

#### <u>PEM Teaching Longitudinal Curriculum – ROTATION DESCRIPTION AND EXPECTATIONS</u> Pediatric Emergency Medicine Subspecialty Residency – University of Calgary

#### **ROTATION DESCRIPTION**

#### Rotation Structure

Teaching junior residents and delivering simulations are integral components of the Pediatric Emergency Medicine Subspecialty Residency. These educational activities are embedded longitudinally throughout the 2-year curriculum, providing comprehensive training at all levels.

#### Junior Resident Teaching

#### Training

Residents receive formal training on teaching trainees through the following:

- Yearly Emergency Medicine Medical Education Day, focusing on teaching junior and senior learners, bedside teaching, and formal presentation skills.
- Yearly PEM Educational Council Retreat, which reviews educational delivery across the entire PEM section and includes invited guest speakers.

Component	Timing/Frequency	Learner Assessment			
A. BEDSIDE TEACHING					
On shift in ED with junior trainees	To focus on in 2 <sup>nd</sup> year	Core EPA #13 Providing clinical teaching and supervision			
B. SMALL GROUPS					
Adult Emerg Residency AHD Teaching	Once per year	Attendee evaluation form and Core EPA #14 Delivering scholarly teaching in a formal setting			
C. DIDACTIC/ LARGE GROUP					
City Wide EM Grand Rounds	Once per two years	Attendee evaluation form and Preceptor can complete Core EPA #14 Delivering scholarly teaching in a formal setting			
PEM Journal Club	Once per year	Preceptor can complete Core EPA #14 Delivering scholarly teaching in a formal setting			
Patient Safety Rounds	Once per year	Preceptor can complete Core EPA #14 Delivering scholarly teaching in a formal setting			

## Resident Teaching Components

## Additional Opportunity:

Wednesday Junior Resident Teaching shift

• Weekly 1100h Wednesday shift starts with 1.5 of teaching of off-service junior residents on rotation. Topic is up to the fellow but is supervised by the preceptor assigned to that shift. If a resident selects this shift, contact the preceptor assigned to the shift to coordinate the teaching session.

# Assessment

Attendee evaluations will be reviewed by the program director and the trainee's academic advisor during each Competence Committee meeting.

## EPAs

The following EPAs have been mapped to this longitudinal rotation and can be obtained:

*Refers to EPAs that must be prioritized on this rotation, very likely to occur		
*CORE	13	Providing Clinical Teaching and Supervision
*CORE	14	Delivering Scholarly Teaching in a Formal Setting

# **Simulation Teaching**

# Training

Residents receive formal training on simulation education through the following:

- Year 1: ASSET Foundations:
  - Two-day faculty development course designed to equip participants with the knowledge and skills needed to deliver simulation sessions, along with the associated debriefing and teaching techniques.
- Year 2: ASSET Advanced (optional):
  - One-day faculty development course focused on avoiding and troubleshooting challenging debriefing situations.

## Simulation Teaching Components

SIMULATION				
UME Interprofessional Sessions	Three per year	Mentor feedback form		
(Wednesdays 9 –11:30 or Thursdays 9-10:30)				
Junior Resident Thursday Sessions				
Mobile Outreach Trips	Once per two years	Mentor feedback form		

## Simulation Session Types

- 1. Undergraduate Interprofessional Pediatric Emergencies (UIPE) Sessions:
  - Wednesdays 0900-1130h or Thursday mornings from 0800-1030h
  - Paired with an experienced facilitator
  - Clinical clerks, RN students, LPN students, RT students
- 2. Junior Residents Pediatric Emergencies Sessions:
  - Thursday mornings from 0830-1030h once per month
  - Paired with an experienced facilitator, including an MD facilitator
  - Junior residents rotating through PEM (Family Med, Rotating Subspecialty, Peds PGY1, EM PGY1)
- 3. Senior Residents Pediatric Emergencies Sessions:
  - Tuesday mornings from 0930-1200h once per month
  - Paired with an experienced facilitator, including an MD facilitator
  - Senior residents rotating through PEM (Peds R3-R4 and EM R2-R5)

- 4. Rural Mobile Education:
  - One to two day sessions scheduled on a regular basis
  - Paired with an experienced facilitator
  - Regional and rural centres in Southern Alberta and Southeastern British Columbia
  - Teams of MDs, RNs, EMTs, etc. (depending on availability)
  - Can replace one ED shift per full day or overnight outreach trip

## Optional

If fellows are interested in further simulation leadership development, options include:

- Four-week dedicated simulation selective rotation in 2<sup>nd</sup> year. The dedicated simulation selective allows a more intensive opportunity to consolidate simulation-based education delivery and debriefing skills by attending a significant portion of the simulation sessions occurring during this four-week rotation. Selective residents will be expected to take on a greater role in scenario development, learning simulator technical skills and leading pre-scenario briefing and post-scenario debriefing for most of the sessions.
- Simulation Fellowship (3<sup>rd</sup> year). Further information available on website at <u>www.kidsim.ca</u>

## Contact information

## KidSim Centre Sessions:

Please contact Nici Peiris (nicola.peiris@ahs.ca) and Keely Piscopo (keely.piscopo@ahs.ca) at KidSim to schedule your sim sessions. You can provide them with your availability for Wednesday/Thursday mornings after completing the ASSET Foundations course. Feel free to share as many or as few dates as you'd like, and they will schedule you for sessions where you'll be mentored. Your mentor could be either a physician or an experienced nurse facilitator. As you progress in your training, you will gradually take on a more independent facilitation role, depending on your comfort level.

## Rural Mobile Outreach sessions:

Dr. Christine Kennedy (christine.kennedy@ahs.ca) is your primary contact for rural mobile outreach sessions. The trip schedule is typically sent out months in advance. Most trips are a full day, with occasional overnight stays. Please note that regardless of the trips you sign up for, you will only be allowed to replace one ED shift for the time spent on each outreach trip.

## Assessment

Your session mentor will complete a facilitator feedback form at the end of each session. Please ensure these are filled out and submit the paper copies to the program administrator for your binder. These forms will be reviewed by the program director and your academic advisor at the Competence Committee meetings.

## EPAs

There are no EPAs mapped to the simulation teaching aspect of this longitudinal rotation.

## **ROTATION EXPECTATIONS (PEM Competencies 2023)**

#### Scholar

- Teach students, residents, the public, and other health care professionals
  - Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
  - Promote a safe and respectful learning environment
  - Ensure patient safety is maintained when learners are involved
  - Prioritize and balance teaching responsibilities with patient flow and care
  - Plan and deliver learning activities
  - Provide feedback to enhance learning and performance
  - o Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
- Integrate best available evidence into practice
  - Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
  - Identify, select, and navigate pre-appraised resources
  - Critically evaluate the integrity, reliability, and applicability of health-related research and literature
  - Integrate evidence into decision-making in their practice