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A Framework for Paediatric Emergency Medicine Training and Assessment in CT3

Introduction

During the third year of training (CT3) ACCS trainees complete a specialty specific year. For those with an EM parent specialty a minimum of three months training (but normally six months) is focused on Paediatric Emergency Medicine (PEM). Competences are normally assessed in the Emergency Department (ED), under the supervision of Emergency consultants.

The purpose of this framework is to map acceptable ways of delivering and assessing the PEM component of CT3 training.

Setting

The CEM has agreed that PEM can be delivered in a variety of different settings, depending on regional availability of dedicated Paediatric Emergency Departments. Each option has its own strengths and weaknesses.

Option 1

This is the preferred option and requires that the CT3 PEM trainee spends their CT3 Paediatric experience working in a Paediatric Emergency Department (PED). A PED is defined as a department with more than 16k new Paediatric attendances a year and a supervising PEM Consultant with a recognised sub speciality interest.

CT3 doctors would be expected to form part of the junior workforce and as such will see unselected Paediatric medical and surgical cases. In order that the trainee should gain an understanding of clinical outcomes of some conditions, they should ideally spend time outside of the PED. Attendances on post-take ward rounds, at outpatients (for common medical and orthopaedic conditions), at case conferences, and reviewing admissions to PICU should be encouraged.

It is anticipated that the PEM Consultant would be the CT3's Educational Supervisor (although he or she need not complete all WPBAs).

Option 2

CT3 trainees may be able to split their time between a dedicated PED and a general ED. However, the general ED must have more than 16K new Paeds attendances a year (in a dedicated area) and have an EM Consultant with an interest in PEM (but not necessarily with sub specialty accreditation), who would be the Educational Supervisor for the training during this period.

The trainee attached to this type of Paeds area would be expected to spend most of their working time there. It is suggested that the best day time shift

would be between the hours of 0900 and midnight, as this covers most of the Paeds attendances. However late shifts, until the Paeds area is closed would also be acceptable.
Dedicated Paeds areas in large departments usually close overnight and it is accepted that CT3s may spend their night shifts seeing adults. They should continue to be called for major Paeds med and trauma emergencies out of hours. This might necessitate an adjustment in rostering.
There may be periods of time, out of hours and at the weekend, when the trainee is required to work in the main ED due to staffing needs. However no less than 80% of the CT3 time should be spent seeing Paeds cases and every attempt, either by rearranging rotas or employing non career grade staff grades, should be made to accommodate CT3 PEM trainees.

Option 3
Currently there are only a small number of PEDs and many trainees will not have the opportunity to be placed in one. It is, however, recognised that there is significant expertise in the general EM Consultant workforce in seeing and assessing Paeds cases; PEM makes up 25% of the average annual attendance in an ED.
Trainees can spend all of their period of PEM training in a general ED. The department must meet the criteria above i.e. see more than 16K new Paeds cases a year and have a designated EM Consultant with an interest in PEM who is able to act as an ES.
It is essential that the CT3 spends at least 80% of their time seeing Paediatric cases. Although it is recognised that some out of hours work and weekend work will have to be spent with adult service delivery, every opportunity should be made to allow the CT3 PEM trainee to work in the Paeds area, by rota adjustment and deployment of SAS doctors.

Option 4
In this option the CT3 trainee could spend their period of training split between a general ED, as in option 3 and a period attached to a general medical Paeds ward/PAU. During this time the CT3 trainee would be part of the acute Paeds receiving team, seeing acute admissions and GP referrals, either in the ED or on the assessment unit. The Educational Supervisor for this period would be the Paediatric Medical Consultant and sign off of the Structured Training Report would be by an EM Consultant with a PEM interest.

It would be acceptable for some of the options above to be 'mixed and matched'. However, it is crucial that the CT3 trainee has a designated Clinical Supervisor for whatever model is agreed. It must also be clear who the trainee's Educational Supervisor is for final sign off.

The CEM would not encourage any CT3 trainee to spend all of their period of PEM training purely on a general Paeds ward. We are firmly of the opinion that the competences required and reflected in the PEM curriculum are best demonstrated in the (P)EM environment and this has been reflected in the topics for the PEM WPBAs.

The model chosen must be agreed with EM School and reflected in the educational contract with the Educational Supervisor.

Curriculum

The CEM curriculum specifies those Paediatric competences which should be attained during CT3. Further competences should be attained during HST. The curriculum is available on the CEM website along with details of the CEM assessment system. All trainees and trainers should familiarise themselves with these documents.

Work-based training

It is vital that the CT3 PEM trainee has clear learning objectives whilst in post. The educational contract outlines the minimum objectives expected. Additional learning experiences can be added to and recorded in the training portfolio. These would be strengthened by some documented reflective learning.

Essential reading

- Paediatric Medicine, Illustrated Textbook of Paediatrics by Lissauer and Clayden
- Paediatric Orthopaedics, Children's Fractures- A Radiological Guide to Safe Practice by Thornton and Gyll
- Paediatric Minor Injuries, Minor trauma in Children by Davies
- Paediatric Emergency Medicine Secrets, Selbst & Cronan
- Paediatric Emergency Medicine, Cameron, Jelenek et al.
- Self Assessment Colour Review of Paediatric Emergency Medicine, Brennan, Lassa, Ludwig

Reference textbook

- Atlas of Paediatric Emergency Medicine by Shah and Lucchesi
- Textbook of Paediatric Emergency Medicine, Fleisher, Henretig, Ludwig et al.
- Paediatric Emergency Medicine. A Comprehensive Study Guide. Strange et al.

Courses and formal teaching to attend

- CEM approved PEM training day (x1 in the year)
- APLS or EPLS course as well as NLS (Neonatal Life Support)
- Child protection course

E-learning Modules to complete

CEM e-learning modules on the web site for PEM CT3, as and when they become available.

Audio-visual material

It is suggested that the departments who train CT3 PEM trainees have access to the following DVD

- Spotting the sick child http://www.ocbmedia.com/product-42-SpottingtheSickChild.html

Educational contract

It is strongly recommended that each trainee signs an educational contract with their Educational Supervisor within two weeks of starting the post. This would help identify any potential problems in delivering the CT3's educational needs. Any issues not agreed at that time should be discussed with the Training Programme Director.

Sign off

At the end of the period of PEM training a structured training report (STR) must be completed by the trainee's Educational Supervisor or Clinical Supervisor. This STR is available on the curriculum website and requires the trainee to produce evidence of completion of all objectives. A successfully signed off STR is essential documentation for ARCP along with a complete portfolio.

Site assessments

At the end of the period of training the trainee must complete a report on the training site. Issues such as difficulty in meeting the agreed educational objectives should be addressed by the site and if not then by the EM School or local training committee. It is recommended that each EM School or Training Committee have a member of the committee responsible for overseeing PEM CT3 training. This individual would oversee and collate both trainee as well as site assessments and would act as a link between the trainee and School if need be.

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