larger organizations including EPEC-Paediatrics, LEAP Paediatrics/Pallium and Canuck Place's training for Serious Illness Conversation Guide -Paediatrics, we have started to provide continuing education to our physicians, residents, nurses and multidisciplinary health professionals to be able to best support our important patient population and expand the capacity of our growing team. Keep a look out for training opportunities over the coming months!

Celebrating Progress and Embracing the Future:

As we look ahead, we are filled with gratitude for the progress we have made and the unwavering support of our community. QoLA 2.0 represents not only our growth as a team but also our commitment to continually improving the lives of our patients and their families. With the addition of our QoLA CATs, social worker, a clinical nurse specialist, and our expanded education initiatives, we are poised to provide exceptional care and support to this vulnerable patient population.

QoLA is not just a care team; it is a symbol of hope, resilience, and unwavering commitment to the well-being and quality of life of our patients and their families. On behalf of the QoLA Care Team, thank you for being alongside us through our growth and evolution, and we look forward to continuing to celebrate each and every gain together!

Kindest regards,

Robin Williams, Jitin Sondhi, Sara Glazer, Siobhan McPartland, Fleur Hughes, Claire Webster and Karen Groeneweg





Competency Based Medical Education: Midway through Launch

Dr. Andrea Ens, MD FRCPC; Paediatric Endocrinology

As a faithful tea drinker, I love to watch the colour seep from tea leaves. For years we have trained physicians using a “tea-steeping” model, by which time spent was equated with sufficient competency and experience gained to practice independently. But not all cups of tea are made equal. The tea-steeping approach to medical education was predicated on many assumptions, including that each learner requires similar time and experience to attain the same goals. Over decades, educators have raised concerns that this likely is not true resulting in the emergence and formal adoption of Competency Based Medical Education (CBME), an outcomes approach to medical education.



Paediatrics officially launched the Royal College's CBME initiative Competence by Design (CBD) in July 2021. This means that our current PGY-3s are the first group to complete a CBME program. CBD is a hybrid model that combines both outcomes-based and time-based components. The program is now 4 years for all paediatric residents and broken down into 4 stages: Transition to Discipline, Foundations, Core and Transition to Practice.

Within each stage, there are designated competencies, called Entrustable Professional Activities (EPAs). For Paediatrics, there are 32 total EPAs or competencies to achieve. EPAs are meant to provide opportunities for frequent, low-stakes assessments with actionable feedback.

What's Working?

With CBME we have seen increased accountability by programs to ensure residents are provided opportunities to achieve competencies and receive regular feedback. We are seeing feedback, often providing actionable suggestions, from many different assessors both locally and from the community. This provides an invaluable breadth of feedback. Our paediatric program has also modified our curriculum to address gaps identified by CBME implementation. This has included the introduction of additional simulation sessions, facilitation of opportunity to complete neonatal requirements and the introduction of a longitudinal coaching program. Our coaching program, led by Drs. Robin Mackin and Marta Wilejto, pairs each resident with a coach at the beginning of residency. The idea is to ensure each resident, no matter ability or experience, has a dedicated faculty to help interpret feedback and customize the learning experience.



What's Not Working?

Like all new changes with time and experience road bumps become apparent. Some challenges were expected, including the need to incorporate more frequent observations, and having to employ new technology to capture and house feedback. There were also less expected challenges, including the significant cognitive burden and stress that residents have reported because of CBD. From the Royal College resident survey published in 2022 residents reported having faculty complete EPA observations as one of the greatest challenges, and this too has been a challenge for our program. Like other Canadian paediatric training programs, we have also seen that certain experiences and procedures are less commonly available, requiring deliberate curriculum changes to fill these gaps. Finally, we recognize that EPAs are only a piece of a resident's progress. As a program, we have recognized the importance of incorporating this data with other assessments and resident reflections to help residents achieve their goals.



To address the burden residents have expressed, we have sought engagement from several important groups of both faculty and residents. Interactive assessment of our residents' progress and curriculum have been key. Furthermore, as one of the biggest concerns highlighted was the need for faculty to complete EPAs in a timely fashion, we have put a focus on faculty training to develop skills in giving feedback. We have emphasized the importance of timely feedback that is specific, behaviour based, and actionable.

We have also highlighted the importance of assessments being an opportunity for growth, instead of summative evaluation. While these may be small changes, we recognize that all these small changes are essential to creating an environment that not only supports but promotes CBME.

As we continue with the initial roll-out of CBME and identify challenges, we are incredibly grateful to the paediatric residents, administrators,

allied health care members and paediatricians for their input and dedication to the successful implementation of CBME.

We are always looking for input and feedback on how we can optimize this process. We are also happy to provide training sessions specific to your Group's needs and wants – just give us a call!



Crossing Continents: A Journey Through Resilience and Renewal

Dr. Ahmed Saleh, Paediatric Resident Year 1



It's the refrain I've heard since trading sandstorms for snowstorms, certainty for sleepless nights, and familiarity for fluorescent-lit hospital corridors. The answer is both simple and impossibly complex: I wanted to earn the title of "paediatrician" in a system that would push me to my limits—and rebuild myself in the process. Eight months into residency in London, I've learned that "why" matters less than how: how to survive, how to grow, and how to find meaning in the mess. Truthfully, I didn't overanalyze the decision when I accepted my paediatric residency here. The magnitude of this shift struck me only months later—a new city, unfamiliar faces, and a world of responsibilities to rebuild from scratch. Yet amid the chaos, one truth anchors me: I came here to grow into the paediatrician I've always aspired to be.

A Cold Awakening

One frigid Friday afternoon, my car stalled on a Stratford Road as temperatures plunged below -20°C . Panic set in: no local contacts, no roadside assistance, and no clue how to navigate the crisis. After a frantic call to my wife, her friend suggested I tow the car to a service center before it closed. Racing against time, I arrived just as the garage lights flickered off. Then came Rob, a mechanic who noticed my distress. Instead of turning me away, he guided me to a nearby café, bought me tea, and waited with me until help arrived.

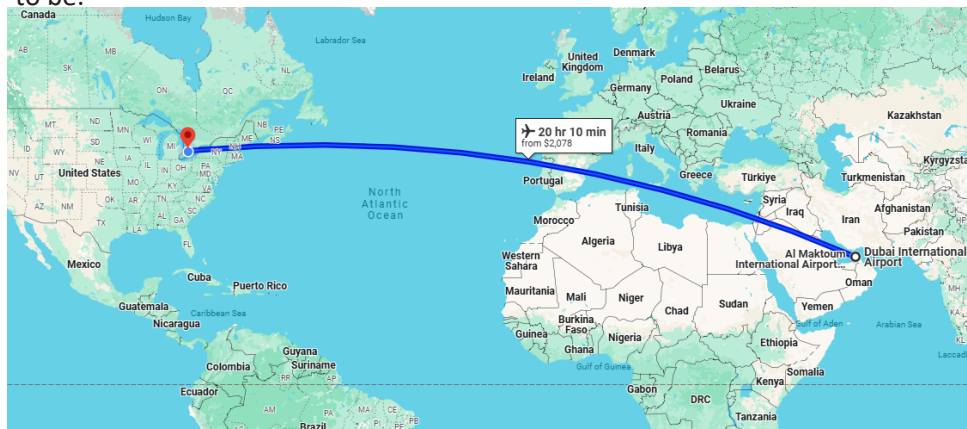
Sitting there, shivering, I questioned everything: Why leave a life where help was a phone call away? Dubai had been a comfort, a convenience, a certainty. Here, I was learning to exist in the gaps—between pride and humility, independence and reliance. Yet Rob's kindness mirrored what I'd already glimpsed in my new world: nurses who taught me to navigate IV pumps, librarians who unlocked research databases, and strangers who scraped ice off my car without being asked. This was a different kind of luxury—one built on humanity, not habit.



The Heartbeat of Medicine

Residency here is more than a career—it's a relentless, transformative odyssey. Nights blur into days; feedback sessions, once foreign to me, have become lifelines. I've learned to cherish the nurses, the hospital's unsung heroes, who've taught me compassion under pressure. One evening, after a violent patient hurled insults at a nurse, I stepped in to de-escalate the situation. Later, she thanked me with tears in her eyes. In that moment, I understood: that our roles aren't just clinical. We're guardians of dignity—for patients, for colleagues, for ourselves.

London's cultural mosaic has reshaped my practice. Translating for Arabic-speaking families, participating in diverse celebrations with colleagues, and sipping my first gingerbread latte—these moments have deepened my empathy. Research, too, has become a quiet passion. Whether studying ADHD interventions or hunched over late-night literature reviews, I'm driven by the belief that innovation begins at the bedside.



The Anatomy of Resilience

Residency demands a peculiar stamina. Last month, after a 24-hour shift, I white-knuckled the steering wheel through a snowstorm, replaying the day's missteps: Did I miss a differential? Should I have pushed for that lumbar puncture? Self-doubt is a constant companion, but so is growth.

I'll never forget my first successful intubation. The neonate was desaturating, alarms blaring, and voices overlapping. My senior's voice cut through the chaos: "You've got this. Breathe." And then—click—the tube slid into place. The nurse later handed me a sticky note: "Nice work, Doc." I keep it tucked in my desk. Yet for every victory, there's a humbling lesson. I once mispronounced "Melatonin" during rounds, drawing stifled giggles. Instead of shrinking, I leaned in: "Teach me," I said. The team erupted into a playful debate about regional dialects. Medicine, I've learned, thrives on humility.



The Alchemy of Adaptation

Cultural shifts ripple through every interaction. In Dubai, hierarchies were rigid; here, consultants insist I call them by their first names. "April," my attending corrects me gently. "We're all just people trying to help." It's disorienting and liberating.

Even rituals bind us. Canada Day, Indigenous Day, Ramadan, Eid, Christmas, Easter, Diwali—the hospital pulses with shared celebrations.

One evening, a patient's mother handed me a small tin of baklava after a long shift. "Sweet things for sweet people," she said with a tired smile. These moments stitch me into the fabric of this place, thread by thread. Balancing dual residency schedules with my wife adds a layer of absurdity. We've navigated overlapping night shifts, missed anniversaries, and dinners of hastily microwaved leftovers. Yet the program's flexibility—arranging shifts when ours overlapped—showed me that "family" here extends beyond blood.



Yes, there are days when homesickness gnaws at me, or when the weight of dual responsibilities feels crushing. But this journey has taught me to find joy in small victories: mastering a new shortcut through the ER, sharing laughs over charting mishaps, or seeing a child's eyes light up after recovery.

I may never fully adjust to icy roads or decipher every slang term, but I've learned to embrace the discomfort. Every challenge—a grieving parent, a printer's rebellion, a missed diagnosis—has honed my resilience. My dream now stretches beyond clinical excellence: I want to champion systemic change, ensuring the next generation of residents feels supported, seen, and human.



Why I'd Choose This Again

Because residency isn't just training—it's a forge. It's where my Dubai-bred comfort burned away, leaving something stronger: a clinician who pauses to touch before diagnosing, a colleague who buys steeped tea for the next sleep-deprived resident, a partner who's learned that love thrives in stolen moments.



Dubai taught me ambition; London is teaching me grit—and the beauty of building a life, one shivering, sleep-deprived step at a time.

As snow falls outside my window, I'm reminded that resilience is a choice forged in moments like these—whether calming a seizing child or embracing a stranger's kindness. Dubai taught me ambition; London taught me to lead with humanity. Now, I carry both lessons forward, eager to champion a future where medicine thrives on empathy, equity, and the quiet courage of everyday care.

As I write this, snow falls outside my window again. I think of those who turned crisis into lessons about humanity. Over time, the unfamiliar has become familiar. London—the city with its endless drizzle and hurried pace—no longer feels quite so cold. The once-daunting corridors of the hospital now feel like a second home. I've found my own rituals: Sunday walks along the Thames, late-night solace in a corner café, quiet camaraderie with fellow residents who understand this journey all too well.



Looking back, I see not just the struggle, but the transformation. I see how the challenges shaped me, how moments of doubt were necessary steps toward confidence. I see a version of myself who is stronger, more adaptable, and a little more at home in the world. Because in the end, home isn't just a place. It's the resilience we carry, the lessons we learn, and the people who remind us that we belong. London, with all its trials, has given me more than a career—it's teaching me how to build a life rooted in purpose, one frostbitten step at a time.





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