

**2013****EDITORIAL REVISION JUNE 2018  
VERSION 1.1**

*This document applies to those who begin training on or after July 1<sup>st</sup>, 2013.*

## DEFINITION

Pediatric Emergency Medicine is that branch of medicine concerned with providing highly specialized acute health care to children of all ages and developmental levels, which includes triage, stabilization, diagnosis, treatment and appropriate follow-up care. Pediatric Emergency Medicine subspecialists provide patient- and family-centred care in a compassionate fashion and with respect for the individual and the family<sup>1</sup>. They provide acute and consultant care in a facility that is part of an emergency medical system for children. They are committed to the advancement of the field through education at the undergraduate and postgraduate level, and through continuing education to physicians and other health care professionals. The Pediatric Emergency Medicine subspecialist is dedicated to advance the science of the field through primary and multidisciplinary research.

## GOALS

Upon completion of training, the resident is expected to be a competent subspecialist in Pediatric Emergency Medicine, capable of assuming a consultant's role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in science and research, as it applies to medical practice.

Only candidates certificated by the Royal College of Physicians and Surgeons of Canada in Pediatrics or Emergency Medicine may be eligible for certification in Pediatric Emergency Medicine.

Residents must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of subspecialist practice, the graduate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity and ethics in a professional manner.

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<sup>1</sup> *Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

## PEDIATRIC EMERGENCY MEDICINE COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function as a:

### Medical Expert

#### **Definition:**

As *Medical Experts*, Pediatric Emergency Medicine subspecialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

**Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...**

#### **1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care**

- 1.1. Perform an evaluation of a pediatric patient effectively, including the presentation of a well-documented assessment and a recommendation in oral, written, and/or electronic form
- 1.2. Demonstrate effective use of all CanMEDS competencies relevant to Pediatric Emergency Medicine
- 1.3. Identify and appropriately respond to relevant ethical issues arising in Pediatric Emergency Medicine patient care
  - 1.3.1. Demonstrate knowledge of the basic legal and ethical issues encountered in the practice of Pediatric Emergency Medicine
- 1.4. Prioritize professional duties effectively when faced with multiple patients and problems
- 1.5. Demonstrate compassionate and patient-centred care
- 1.6. Recognize and respond to the ethical dimensions in medical decision-making
- 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

#### **2. Establish and maintain clinical knowledge, skills, and behaviours appropriate to the Pediatric Emergency Medicine consultant**

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pediatric Emergency Medicine
  - 2.1.1. Apply knowledge of the clinical features, diagnostic criteria, epidemiology, natural history, pathophysiology, complications, and consequences of acute illness and injury in the pediatric population

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*(editorial revision 2018)*

2.1.1.1. Resuscitation

Recognize and manage:

- 2.1.1.1.1. Cardiopulmonary arrest
- 2.1.1.1.2. Respiratory failure/arrest
- 2.1.1.1.3. Shock and fluid resuscitation

Demonstrate consultant level knowledge of:

- 2.1.1.1.4. Pharmacology of resuscitation drugs
- 2.1.1.1.5. ATLS (Advanced Trauma Life Support) guidelines or equivalent
- 2.1.1.1.6. PALS (Pediatric Advanced Life Support) guidelines or equivalent
- 2.1.1.1.7. NRP (Neonatal Resuscitation Program) guidelines or equivalent
- 2.1.1.1.8. Acute initial stabilization of unstable adults
- 2.1.1.1.9. Post resuscitation management

2.1.1.2. Trauma

Recognize and manage:

- 2.1.1.2.1. Blunt and penetrating head trauma
- 2.1.1.2.2. Spinal injury
- 2.1.1.2.3. Orofacial, eye, and ear trauma
- 2.1.1.2.4. Blunt and penetrating neck trauma
- 2.1.1.2.5. Blunt and penetrating thoracic trauma
- 2.1.1.2.6. Blunt and penetrating abdominal trauma
- 2.1.1.2.7. Wounds, lacerations, punctures, and burns

2.1.1.3. Allergy

Demonstrate consultant level knowledge of:

- 2.1.1.3.1. Anaphylaxis
- 2.1.1.3.2. Serum sickness

2.1.1.4. Cardiology

Recognize and manage:

- 2.1.1.4.1. Cyanosis
- 2.1.1.4.2. Heart murmurs
- 2.1.1.4.3. Chest pain
- 2.1.1.4.4. Syncope

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- 2.1.1.4.5. Congestive heart failure
- 2.1.1.4.6. Cardiac dysrhythmias

Demonstrate consultant level knowledge of:

- 2.1.1.4.7. Congenital heart disease
- 2.1.1.4.8. Pericarditis
- 2.1.1.4.9. Cardiac tamponade
- 2.1.1.4.10. Myocarditis
- 2.1.1.4.11. Deep vein thrombosis

2.1.1.5. Dental and oral emergencies

Recognize and manage:

- 2.1.1.5.1. Toothache
- 2.1.1.5.2. Oral lesions
- 2.1.1.5.3. Dental infections/abscess
- 2.1.1.5.4. Fractures, avulsions, and dislocations of primary and secondary teeth
- 2.1.1.5.5. Intraoral laceration and soft tissue injuries

2.1.1.6. Dermatology

Recognize and manage:

- 2.1.1.6.1. Rash macular/papular/maculopapular
- 2.1.1.6.2. Rash purpuric
- 2.1.1.6.3. Rash urticarial
- 2.1.1.6.4. Rash vesiculobullous
- 2.1.1.6.5. Atopic dermatitis
- 2.1.1.6.6. Contact dermatitis
- 2.1.1.6.7. Diaper dermatitis
- 2.1.1.6.8. Psoriasis
- 2.1.1.6.9. Fungal skin infections
- 2.1.1.6.10. Bacterial skin infections
- 2.1.1.6.11. Viral exanthems
- 2.1.1.6.12. Herpes simplex virus acquired /congenital
- 2.1.1.6.13. Drug reactions
- 2.1.1.6.14. Desquamating conditions
- 2.1.1.6.15. Bites and infestations

2.1.1.7. Diagnostic imaging

Demonstrate consultant level knowledge, including indications, limitations, and/or interpretation of:

- 2.1.1.7.1. Abdominal radiographs
- 2.1.1.7.2. Abdominal computed tomography (CT) and ultrasound
- 2.1.1.7.3. Cranial CT
- 2.1.1.7.4. Spine and extremity radiographs
- 2.1.1.7.5. Chest radiographs
- 2.1.1.7.6. Skull radiographs

2.1.1.8. Endocrinology

Demonstrate consultant level knowledge of:

- 2.1.1.8.1. Diabetes insipidus
- 2.1.1.8.2. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion
- 2.1.1.8.3. Diabetes mellitus
- 2.1.1.8.4. Diabetic ketoacidosis
- 2.1.1.8.5. Pituitary disorders
- 2.1.1.8.6. Thyroid disorders
- 2.1.1.8.7. Adrenal disorders
- 2.1.1.8.8. Disorders of calcium metabolism

2.1.1.9. Environmental exposures

Demonstrate consultant level knowledge of:

- 2.1.1.9.1. Hypothermia and cold related illnesses
- 2.1.1.9.2. Drowning and submersion injuries
- 2.1.1.9.3. Hyperthermia and heat related illnesses
- 2.1.1.9.4. Thermal burns
- 2.1.1.9.5. Inhalational injury
- 2.1.1.9.6. Electrical injury
- 2.1.1.9.7. Triage, decontamination, and health care worker protection for biological, chemical, and radiation exposures
- 2.1.1.9.8. Biological, chemical, and radiation exposures
- 2.1.1.9.9. Dysbarism
- 2.1.1.9.10. Animal bites, including human
- 2.1.1.9.11. Envenomations, snake and marine

2.1.1.10. Gastroenterology

Recognize and manage:

- 2.1.1.10.1. Abdominal pain
- 2.1.1.10.2. Abdominal mass
- 2.1.1.10.3. Vomiting
- 2.1.1.10.4. Diarrhea
- 2.1.1.10.5. Constipation
- 2.1.1.10.6. Gastrointestinal (GI) bleeding, upper and lower
- 2.1.1.10.7. Hepatosplenomegaly
- 2.1.1.10.8. Jaundice
- 2.1.1.10.9. Dysphagia
- 2.1.1.10.10. Poor feeding

Demonstrate consultant level knowledge of:

- 2.1.1.10.11. Anorectal fissures/abscesses
- 2.1.1.10.12. Hemorrhoids
- 2.1.1.10.13. Rectal prolapse
- 2.1.1.10.14. Polyps
- 2.1.1.10.15. Biliary tract disease
- 2.1.1.10.16. Gastroesophageal reflux
- 2.1.1.10.17. Gastric and duodenal ulcers
- 2.1.1.10.18. Inflammatory bowel disease
- 2.1.1.10.19. Pancreatitis
- 2.1.1.10.20. Hepatic dysfunction
- 2.1.1.10.21. Hepatitis
- 2.1.1.10.22. Foreign body ingestion
- 2.1.1.10.23. Acute bacterial peritonitis
- 2.1.1.10.24. Appendicitis
- 2.1.1.10.25. Bowel obstruction
- 2.1.1.10.26. Intussusception
- 2.1.1.10.27. Meckel's diverticulum
- 2.1.1.10.28. Malrotation/volvulus
- 2.1.1.10.29. Inguinal hernia
- 2.1.1.10.30. Diaphragmatic hernia
- 2.1.1.10.31. Pyloric stenosis
- 2.1.1.10.32. Hirschsprung's disease

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- 2.1.1.10.33. Enterocolitis, necrotizing and antibiotic-associated
- 2.1.1.10.34. Gastroenteritis, viral and bacterial
- 2.1.1.10.35. Parasitic and fungal gastrointestinal infections

2.1.1.11. Hematology and oncology

Recognize and manage:

- 2.1.1.11.1. Petechiae
- 2.1.1.11.2. Anemia
- 2.1.1.11.3. Lymphadenopathy
- 2.1.1.11.4. Disorders of coagulation
- 2.1.1.11.5. Abdominal mass
- 2.1.1.11.6. Asplenia and splenic dysfunction
- 2.1.1.11.7. Hepatosplenomegaly

Demonstrate consultant level knowledge of:

- 2.1.1.11.8. Indications and precautions for various blood products
- 2.1.1.11.9. Recognition and management of transfusion reactions
- 2.1.1.11.10. Thrombocytopenia/ idiopathic thrombocytopenic purpura
- 2.1.1.11.11. Disseminated intravascular coagulation
- 2.1.1.11.12. Sickle cell disease and its complications
- 2.1.1.11.13. Thalassemia major and other hemoglobinopathies
- 2.1.1.11.14. Leukemia
- 2.1.1.11.15. Lymphoma
- 2.1.1.11.16. Central nervous system (CNS) tumours
- 2.1.1.11.17. Neuroblastoma
- 2.1.1.11.18. Retinoblastoma
- 2.1.1.11.19. Liver tumours
- 2.1.1.11.20. Wilms' tumour
- 2.1.1.11.21. Bone tumours/sarcoma
- 2.1.1.11.22. Soft tissue sarcomas
- 2.1.1.11.23. Typhlitis
- 2.1.1.11.24. Methemoglobinemia
- 2.1.1.11.25. Red cell destruction, metabolic, autoimmune
- 2.1.1.11.26. Fever and neutropenia

2.1.1.12. Infectious disease

Recognize and manage:

- 2.1.1.12.1. Fever in the neonate
- 2.1.1.12.2. Fever without source
- 2.1.1.12.3. Fever of unknown origin
- 2.1.1.12.4. Fever in the returning traveler, including malaria
- 2.1.1.12.5. Bacteremia
- 2.1.1.12.6. Sepsis
- 2.1.1.12.7. Lymphadenitis
- 2.1.1.12.8. Cellulitis
- 2.1.1.12.9. Child with immunodeficiency/immunosuppression
- 2.1.1.12.10. Body fluid exposures

Demonstrate consultant level knowledge of:

- 2.1.1.12.11. Toxic shock syndrome
- 2.1.1.12.12. Tuberculosis
- 2.1.1.12.13. Sexually transmitted infections
- 2.1.1.12.14. Human immunodeficiency virus (HIV) infection
- 2.1.1.12.15. Mastitis
- 2.1.1.12.16. Omphalitis
- 2.1.1.12.17. Necrotizing fasciitis
- 2.1.1.12.18. Mumps
- 2.1.1.12.19. Measles
- 2.1.1.12.20. Rubella
- 2.1.1.12.21. Varicella/zoster
- 2.1.1.12.22. Pertussis
- 2.1.1.12.23. Roseola
- 2.1.1.12.24. Erythema infectiosum
- 2.1.1.12.25. Infectious mononucleosis/Epstein-Barr virus (EBV) infections
- 2.1.1.12.26. Cat scratch disease
- 2.1.1.12.27. Tick-borne diseases
- 2.1.1.12.28. Tetanus and rabies prophylaxis
- 2.1.1.12.29. Botulism



2.1.1.13. Metabolic

Demonstrate an approach to:

2.1.1.13.1. Dysmorphism

2.1.1.13.2. Organomegaly

Recognize and manage:

2.1.1.13.3. Hypoglycemia/hyperglycemia

2.1.1.13.4. Hypocalcemia/hypercalcemia

2.1.1.13.5. Fluid and electrolyte abnormalities

2.1.1.13.6. Hyperammonemia

2.1.1.13.7. Acidosis/alkalosis

2.1.1.13.8. Hypotonia/hypertonia/ataxia

2.1.1.13.9. Vomiting

2.1.1.13.10. Poor feeding/failure to thrive

2.1.1.14. Inborn errors of metabolism

Demonstrate consultant level knowledge of:

2.1.1.14.1. Disorders that result in toxic accumulation

2.1.1.14.2. Disorders of protein metabolism, including but not limited to amino acidopathies, organic acidopathies, and urea cycle defects

2.1.1.14.3. Disorders of carbohydrate intolerance

2.1.1.14.4. Lysosomal storage disorders

2.1.1.14.5. Disorders of energy production, utilization

2.1.1.14.6. Fatty acid oxidation defects

2.1.1.14.7. Disorders of carbohydrate utilization and/or production, including glycogen storage disorders, and disorders of gluconeogenesis and glycogenolysis

2.1.1.14.8. Mitochondrial disorders

2.1.1.14.9. Peroxisomal disorder

2.1.1.15. Nephrology and genitourinary

Recognize and manage:

2.1.1.15.1. Frequency

2.1.1.15.2. Dysuria

2.1.1.15.3. Hematuria

2.1.1.15.4. Myoglobinuria

2.1.1.15.5. Urinary retention/obstruction

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2.1.1.15.6. Hypertension

2.1.1.15.7. Scrotal pain/swelling

2.1.1.15.8. Urethral discharge

Demonstrate consultant level knowledge of:

2.1.1.15.9. Urinary tract infection

2.1.1.15.10. Glomerulonephritis

2.1.1.15.11. Nephrotic syndrome

2.1.1.15.12. Acute renal failure

2.1.1.15.13. Chronic renal failure

2.1.1.15.14. Hemolytic-uremic syndrome

2.1.1.15.15. Henoch-Schoenlein purpura

2.1.1.15.16. Renal tubular acidosis

2.1.1.15.17. Nephrolithiasis

2.1.1.15.18. Phimosis and paraphimosis

2.1.1.15.19. Balanitis

2.1.1.15.20. Priapism

2.1.1.15.21. Epididymitis

2.1.1.15.22. Testicular mass

2.1.1.15.23. Hydrocele/hernia

2.1.1.15.24. Testicular torsion

2.1.1.15.25. Torsion of appendix testes

2.1.1.15.26. Scrotal/penile trauma

2.1.1.15.27. Male sexual assault

2.1.1.16. Neurology

Recognize and manage:

2.1.1.16.1. Coma

2.1.1.16.2. Altered level of consciousness

2.1.1.16.3. Headache

2.1.1.16.4. Dizziness/vertigo

2.1.1.16.5. Ataxia

2.1.1.16.6. Weakness

2.1.1.16.7. Paralysis

2.1.1.16.8. Seizure

2.1.1.16.9. Focal neurological deficit

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Demonstrate consultant level knowledge of:

- 2.1.1.16.10. Cerebrovascular events
- 2.1.1.16.11. Hydrocephalus and ventriculoperitoneal (VP) shunts
- 2.1.1.16.12. Meningitis/encephalitis
- 2.1.1.16.13. Cerebral/epidural abscesses/empyema
- 2.1.1.16.14. Neurodegenerative disorders
- 2.1.1.16.15. Benign intracranial hypertension
- 2.1.1.16.16. Transverse myelitis
- 2.1.1.16.17. Optic neuritis
- 2.1.1.16.18. Facial nerve palsy
- 2.1.1.16.19. Labyrinthitis
- 2.1.1.16.20. Myasthenia gravis

2.1.1.17. Obstetrics/gynecology

Recognize and manage:

- 2.1.1.17.1. Dysmenorrhea
- 2.1.1.17.2. Abnormal vaginal bleeding
- 2.1.1.17.3. Vaginal discharge
- 2.1.1.17.4. Pelvic pain

Demonstrate consultant level knowledge of:

- 2.1.1.17.5. Breast lesion
- 2.1.1.17.6. Dysfunctional uterine bleeding
- 2.1.1.17.7. Imperforate hymen
- 2.1.1.17.8. Labial adhesions
- 2.1.1.17.9. Vaginal foreign body
- 2.1.1.17.10. Pregnancy diagnosis
- 2.1.1.17.11. Complications of pregnancy
- 2.1.1.17.12. Emergency delivery of newborn
- 2.1.1.17.13. Sexually transmitted infections
- 2.1.1.17.14. Female sexual assault
- 2.1.1.17.15. Emergency contraception
- 2.1.1.17.16. Female perineal trauma
- 2.1.1.17.17. Ovarian torsion

2.1.1.18. Ophthalmology

Demonstrate an approach to:

- 2.1.1.18.1. Red eye
- 2.1.1.18.2. Painful eye
- 2.1.1.18.3. Visual disturbances

Demonstrate consultant level knowledge of:

- 2.1.1.18.4. Conjunctivitis
- 2.1.1.18.5. Iritis/uveitis
- 2.1.1.18.6. Corneal foreign body/abrasion
- 2.1.1.18.7. Hordeolum/chalazion
- 2.1.1.18.8. Glaucoma
- 2.1.1.18.9. Traumatic eye injury
- 2.1.1.18.10. Periorbital and orbital cellulitis

2.1.1.19. Orthopedics

Demonstrate an approach to:

- 2.1.1.19.1. Limp
- 2.1.1.19.2. Back pain
- 2.1.1.19.3. Arthritis/arthralgia

Demonstrate consultant level knowledge of:

- 2.1.1.19.4. Torticollis
- 2.1.1.19.5. Osteomyelitis
- 2.1.1.19.6. Septic arthritis
- 2.1.1.19.7. Polyarthritis
- 2.1.1.19.8. Legg-Calve-Perthes disease
- 2.1.1.19.9. Slipped capital femoral epiphysis
- 2.1.1.19.10. Avascular necrosis
- 2.1.1.19.11. Pediatric fractures and dislocations
- 2.1.1.19.12. Common sports related and soft tissue injuries
- 2.1.1.19.13. Compartment syndrome

2.1.1.20. Otolaryngology

Demonstrate an approach to:

- 2.1.1.20.1. Sore throat
- 2.1.1.20.2. Otagia

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- 2.1.1.20.3. Hearing loss
- 2.1.1.20.4. Neck mass
- 2.1.1.20.5. Epistaxis
- 2.1.1.20.6. Postoperative tonsillectomy and adenoidectomy bleed
- 2.1.1.20.7. Penetrating trauma to posterior oropharynx

Demonstrate a consultant level knowledge of:

- 2.1.1.20.8. Parotitis
- 2.1.1.20.9. Peritonsillar abscess
- 2.1.1.20.10. Retropharyngeal abscess
- 2.1.1.20.11. Obstructive sleep apnea
- 2.1.1.20.12. Mastoiditis
- 2.1.1.20.13. Tympanic membrane perforation
- 2.1.1.20.14. Pinna hematoma
- 2.1.1.20.15. Nasal septal hematoma
- 2.1.1.20.16. Otitis media and externa
- 2.1.1.20.17. Pharyngitis
- 2.1.1.20.18. Stomatitis/herpes simplex virus (HSV) infection
- 2.1.1.20.19. Sinusitis

2.1.1.21. Psychosocial

Demonstrate an approach to:

- 2.1.1.21.1. Crying infant
- 2.1.1.21.2. Physical abuse
- 2.1.1.21.3. Sexual abuse
- 2.1.1.21.4. Neglect
- 2.1.1.21.5. Depression
- 2.1.1.21.6. Suicidal ideation
- 2.1.1.21.7. Psychosis
- 2.1.1.21.8. Grieving and loss
- 2.1.1.21.9. Acute exacerbations of chronic pain
- 2.1.1.21.10. Aggression

Demonstrate consultant knowledge of:

- 2.1.1.21.11. Minor behavioral complaints, including but not limited to breath holding, hyperventilation and rumination
- 2.1.1.21.12. Emergency complications of eating disorders

2.1.1.22. Respiriology

Recognize and manage:

2.1.1.22.1. Acute upper airway obstruction

2.1.1.22.2. Apnea

2.1.1.22.3. Stridor

2.1.1.22.4. Wheeze

2.1.1.22.5. Dyspnea

2.1.1.22.6. Cough

2.1.1.22.7. Hemoptysis

2.1.1.22.8. Chest pain

Demonstrate consultant level knowledge of:

2.1.1.22.9. Pulmonary embolism

2.1.1.22.10. Pulmonary edema

2.1.1.22.11. Pleural effusion/empyema

2.1.1.22.12. Pleuritis

2.1.1.22.13. Asthma

2.1.1.22.14. Croup

2.1.1.22.15. Epiglottitis

2.1.1.22.16. Bronchiolitis

2.1.1.22.17. Pneumonia

2.1.1.22.18. Acute exacerbations of cystic fibrosis

2.1.1.22.19. Acute exacerbations of bronchopulmonary dysplasia

2.1.1.22.20. Bacterial tracheitis

2.1.1.22.21. Foreign body aspiration

2.1.1.23. Rheumatology/immunology

Demonstrate an approach to:

2.1.1.23.1. Monoarthritis

2.1.1.23.2. Polyarthritis

Demonstrate consultant level knowledge of:

2.1.1.23.3. Juvenile idiopathic arthritis

2.1.1.23.4. Systemic lupus erythematosus

2.1.1.23.5. Juvenile dermatomyositis

2.1.1.23.6. Kawasaki syndrome

2.1.1.24. Toxicology

Demonstrate an approach to:

2.1.1.24.1. Prevention of absorption/enhancement of elimination

2.1.1.24.2. Unknown ingestions

Recognize and manage:

2.1.1.24.3. Acute intoxication/withdrawal

2.1.1.24.4. Toxidromes

Demonstrate consultant level knowledge of the following ingestions:

2.1.1.24.5. Household agents, including alkali and acids, hydrocarbons, and organophosphates

2.1.1.24.6. Acetaminophen

2.1.1.24.7. Anticholinergics

2.1.1.24.8. Heavy metals

2.1.1.24.9. Narcotics

2.1.1.24.10. Psychoactive agents, including but not limited to neuroleptics, antidepressants, and mood stabilizers

2.1.1.24.11. Salicylates

2.1.1.24.12. Cardiovascular agents

2.1.1.24.13. Oral hypoglycemic agents

2.1.1.24.14. Alcohols

2.1.1.24.15. Sympathomimetics

2.1.1.24.16. Drugs of abuse

2.1.1.24.17. Plants

2.1.1.25. Transplant medicine

Recognize and manage:

2.1.1.25.1. Life-threatening complications of transplant

2.1.1.25.2. Transplant rejection

2.1.1.26. Emergency medical services (EMS):

Demonstrate consultant level knowledge of:

2.1.1.26.1. EMS organization and administration

2.1.1.26.2. Paramedics, including levels of providers and local scope of practice

2.1.1.26.3. Out-of-hospital care, including roles of emergency response systems, dispatch, and out-of-hospital protocols

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- 2.1.1.26.4. Equipment and transportation
  - 2.1.1.26.5. Triage/receiving hospitals
  - 2.1.1.26.6. Medical direction, including on line, off line, and field policies
  - 2.1.1.26.7. Disaster medicine/mass casualty
  - 2.1.1.26.8. Medical considerations with air transport
  - 2.1.1.27. Epidemiology of illness and injury
    - Demonstrate consultant level knowledge of:
      - 2.1.1.27.1. Growth and development, normal and abnormal
      - 2.1.1.27.2. Major cause of illnesses by age
      - 2.1.1.27.3. Major causes of injury by age
      - 2.1.1.27.4. Major causes of death in childhood
      - 2.1.1.27.5. Principles of injury prevention and analysis of injury events
      - 2.1.1.27.6. Immunization guidelines
  - 2.1.2. Describe the following diagnostic and therapeutic procedures relevant to Pediatric Emergency Medicine practice:
    - 2.1.2.1. Ventriculoperitoneal shunt tapping
    - 2.1.2.2. Central venous device access
  - 2.1.3. Describe the utility, applications, and limitations of point-of-care ultrasound (POCUS) in Pediatric Emergency Medicine
  - 2.2. Describe the CanMEDS framework of competencies relevant to Pediatric Emergency Medicine
  - 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up to date and enhance areas of professional competence
  - 2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in their practice
- 3. Perform a complete and appropriate assessment of a patient**
- 3.1. Identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences
    - 3.1.1. Integrate age and development related variables in acute care medicine as they apply to neonatal, pediatric, and adolescent patient care
    - 3.1.2. Perform a rapid relevant assessment and recognize a potentially serious problem



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- 3.1.3. Outline the medical, psychosocial, and familial considerations of the patient's presentation
- 3.2. Elicit a history that is relevant, concise, and accurate to context and preferences for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.3. Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
- 3.5. Demonstrate effective clinical problem solving and judgment to address Pediatric Emergency Medicine patients' problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

**4. Use preventive and therapeutic interventions effectively**

- 4.1. Implement an effective management plan in collaboration with a patient and the patient's family
- 4.2. Demonstrate effective, appropriate, and timely application of preventive interventions relevant to the Pediatric Emergency Medicine practice, including
  - 4.2.1. Injury prevention
  - 4.2.2. Vaccination
  - 4.2.3. Healthy active living
  - 4.2.4. Substance abuse
  - 4.2.5. Discharge planning
- 4.3. Obtain appropriate informed consent for therapies
- 4.4. Ensure patients receive compassionate end-of-life care

**5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

- 5.1. Demonstrate effective, appropriate, and timely performance of the following diagnostic and therapeutic procedures relevant to Pediatric Emergency Medicine practice:
  - 5.1.1. General
    - 5.1.1.1. Restraint techniques
    - 5.1.1.2. Aseptic techniques
    - 5.1.1.3. Protection of health professionals against hazardous exposures

5.1.2. Cardiopulmonary life support procedures

- 5.1.2.1. Basic life support procedures
- 5.1.2.2. Neonatal resuscitation procedures
- 5.1.2.3. Airway adjuncts, oxygen delivery, and suctioning
- 5.1.2.4. Bag/mask ventilation
- 5.1.2.5. Direct and indirect laryngoscopy
- 5.1.2.6. Rapid sequence induction for intubation
- 5.1.2.7. Emergent endotracheal intubation
- 5.1.2.8. Management of the difficult airway
- 5.1.2.9. Placement of laryngeal mask airway (LMA)
- 5.1.2.10. Initiation of mechanical ventilation
- 5.1.2.11. Emergency cricothyrotomy and transtracheal ventilation
- 5.1.2.12. Removal of supraglottic foreign body
- 5.1.2.13. Cardioversion and defibrillation
- 5.1.2.14. Cardiac pacing, external
- 5.1.2.15. Intramuscular injections, subcutaneous injections, and auto-injectors

5.1.3. Trauma life support procedures

- 5.1.3.1. Cervical spine immobilization
- 5.1.3.2. Control of exsanguinating external hemorrhage
- 5.1.3.3. Needle decompression of chest
- 5.1.3.4. Tube thoracostomy

5.1.4. Pediatric vascular access techniques

- 5.1.4.1. Phlebotomy
- 5.1.4.2. Peripheral venous access
- 5.1.4.3. Central venous access
- 5.1.4.4. Intraosseous access
- 5.1.4.5. Umbilical vessel catheterization
- 5.1.4.6. Arterial puncture

5.1.5. Procedural sedation and analgesia

- 5.1.5.1. Procedural sedation
- 5.1.5.2. Pain management
- 5.1.5.3. Local and regional anesthesia

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5.1.6. Cardiac procedures

- 5.1.6.1. Acquisition and interpretation of pediatric electrocardiograms
- 5.1.6.2. Cardioversion of stable supraventricular tachycardia using vagal maneuvers
- 5.1.6.3. Cardioversion/defibrillation
- 5.1.6.4. Pericardiocentesis

5.1.7. Dental procedures

- 5.1.7.1. Reimplantation of an avulsed permanent tooth
- 5.1.7.2. Reduction of temporomandibular joint dislocation

5.1.8. Gastrointestinal procedures

- 5.1.8.1. Gastric intubation
- 5.1.8.2. Gastrostomy tube replacement
- 5.1.8.3. Hernia reduction
- 5.1.8.4. Management of umbilical granuloma
- 5.1.8.5. Rectal prolapse reduction

5.1.9. Genitourinary skills

- 5.1.9.1. Bladder catheterization
- 5.1.9.2. Prepubertal genital examination
- 5.1.9.3. Vaginal foreign body removal
- 5.1.9.4. Adolescent pelvic exam
- 5.1.9.5. Forensic examination of a sexual assault victim
- 5.1.9.6. Reduction of paraphimosis
- 5.1.9.7. Collection of specimens for sexually transmitted infections in male and female patients
- 5.1.9.8. Management of zipper injuries

5.1.10. Head and neck procedures

- 5.1.10.1. Acute upper airway foreign body removal
- 5.1.10.2. Removal of impacted cerumen
- 5.1.10.3. Foreign body removal from the external auditory canal
- 5.1.10.4. Management of epistaxis
- 5.1.10.5. Nasal foreign body removal
- 5.1.10.6. Pharyngeal procedures including tonsillar bleed
- 5.1.10.7. Drainage and packing of nasal septal and pinna hematomas

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5.1.11. Neurological procedures

5.1.11.1. Lumbar puncture

5.1.11.2. Assessment of opening pressure

5.1.12. Ophthalmologic procedures

5.1.12.1. Lid eversion

5.1.12.2. Fluorescein installation

5.1.12.3. Slit lamp exam

5.1.12.4. Ocular foreign body removal

5.1.12.5. Ocular irrigation and decontamination

5.1.12.6. Eye patch/eye guard application

5.1.12.7. Contact lens removal

5.1.13. Orthopedic procedures

5.1.13.1. Splinting procedures

5.1.13.2. Casting procedures

5.1.13.3. Reduction of common dislocations

5.1.13.4. Closed reductions under sedation in the emergency department

5.1.13.5. Joint aspiration of the knee

5.1.14. Toxicological/environmental procedures

5.1.14.1. Activated charcoal administration

5.1.14.2. Whole bowel irrigation

5.1.14.3. Skin decontamination

5.1.14.4. Tick removal

5.1.14.5. Cooling procedures

5.1.14.6. Warming procedures

5.1.15. Respiriology procedures:

5.1.15.1. Pulse oximetry

5.1.15.2. End tidal CO<sub>2</sub> monitoring

5.1.15.3. Interpretation of portable spirometry

5.1.15.4. Correct use of metered-dose inhalers with spacing devices and other delivery systems for inhaled medications

5.1.15.5. Tracheal suctioning

5.1.15.6. Replacement of a tracheostomy cannula

5.1.16. Wound management:

- 5.1.16.1. General wound management
- 5.1.16.2. Management of plantar puncture wounds
- 5.1.16.3. Single and multilayer closure of lacerations
- 5.1.16.4. Repair of digital amputation
- 5.1.16.5. Management of subcutaneous foreign bodies
- 5.1.16.6. Hair tourniquet removal
- 5.1.16.7. Burn management
- 5.1.16.8. Incision and drainage of a cutaneous abscess
- 5.1.16.9. Fishhook removal
- 5.1.16.10. Ring removal

5.2. Obtain appropriate informed consent for procedures

5.3. Document and disseminate information related to procedures performed and their outcomes

5.4. Ensure adequate follow-up is arranged for procedures performed

**6. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**

6.1. Demonstrate insight into their own limits of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate follow-up care services for patients and their families

**Communicator**

***Definition:***

As *Communicators*, Pediatric Emergency Medicine subspecialists facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

***Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...***

**1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**

1.1. Recognize that the emergency department poses special challenges with regard to communication with patients and families

1.2. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient

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satisfaction, physician satisfaction, adherence, and improved clinical outcomes

- 1.3. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy

- 1.3.1. Rapidly establish trust with patients and caregivers

- 1.3.2. Communicate decisions with patients and caregivers

- 1.3.3. Support and counsel a patient and the family

- 1.4. Respect patient privacy, confidentiality, and autonomy in this high risk environment

- 1.5. Listen effectively

- 1.6. Be aware of and responsive to nonverbal cues

- 2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**

- 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience

- 2.1.1. Gather in a timely and efficient manner the data necessary for Pediatric Emergency Medicine diagnosis and treatment, through history taking from patients, family, and all other relevant sources

- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family and other professionals, while respecting individual privacy and confidentiality

- 2.2.1. Describe the family's perspective and concern for a child's health and its impact on the family

- 3. Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals**

- 3.1. Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

- 3.1.1. Communicate clearly and concisely with other health professionals, paramedical personnel, and other physicians

- 3.1.2. Demonstrate consideration and compassion for patients and their families

- 3.2. Communicate effectively as team leader during resuscitation and other critical situations

- 4. Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care**

- 4.1. Identify and explore problems to be addressed from a patient encounter,

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- including the patient's context, responses, concerns, and preferences
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making
    - 4.2.1. Show concern for the age, development, disability, psychosocial, and economic implications of a patient's unique situation
  - 4.3. Encourage discussion, questions, and interaction in the encounter
  - 4.4. Engage patients, families, and relevant health professionals, including consultants, admitting physicians, family physicians, family pediatricians, and other health professionals, in shared decision-making to develop a plan for investigations, management, and disposition
  - 4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent for procedures, delivering bad news, and addressing anger, confusion, and misunderstanding
- 5. Convey oral, written, and/or electronic information effectively about a medical encounter**
- 5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans
  - 5.2. Present oral reports of clinical encounters and plans
  - 5.3. Convey medical information appropriately to ensure safe transfer of care
- 6. Present medical information to the public or media effectively about a medical issue**
- 6.1. Describe effective communication with media, and regulatory and governmental agencies to inform about the acute and chronic care needs of children

**Collaborator**

***Definition:***

As *Collaborators*, Pediatric Emergency Medicine subspecialists effectively work within a health care team to achieve optimal patient care.

***Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...***

- 1. Participate effectively and appropriately in an interprofessional health care team**
  - 1.1. Describe the Pediatric Emergency Medicine subspecialist's roles and responsibilities to other professionals of the emergency team, including
    - 1.1.1. Nurses, respiratory therapists, orthopedic technologists, and unit clerks
    - 1.1.2. Consultants in the emergency department

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1.1.3. Out-of-hospital care providers

- 1.2. Describe the roles and responsibilities of other professionals within the health care team
- 1.3. Recognize and respect the diverse roles, responsibilities, and competencies of other professionals in relation to their own
  - 1.3.1. Function effectively within the unique environment of the emergency department, recognizing the unpredictable nature of patient presentations, and the demands of working with a multidisciplinary team
- 1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients
- 1.5. Work collaboratively in other activities and tasks; examples are research, educational work, program review, and/or administrative responsibilities
- 1.6. Participate effectively in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation, and professionalism
- 1.10. Demonstrate leadership of a health care team in the complex multidisciplinary environment of the emergency department, as appropriate

**2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
  - 2.1.1. Describe and respect the unique role of each of the members of the emergency care team, including nurses, respiratory therapists, orthopedic technologists, and unit clerks, and demonstrate an ability to resolve differences regarding process and patient care issues in a professional and sensitive manner
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Respect differences and the scopes of practice of other professions
- 2.4. Reflect on their own differences, misunderstandings, and limitations that may contribute to interprofessional tension
- 2.5. Reflect on interprofessional team function
- 2.6. Employ collaborative negotiation to resolve conflicts and address misunderstandings



## **Manager**

### **Definition:**

As *Managers*, Pediatric Emergency Medicine subspecialists are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

**Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...**

### **1. Participate in activities that contribute to the effectiveness of their health care organizations and systems**

- 1.1. Participate in quality process evaluation and improvement, including patient safety initiatives
  - 1.1.1. Describe the principles of quality assurance, including the role of audits, quality improvement reviews, risk management, incident reporting, and complaint management as pertinent to the emergency department
- 1.2. Describe the structure and function of the health care system as it relates to Pediatric Emergency Medicine, including the roles of physicians
  - 1.2.1. Describe the basic principles of leadership, management, and administration of hospitals and clinical programs
  - 1.2.2. Describe the roles of the academic institutions and licensing bodies, and their interaction with physicians
- 1.3. Describe the principles of health care financing, including physician remuneration, budgeting, and organizational funding
  - 1.3.1. Recognize the importance of shared responsibility with the patient, family, other health care professionals, and community agencies

### **2. Manage their practice and career effectively**

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life
- 2.2. Implement processes to ensure personal practice improvement
- 2.3. Employ information technology appropriately for patient care

### **3. Allocate finite health care resources appropriately**

- 3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
  - 3.1.1. Demonstrate the skills of efficient assessment, management, and decision-making in an environment of large patient volumes and rapidly changing priorities, including the ability to do multiple tasks simultaneously and change focus appropriately

3.2. Apply evidence and management processes for cost-appropriate care

**4. Serve in administration and leadership roles**

- 4.1. Participate effectively in committees and meetings
- 4.2. Demonstrate leadership in health care improvement
- 4.3. Plan relevant elements of health care delivery, including work, meeting, and teaching schedules

**Health Advocate**

***Definition:***

As *Health Advocates*, Pediatric Emergency Medicine subspecialists use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

***Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...***

**1. Respond to individual patient health needs and issues as part of patient care**

- 1.1. Identify the health needs of an individual patient
  - 1.1.1. Compare and contrast how the acute health care needs of children are distinct from adults
  - 1.1.2. Assist patients and families to identify appropriate health and social resources in the community, including support groups
- 1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care
  - 1.2.1. Advocate on behalf of patients and families to access or utilize appropriate health care resources internal and external to the institution
- 1.3. Demonstrate an appreciation of the possibility of competing interests between advocacy for an individual and for the community at large

**2. Respond to the health needs of the communities that they serve**

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion, and disease prevention in the communities that they serve, and respond appropriately
  - 2.2.1. Advocate for resources for emerging medical technology, and for new acute care practices

- 2.3. Demonstrate an appreciation of the possibility of competing interests between the communities served and other populations

### **3. Identify the determinants of health for the populations that they serve**

- 3.1. Identify the determinants of health of the population, including barriers to access to care and resources
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

### **4. Promote the health of individual patients, communities, and populations**

- 4.1. Describe an approach to implementing a change in a determinant of health of a population they serve
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify the key players and their roles in the health care system and its structure
- 4.4. Demonstrate an appreciation for the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.5. Describe the role of the medical profession in advocating collectively for health and patient safety
  - 4.5.1. Explain the key roles of health promotion and injury and illness prevention, and incorporate them into practice
  - 4.5.2. Identify opportunities for leadership in developing and maintaining national competency and equipment standards and practice guidelines for acute pediatric care

## **Scholar**

### ***Definition:***

As *Scholars*, Pediatric Emergency Medicine subspecialists demonstrate a lifelong commitment to reflective learning and the creation, dissemination, application, and translation of medical knowledge.

***Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...***

### **1. Maintain and enhance professional activities through ongoing learning**

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
  - 1.2.1. Demonstrate proficiency at self-assessment and a commitment to lifelong self-directed learning and the application of new information technology and evidence-based medicine

- 1.3. Recognize and reflect on learning issues in practice
  - 1.4. Conduct a personal practice audit
  - 1.5. Pose an appropriate learning question
  - 1.6. Access and interpret the relevant evidence
  - 1.7. Integrate new learning into practice
  - 1.8. Evaluate the impact of any change in practice
  - 1.9. Document the learning process
  - 2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**
    - 2.1. Describe the principles of critical appraisal
    - 2.2. Critically appraise retrieved evidence in order to address a clinical question
      - 2.2.1. Apply critical appraisal skills to Pediatric Emergency Medicine literature and basic research methodology
    - 2.3. Integrate critical appraisal conclusions into clinical care
  - 3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others**
    - 3.1. Describe principles of learning relevant to medical education
    - 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
      - 3.2.1. Teach effectively within multiple environments, including individual, workshop, and didactic settings, to diverse groups of learners
    - 3.3. Select effective teaching strategies and content to facilitate others' learning
      - 3.3.1. Recognize the time constraints of teaching in a busy emergency department
    - 3.4. Deliver effective lectures or presentations
    - 3.5. Assess and reflect on teaching encounters
    - 3.6. Provide effective feedback
    - 3.7. Describe the principles of ethics with respect to teaching
  - 4. Contribute to the development, dissemination, and translation of new knowledge and practices**
    - 4.1. Describe the principles of research and scholarly inquiry
      - 4.1.1. Outline pediatric issues in research
-

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- 4.1.2. Describe the principles of research ethics
- 4.1.3. Pose a scholarly question
- 4.1.4. Conduct a systematic search for evidence
- 4.1.5. Select and apply appropriate methods to address the question
- 4.1.6. Disseminate the findings of a study
- 4.1.7. Describe research conduct and responsibilities, including forms, authorship, roles of investigator and co-investigator, research biases, and evidence-based medicine techniques
- 4.2. Describe:
  - 4.2.1. The role of the Research Ethics Board and/or scientific review committee
  - 4.2.2. Informed consent as it pertains to research
  - 4.2.3. Experimental design and statistics, including study designs, epidemiological and statistical definitions, and analysis and interpretation of results
- 4.3. Complete program-defined objectives for a scholarly project related to any aspect of the subspecialty of Pediatric Emergency Medicine, including research, educational, or creative professional activity (quality improvement, advocacy, or health promotion)

## **Professional**

### ***Definition:***

As *Professionals*, Pediatric Emergency Medicine subspecialists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

***Key and Enabling Competencies: Pediatric Emergency Medicine subspecialists are able to...***

- 1. Demonstrate a commitment to their patients, profession, and society through ethical practice**
  - 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion and respect
    - 1.1.1. Recognize the specific ethical and professional issues of child protection
    - 1.1.2. Recognize the specific ethical and professional issues of public health infection and death notification
  - 1.2. Demonstrate consultant level knowledge of
    - 1.2.1. Legal issues in the care of children, including informed consent in minors and confidentiality
    - 1.2.2. Medical/legal issues, including duty to treat, malpractice, negligence,

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standard of care, and harm

1.2.3. Regulatory requirements, including child maltreatment, communicable diseases, assault, psychiatric commitment, death, autopsy, organ and tissue donation, do not resuscitate order, advance directive, living will, and research enrolment

1.3. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

1.3.1. Demonstrate proficiency at self-assessment in regard to their professional performance, and establish a pattern of ongoing professional development

1.4. Recognize and appropriately respond to ethical issues encountered in practice

1.4.1. Demonstrate knowledge of medical ethics pertinent to the practice of Pediatric Emergency Medicine, including best interest, autonomy, beneficence, confidentiality, and conflict of interest

1.5. Identify, declare, and manage perceived, potential, and actual conflicts of interest

1.6. Recognize the principles and limits of patient privacy and confidentiality, as defined by the law and professional practice standards

1.7. Maintain appropriate boundaries with patients

**2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation**

2.1. Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice

2.1.1. Describe and incorporate into practice the professional, legal, and ethical codes relevant to pediatric emergency practice

2.1.2. Adhere to the Canadian Medical Association (CMA) guidelines of ethical interactions with industry with respect to research and education

2.2. Fulfil the regulatory and legal obligations required of current practice

2.3. Demonstrate accountability to professional regulatory bodies

2.4. Describe the requirements and process of reporting unprofessional behavior or substandard care

2.5. Participate in peer review in Pediatric Emergency Medicine

**3. Demonstrate a commitment to physician health and sustainable practice**

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.1.1. Recognize the importance of a balanced lifestyle on one's own health and the ability to provide optimum patient care

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- 3.2. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately

This document is to be reviewed by the Specialty Committee in Pediatric Emergency Medicine by 31 December 2019.

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