

Off-Service Pediatric Emergency Medicine Rotation Objectives

Medical Expert:

Knowledge:

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

Skills:

- a.) bag-valve mask ventilation, orotracheal intubation, splinting, suturing, casting, lumbar punctures, local anaesthesia, 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:

- a.) To obtain a relevant history from patient, parents, and caregivers.
- b.) To 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:

- a.) To consult with other physicians and members of the health care team effectively.
- b.) To understand the roles of the interdisciplinary team

Methods to achieve competencies:

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

Manager:

- a.) To utilize resources efficiently to manage patient care effectively.
- b.) To 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:

- a.) To contribute effectively to improved health of patients and their communities
- b.) To consider anticipatory guidance with each patient encounter

Methods to achieve competencies:

- Discussion of illness and injury prevention when appropriate

Scholar:

- a.) 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:

- a.) To appreciate the complex emotional effects that an acute illness has upon a family.
- b.) To practise 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