

Paediatric Insider

CONTINUING MEDICAL EDUCATION ANNUAL REPORT 2019/2020



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Chair/Chief's/Director's Message

Looking back at the Paediatric Continuing Medical Education (CME) in 2019 we are proud of our achievements that were only possible through the extraordinary commitment of all departmental members and staff. 2019 was a big year for the Paediatric CME; our faculty provided a record number of CME presentations locally, nationally, and internationally.

Our department hosted many outstanding educational days with attendees from all over Southwestern Ontario. The Paediatric CME also continued and expanded the Paediatric Regional Outreach Program (PROP) in 2019. In partnership with the Michael Gunning Simulation Centre the PROP team travelled to different hospitals around the region to provide in-situ paediatric simulation education. In April 2019 the PROP Lecture Series began by providing one lecture a month on a variety of paediatric topics to the region. The Paediatric CME understands the needs of our department as well as the needs of the region.

2020 the world took a turn and a global pandemic hit education shifted. During the pandemic the CME provided countless COVID education sessions to the hospital as well as to the region. During a time of fear and uncertainty the paediatric CME, Department of Paediatrics and the Hospital was able to provide up to date information to the region and beyond even with the ever-changing information, treatments, and symptoms of COVID.

Although, the pandemic caused many conferences and speaking events to be cancelled or postponed the PROP Lecture Series and Paediatric Grand Rounds continued to happen throughout the pandemic. We are proud of CME's commitment to education and cannot wait to see what is in store for the Paediatric CME as CME is an essential part of patient care.



Dr. Craig Campbell
Interim Department Chair



Dr. Ram Singh
Interim Department Chief

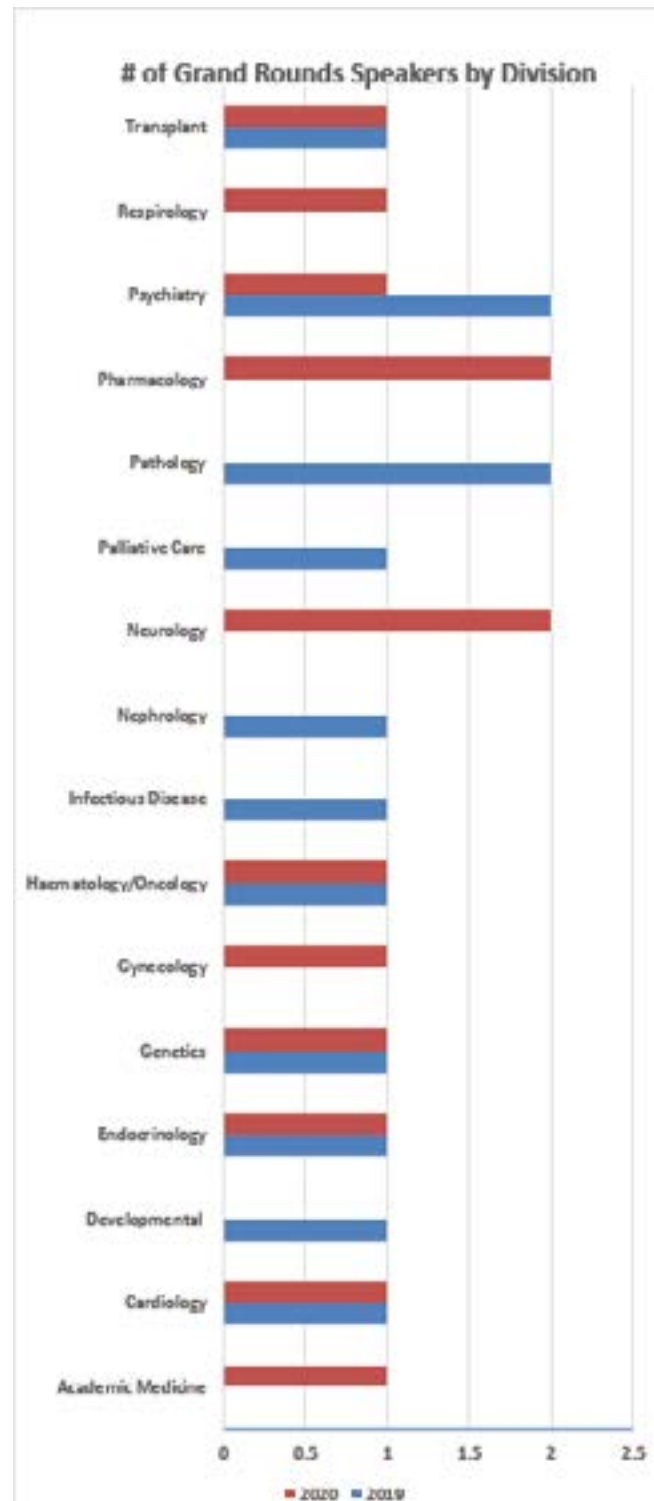
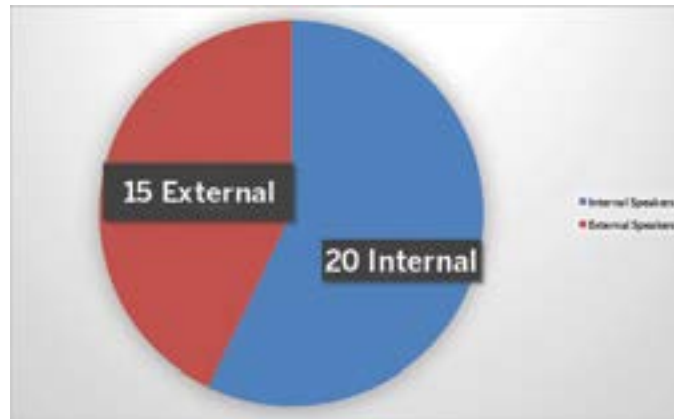


Dr. Rahul Ojha
CME Director

Educational Activities

Grand Rounds

Paediatric Grand Rounds lectures take place weekly during the academic calendar year. The Rounds are designed to discuss and evaluate cutting edge topics relevant to contemporary paediatric practice. Grand Rounds is a forum for information exchange and to display excellence in paediatric research and education. Due to the Pandemic Grand Rounds transitioned to a virtual format which has increased attendance.



COVID Rounds

In the end of 2019, Children's Hospital and the Department of Paediatrics began to closely monitor the growing virus. Before COVID was officially declared in Canada Children's Hospital and the Department had created a plan to provide the best care for children and to keep our staff safe. Once the pandemic was declared, five different COVID sessions were hosted for the other hospitals in our region. They were research based and covered a wide variety of topics. We had fifteen different faculty lead these sessions to provide the most up to date information as possible. Whether it was Infectious Diseases, infection control, paed ED, Paediatric Critical Care, research or others, these CME sessions provided critical education for the community.

PROP Simulation Days

In 2019 the Simulation team travelled down to Stratford to complete a simulation day, it was well attended by doctors, person simulation days were put on hold for the pandemic. Once it gets a little safer, we are looking forward to heading back into the region for these educational events.



Paediatric Regional Outreach Program (PROP) - Lectures

In April 2019, the Paediatric Outreach Education Program (PROP) expanded to add an online lecture series. These lectures are provided online free of charge to our region, as community education is an important part of the CME. People from as far north as Red Lake all the way down to Windsor connect on. These lectures happen once a month to provide an update on a wide variety of topics like sepsis, DKA, paediatric transport, asthma, febrile seizure, burns, paediatric resuscitation, foreign bodies, rash, allergic reaction and more. So far 21 different sessions, on 21 different topics have been presented. One session was missed in March 2020 due to the pandemic. The region is also able to request different topics for the facilitators to present on. This allows for strong community engagement and ensuring we are providing education that is needed.

19 different locations

Average of 33 people in attendance per session

21 different topics presented

Advocacy: For our patients, hospital, and community

Dr. Natalie Sirizzotti and Dr. Stephanie Wong, Chief Residents, Paediatrics

The importance of Social Paediatrics has been a growing interest in Paediatric Residency programs across Canada. Our program has recently changed its curriculum to a more longitudinal format, which now includes both community experiences as well as an advocacy project over our residency term of three years. Our current PGY-3 residents have recently been the first group to successfully complete these experiences, including presenting their projects at our inaugural Social Paediatrics Advocacy Day last November.

Our PGY-3s were proud to showcase their projects to their colleagues and faculty members. One example includes Dr. Isabel Friedmann's educational seminar for local hockey coaches to recognize suspected child abuse in their players. Drs. Sara-Pier Piscopo and Marina Yacob also presented their project, encouraging healthy relationships amongst high school students.

On a larger scale, our entire residency group is currently undertaking an advocacy project

in association with the Canadian Paediatrics Society, entitled "Promoting safe use of off-road All-Terrain Vehicles by Children in Ontario." Many of these ideas for advocacy projects are inspired by our day-to-day clinical experiences, and surely the number of traumatic brain injuries seen from our large catchment area at Children's Hospital has made us passionate about lobbying for this cause.

Not only is our resident group making strides in advocacy within our program initiatives, we also have a keen interest in immersing ourselves within our community, right here in London.

Notably, one of our chief residents Dr. Stephanie Wong has spearheaded numerous events including raising over \$2400 for the ChildCan race, which supports patients and their families with cancer. She is also organizing regular group blood donations at Canadian Blood Services (under the group name Western Paediatrics) to continue to contribute to our patients and families.

Furthermore, we believe having a presence in the community is an important opportunity for our trainees to gain perspective of the people they are treating as well as allowing them to see us outside the hospital. That is why we treasure our twice a year, resident-funded Ronald McDonald House dinners we cook for our patients and families staying and at the Southwestern Ontario location at the Victoria Hospital campus. We cannot thank those volunteers enough for what they do, as well as the amazing tour they give our residents each time.

We hope that our residents continue involvement in the community through outreach as well as advocating through our Social Paediatrics curriculum for the coming years. Our PGY-1's and PGY-2's have been working on some exciting projects and we cannot wait to hear about them in future Advocacy Days!



CBME: Putting deliberate practice into action

Dr. Andrea Ens and Dr. Marta Wilejto, CBME Leads, Paediatrics



This is an exciting and transformational time for medical education as programs are

transitioning from a traditional time-based model of residency training to an outcomes-based model. The time-based model was premised on the idea that mere exposure, if long enough, leads to clinical competence. Think about Ericsson's popular '10,000 hours' theory, which claims that a skill can be mastered with 10,000 hours of practice. But not all practice makes perfect. Practice needs to be deliberate and requires regular feedback on performance along the way. Competency based medical education (CBME) moves away from time as the outcome and uses demonstration of competence as the outcome. In CBME, frequent and specific observations in the form of EPAs occur to build a story about a trainee's competence, subsequently maximizing the 10,000 or so hours that many residents spend in training. Schulich Pediatrics, along with the rest of the national pediatrics programs, is set to formally launch CBME in 2021. It has also recently been announced that Pediatric training will be extended to 4 years, ensuring that trainees become competent in all areas of the specialty, especially as they transition to independent practice.

What are we doing here at Western to prepare for this change? While the official launch is July 2021, our launch formally begins in July 2020. To ensure that we are well prepared for 2021 it is critical to determine what works and what doesn't as early as possible. Here is what you need to know for our upcoming transition year:

1. Our incoming PGY1s will be our first CBME cohort! This means that they will be fully immersed in CBME. EPAs will be essential for them to progress through their training. Remember that EPAs are made up of observable markers of a resident's ability. Direct observation is a key part of the success of CBME. Residents will also have new end of rotation assessments called ITARs which will be an abbreviated version of the ITERs that are currently in place.
2. Our PGY2-4 residents will still have ITERs but will be required to do at least 1 EPA per week. Faculty filling out end of rotation ITERs will have to indicate whether the required EPAs were completed. Not completing EPAs will result in a rotation being marked as incomplete and will be reviewed at Competence Committee.
3. The CBME steering committee will be tracking EPA completion by faculty and by residents,

and will be regularly monitoring what is and what isn't working



4. Additional training sessions for new faculty are in the process of being planned so that everyone is up to date before we start in July

We recognize that this represents not only a change in medical education but in clinical flow and practice. Fitting observation into a busy clinic or shift is difficult and faculty will be required to do a lot more assessments than previously. Some potential solutions to overcome these challenges include identifying and scheduling opportunities before clinic or rounds begin, encouraging residents to initiate observations, creating a safe environment for learner feedback, and evaluating our own feedback skills.

There is no doubt that implementing this will take a lot of practice. As we move towards this new way of teaching and learning, we are looking for feedback on ways to facilitate and optimize a successful transition to CBME. Our doors and emails are open for discussion. We expect you will have lots to say as we get started!

Patient safety: It is everyone's responsibility

Dr. Brianna McKelvie, MD, FRCPC, Paediatric Critical Care Medicine

I met Sarah* when I was a second-year paediatric resident on my anesthesia rotation. I had been sent to do a pre-operative consult with her and her mother for her knee surgery. They were both very nervous about the procedure and eventually became quite tearful. It was then that I found out that she had actually been to the operating room before for the same surgery. However, during her surgery there was a medication error, and she was injected with epinephrine instead of local anesthetic. It turns out the hospital had recently changed providers and the packaging on the two medications looked very similar now. Sarah suffered a cardiac arrest and ended up requiring ECMO support. And now she had to go back so the surgery could be completed, which was obviously traumatizing for her and her family. Meeting Sarah had a profound impact on me because it was the first time that I realized that despite our best intentions, patients could suffer preventable harm under our care. As healthcare providers, we dedicate ourselves to helping others and the idea that an admission to hospital could be dangerous for patients was sobering. Luckily there are now many people and organizations dedicated to improving the patient safety in our hospitals.

“We dedicate ourselves to helping others”

The field of patient safety really evolved after the publication of the landmark report from the Institute of Medicine in 1999 which found that preventable adverse events were responsible for 48 000 to 96 000 deaths in the United States per year. That's more than breast cancer, motor vehicle collisions and AIDS.

An adverse event is defined as any unexpected, unintentional, potentially harmful event that occurs independent of the patient's injury or disease process. Common ones include medication errors, errors in handover/transfer of care, diagnostic errors, and hospital acquired infections (eg catheter associated urinary tract infections etc).

In Canada the data is also concerning, with 7% of admissions to Canadian hospitals being associated with an adverse event, of which a third are preventable. That's 185 000 adverse events per year. In pediatric hospitals the incidence is even higher at 9.2%. Patients admitted to the ICU are at particularly high risk, with 20% of adults and 60% of children experiencing an adverse event during their ICU stay, of which half are preventable. Adverse events have a significant impact on patient outcomes; 13% are life-threatening or fatal and they are associated with significant morbidity and prolonged length of stay. Hospitals are one of the most complex organizations imaginable, with many moving parts and such a variety of patients, where every patient entering our system is unique. Therefore, most adverse events are not due to personal error but to systems issues that predispose to an error occurring.



Since the Institute of Medicine report, efforts to keep our patients safe from harm have increased exponentially. Patient safety and quality improvement is now approached as a science with postgraduate training programs, textbooks, conferences, research etc. The Children's Hospital is committed to improving patient safety and quality of care and has benefited from collaborations with many other institutions, so we do not have to reinvent the wheel. We have a Quality-of-Care Committee made up of multidisciplinary healthcare personnel that meets monthly to oversee hospital-wide patient safety initiatives. Many units have implemented standardized Patient Safety and Quality Improvement rounds aimed at reviewing cases of preventable adverse events and near misses to identify system-wide issues that, if corrected, could hopefully prevent a similar event in the future. The suggestions from these rounds are fed back to the Quality-of-Care Committee.

We are now a member of an organization called Solutions for Patient Safety (SPS) which consists of 170+ children's hospitals in North America focused on reducing various hospital acquired conditions (HACs) and improving patient safety culture. The organization collects and analyzes hospital-level data and compares it to the network so that we can follow our performance. As well, they have been able to leverage the large amount of data to generate evidence-based bundles for the prevention of HACs. Finally, the network provides a forum for collaboration online and in person so that we can learn from other hospitals, especially centers of excellence. So far SPS has saved over 10, 000 children from harm and saved the healthcare system over \$150,000,000! We will be starting with bundles for prevention of catheter associated bloodstream infections, medication errors and pressure ulcers.

Finally, there are many specialties and unit specific initiatives to improve patient safety and quality of care at Children's Hospital including CQI committees, huddle boards, research collaborations etc. And now with the introduction of Continuous Improvement of Care, an LHSC-wide initiative, healthcare providers are being trained in quality improvement methodology and are choosing to work on the patient safety issues that are front and center to them at the bedside. All of the members of the healthcare team are indispensable in improving patient safety, and the efforts and dedication of all hospital staff has been exceptional. After all, we are all in this for the same reason: to help children and provide them with the best care possible. We have a lot to be proud of at Children's Hospital!

“...we are all in this for the same reason: to help children”



Keeping Care Close to Home Through Regional Education

Kristine Fraser, RN, BA, BN, MN, CNCCP(C), MNCYN

Over the past 40 years, the Maternal, Newborn, Child and Youth Network's (MNCYN) Perinatal Outreach Program has been working in partnership with regional hospitals and organizations in Southwestern Ontario to provide maternal and newborn support and education in relation to evidence-based practice and standards of care. It wasn't until more recently the need for paediatric services was identified, leading to the formation of the Paediatric Advancement Program in 2010, now known as the Paediatric Regional Program. The Paediatric team continues to develop relationships with our regional partners through the provision of paediatric nursing and medical education. We strive to create a culture of safety by supporting open dialogue and discussions, building on the foundation of trust. It is not only a network to facilitate and coordinate knowledge sharing and implementation strategies; it also provides opportunities for learning and collaboration between regional partners. Our vision is for all children to have access to safe, quality care which is family-centered, standardized, timely and as close to home as appropriate across the region.

...all children to have access to safe, quality care

Since Dr. Rahul Ojha assumed the role as the CME Director in 2015, the CME program has also evolved significantly. This includes the expansion of the Paediatric Regional Outreach Program (PROP), which is offered through the Department of Paediatrics, Children's Hospital, LHSC, in conjunction with the Michael Gunning Simulation Centre (MGSC) and MNCYN. In 2019, Dr. Ojha also accepted the role of Paediatric Medical Co-Director of MNCYN's Paediatric Regional Program team. As the Paediatric Nurse Consultant for MNCYN, I was asked to become a CME committee member to further coordinate paediatric educational opportunities within the region, all while collaborating with our regional hospitals in order to meet their needs. The partnership between MNCYN and PROP has been instrumental in the development and implementation of new initiatives, increasing our reach and the services offered to our regional organizations.

In 2019, I joined the PROP team to provide Paediatric Simulation Days, travelling to Alexandra Hospital, Ingersoll and Stratford General Hospital, further strengthening our partnership. Simulation and the subsequent debriefing foster a safe learning environment where participants work through challenging paediatric cases in their own organizations, promoting strong communication and team building. When PROP introduced the Paediatric Lecture Series in early 2019, MNYCN was also asked to collaborate, identifying regional needs and possible topics and assisting in the development of promotional and implementation strategies.

In 2018, MNCYN hosted a Paediatric Case Review session at St. Thomas Elgin General Hospital (STEGH) which was very well attended. Building on this foundation, MNCYN's Paediatric team, in partnership with PROP, began offering Paediatric Case Reviews to our regional partner organizations with inpatient paediatric beds. In November, the first session was again hosted by STEGH, where over 40 paediatricians, emergency physicians, nurses and allied healthcare providers were in attendance.

We also hosted our first Case Review session at Stratford General Hospital in November and Chatham- Kent Health Alliance (Chatham Campus) in late January. The key to success with this initiative is physician engagement which, fortunately, both the CME and Children's Hospital, LHSC physician team, have been very supportive of, reviewing cases and devoting time to travel to our partner hospitals. Our regional healthcare providers are given time to debrief on difficult cases, speak to what went well and where improvements could be made and to learn from paediatric experts in the field which has been extremely helpful for participants.

In April of 2019, MNCYN launched the Regional Paediatric Orientation (RPO) program, which was developed to promote the consistent delivery of safe, quality paediatric nursing care across the region. MNCYN supports both urban and rural hospitals. Many of our partner organizations do not have inpatient paediatric beds and may only see children within the emergency department. We also know many hospitals have increasing numbers of

new or novice staff who may have limited knowledge, experience, or opportunity to care for children.

Disease processes, equipment and treatment plans for paediatric patients vary in their presentation and are unlike those of adults, therefore, it is paramount to understand both the developmental and physiological differences children have in order to provide exemplary healthcare. For this reason, the RPO program covers both the pathophysiology behind differences between children and adults as well as signs of deterioration and reviews normal versus abnormal findings.

Dr. Ojha was instrumental in supporting the development of the RPO content, providing medical expertise by reviewing each of the six learning modules of the program. There has been tremendous interest in the program from our regional partners, with over 120 participants having completed it within the first 8 months. In fact, the RPO has recently caught the attention of several non MNCYN organizations, and we are proud to offer this outside of our region.

As we move into a new year, the voices of our regional partners remain a cornerstone to the foundation of MNCYN. By building on paediatric services, MNCYN hopes to continue to provide new and innovative initiatives in the future. One such plan is Paediatric Hospital Reviews, which is currently being developed. The structure will be similar to what is currently offered by the MNCYN Perinatal Outreach Team and will be available to our regional partners with inpatient paediatric units. Together, we can work towards keeping care close to home and improving paediatric care within the southwest region.





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