

Sub-specialty training in Paediatric Emergency Medicine in the UK

Ahmed Soliman

Consultant in Adult & Paediatric Emergency Medicine

Named EuSEM Representative in EAP

EAP Spring Meeting 2017

Ten Commandments of Paediatric Emergency Medicine **EUSEM**

- I. Children are not small adults.
- 2. Ill and injured children regress.
- 3. The "patient" might be the one holding the child.
- 4. Kids are the real deal, their symptoms are real and not factitious.
- 5. Laboratory tests and X-rays seldom beat a good history and physical examination.
- 6. Many hands make light work (procedures).
- 7. Check and double-check drug doses. Then, check again.
- 8. Children feel pain just like you do treat it.
- 9. Close the loop, i.e. follow-up.
- 10. Above all, you are the child's advocate.

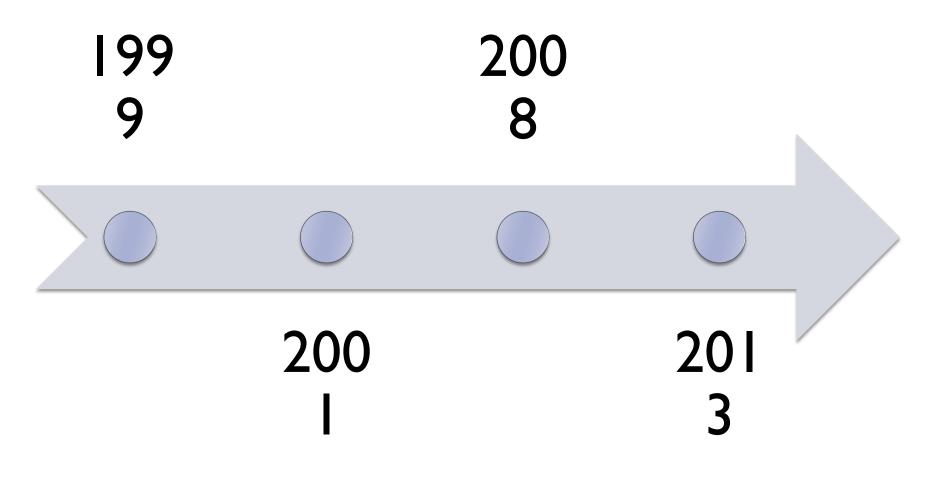
Givens T. The Ten Commandments of Pediatric Emergency Medicine. J Emerg Med. 2004 Aug;27(2):193-4.





- Origins of Paediatric Emergency Medicine (PEM) in the UK;
- Structure of PEM training routes;
- Training curriculum, including the assessment of trainees;
- Criteria for accreditation of training centres.





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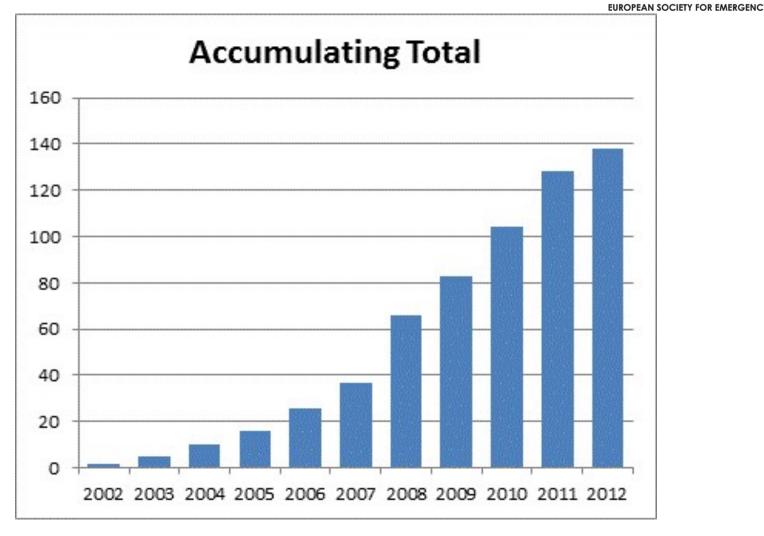
Standards (1999)



- Separate paediatric triage;
- Triage by trained paediatric nurse;
- Pain score used at triage;
- National triage scale used;
- All paediatric surgical cases can be managed on site;
- Provision for children in major incident plan;
- Adequate audiovisual separation;
- Play area or separate waiting area;

- Paediatric resuscitation area screened from adult patients;
- Nurses attended paediatric advanced life support course;
- PEM Consultant in departments
 >16000 children a year;
- Designated liaison paediatrician;
- Induction programme including child protection.

Sub-speciality training in PEM (2001)

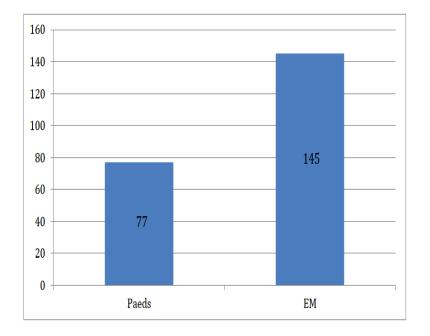


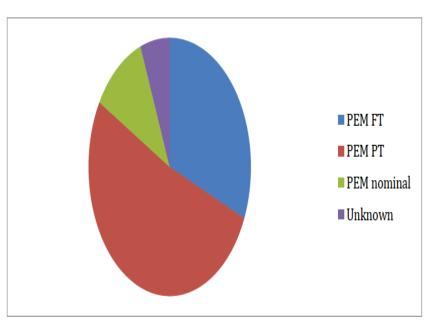
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EUSFM



Census (2013)





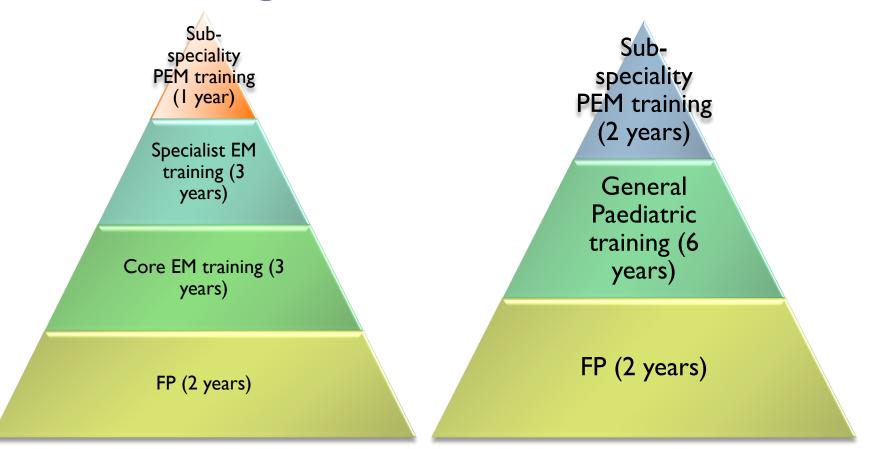
No. of PEM practising Consultants by base speciality

D



background

PEM from an Emergency Medicine background



PEM sub-specialty training **EUSEM**

Emergency Medicine background

D



Paediatrics background



The trainee

- 2 + 6 years of postgraduate training;
- Successfully attempted Membership examinations;
- Provider of advanced paediatric life support;
- Secured placement through national competitive application process.



The (accredited) department: *personnel*



- Named supervisor is Consultant Paediatrician/Emergency Physician with PEM sub-speciality accreditation;
- Named supervisor has protected supervision time in their job plan;
- Minimum of 2 Consultant Paediatrician/Emergency Physician with PEM sub-speciality accreditation;
- More than one Year 4+ trainee.



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The (accredited) department: *specialty-specific*



- Separate paediatric and adult waiting rooms;
- Paediatric observation ward;
- Dedicated, fully equipped paediatric resuscitation area;
- On-site general Paediatrics and Paediatric ICU;
- On-site paediatric Orthopaedics and Paediatric Surgery;



The (accredited) department: *specialty-specific*

On-site or regional network facilities for:

- Paediatric Cardiology;
- Paediatric Radiology;
- Paediatric Neurosurgery;
- Paediatric Plastic Surgery;
- Paediatric Psychiatry.





The training: clinical exposure



Department must treat >18000 new paediatric patients a year

at all levels of triage/assessment;

- Major and minor trauma;
- Airway insufficiency;
- Ingestions;
- Psycho-social disturbances.

The training: clinical exposure



> 25 paediatric resuscitations;

> 25 advanced airway management cases;

> 25 level 1 or 2 paediatric traumas;

• Undertake the running of the department.

The training: recommended exposure



- Access to clinics and ward rounds and long term care of patients;
- Exposure to transitional/retrieval care;
- Specific number and types of MDT meetings ;
- Relevant morbidity and mortality meetings;
- Participation in clinical governance;
- Teaching portfolio;
- Management portfolio.

Competencies

- 25 generic competencies: APLS / EPLS (current
 - 8 mandatory; provider);
- 85 clinical competencies, ATLS / ETC (current 38 mandatory; provider);

Level 3.

- 71 therapeutic
 - procedures, 5
 - mandatory;





