

Pediatric ER Competencies

Residents completing the rotation or experience will consistently and correctly demonstrate competence in Pediatric Emergency Medicine at the appropriate level expected of family medicine resident, in the following areas:

1. **Interviewing & communication skills (including patient education, supportive counselling, psychotherapy)** (CanMEDS-FM Communicator, Health Advocate)
 - a) **Communicate effectively with patients and families:** Establish rapport, use a patient-centred approach, obtain information, provide information, and manage an encounter with patients and families.
 - b) **Advocate for individuals:** Provide anticipatory guidance and advocate for families. Show an awareness of social determinates of health and advocate for individual patient needs to access appropriate care in & out of the ED, describe the ED role in the community and where appropriate incorporate prevention into patient care.
2. **Clinical and Technical skills** (Can-MEDS-FM: FM Expert)
 - a) **History and physical exam:** Gather essential and accurate information about the patient by taking an appropriate history and performing pertinent physical examination.
 - b) **Appropriately distinguish seriously ill children** List and recognize signs and symptoms of children facing imminent clinical decline and intervene quickly and appropriately while recognizing one's own limits (including seeking additional support in a timely fashion).
 - c) **Demonstrate procedural skills** where required including: laceration repair, fracture diagnosis and immobilization.
3. **Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems)** (CanMEDS-FM: FM Medical Expert, Scholar)
 - a) **Demonstrate overall pediatric knowledge appropriate for level of training** (e.g. epidemiology, pathophysiology, PEM literature, EBM).
 - b) **Case presentation:** Present cases to staff physicians in an organized, concise and logical way, including all relevant information (with little pertinent information missing). Synthesize information with a diagnosis and complete plan.
 - c) **Test ordering and interpretation:** Order diagnostic imaging tests appropriately using decision tools where available (e.g. Ottawa Ankle Rules, Rochester Criteria, CATCH/PECARN). Use a systematic approach to interpret ECGs and imaging.
 - d) **Diagnostic & management skills:** Make appropriate diagnoses and differential diagnoses and management plans (including workup, monitoring, and therapy) for conditions common in the ER including those in table 1. Follow through with management plans working appropriately independently. Reassess patients.
4. **Team Participant** (CanMEDS-FM: Collaborator, Scholar, Professional)
 - a) **Team work:** Collaborate effectively with the other health professionals in the ED setting; manage any health professional conflicts or disagreements; communicate and collaborate with primary care physicians, and consultant services.
 - b) **Leadership / Teaching:** Demonstrate leadership, teach and/or supervise more junior learners effectively (if applicable).

5. Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)

- a) **Manage time & ER resources:** Organize care of more than one patient at a time and contributes to ER flow demonstrating the ability to multi-task safely and make decisions efficiently. Take into account cost and the use of limited resources.
- b) **Documentation in the medical record:** Complete all key sections with appropriately thorough documentation. Document reassessments.
- c) **Disposition:** Ensure timely and appropriate disposition of patients from the ER (e.g. to home, to other facilities, or admission to hospital) and clear communication with patients' families and other physicians (including family physicians).

Table 1: Residents working in the Pediatric ER are expected to be exposed to a wide variety of patient conditions including:

1. Abdominal/pelvic pain (acute and chronic)
2. Anaphylaxis and allergic Reactions
3. Cardiovascular conditions (including distinguishing cardiac murmurs)
4. Congenital, developmental or genetic conditions
5. Dehydration, electrolyte and acid-base disturbances
6. Dizziness and vertigo
7. Domestic violence and sexual assault
8. Ear, nose and throat conditions (including infections, foreign bodies)
9. Endocrine conditions
10. Eye conditions, ocular emergencies
11. Fever and infectious conditions
12. Fractures and dislocations, lacerations
13. Gastrointestinal conditions (including hernias, colic, diarrhea, constipation, GI bleed)
14. Genitourinary (including testicular torsion) vaginal & uterine conditions
15. Hematologic conditions including thrombosis/pulmonary embolism/ deep vein thrombosis
16. Loss of consciousness, or decreased level of consciousness
17. Musculoskeletal conditions (including acute and chronic spine and rheumatic conditions)
18. Neurologic conditions including seizures, concussion, headache, meningitis
19. Poisoning and toxin exposure
20. Psychiatric emergencies (including patient crisis, suicide risk assessment)
21. Respiratory conditions (including asthma, bronchiolitis)
22. Skin conditions (including burns, dermatoses, infections)
23. Trauma, including non-accidental trauma
24. Undifferentiated illness (including sleep disturbances, failure to thrive, behavioural disturbances, fatigue)