

Plastic Surgery – ROTATION DESCRIPTION AND EXPECTATIONS
Pediatric Emergency Medicine Subspecialty Residency - University of Calgary

ROTATION DESCRIPTION

Rotation length

The plastic surgery rotation is a 4-week rotation. Vacation requests will follow the PEM Vacation and Education and Leave Policy

(https://docs.google.com/document/d/1pQddx9VLT74sny263koOMLAg_MWns9Au/edit?usp=sharing&oid=100114742872973660072&rtpof=true&sd=true).

Assessment

After completion of the rotation, an ITAR is sent to the Plastic Surgery Evaluation Coordinator for completion.

EPAs

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

FOD	1	Assessing and Providing Initial Management for Patients who are Critically Ill
FOD	2	Assessing and Providing Initial Management for Patients with a Suspected Multi-System Trauma
FOD	4	Communicating with Patients and Families About Assessment Findings and Management Plans
FOD	5	Working Effectively with Other Members of the Interprofessional Team
CORE	2	Managing Patients with an Acute Injury
CORE	8	Performing the Procedures of Pediatric Emergency Medicine
CORE	14	Delivering Scholarly Teaching in a Formal Setting

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

Wound Repair - Simple (2)
Wound Repair - Complex (2)

Rotation Structure

- Four week rotation on the plastics service with primary focus on clinics but ward consults and OR time as necessitated/deemed useful.
- Home call as scheduled with plastics program contact. This includes one weekend of call.
- Arrange for one weekend to spend in the FMC Hand clinic. When you arrive on the first morning of your rotation advise the chief resident that you would like to do a weekend in the hand clinic, if you have any issues scheduling with the chief resident please contact the APD, Dr Christiaan Schrag Christiaan.Schrag@albertahealthservices.ca ; schedule this for one of the weekends you are NOT oncall at the ACH.

ROTATION EXPECTATIONS (PEM Competencies 2023)

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

Medical Expert:

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Pediatric Emergency Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Pediatric Emergency Medicine
 - 1.3.2. Anatomy, physiology, and pathophysiology as related to clinical presentations in Pediatric Emergency Medicine
 - 1.3.2.1. Anatomy of the musculoskeletal and neurologic systems, including surface anatomy and sonoanatomy, to guide diagnostic and therapeutic procedures
 - 1.3.2.2. Physiology and pathophysiology as it applies to the musculoskeletal, integumentary systems
 - 1.3.3. Etiology of community and hospital-acquired infections
 - 1.3.4. Epidemiology of illness and injury
 - 1.3.4.1. Major causes of illness by age
 - 1.3.4.2. Major causes of injury by age
 - 1.3.5. Immunization
 - 1.3.5.1. Indications for immunization after injury or potential exposure to infectious agents
 - 1.3.5.2. Management of the under vaccinated child
 - 1.3.7. Non-pharmacologic approaches to the management of pain
 - 1.3.8. Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanism of action, routes of delivery, and adverse effects of the following:
 - 1.3.8.1. Analgesics and sedatives
 - 1.3.12. Injury
 - 1.3.12.1. Injury prevention and analysis of injury events
 - 1.3.12.2. Mechanisms of injury
 - 1.3.12.5. Management of the injured patient
 - 1.3.13. Clinical features, diagnostic criteria, epidemiology, natural history, pathophysiology, complications, and prognosis of illnesses in the following categories
 - 1.3.13.12. Orthopedic
 - 1.3.13.13. Otolaryngologic
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Recognize and manage crisis situations and critical illness or injury
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Adapt the assessment to the child's age and developmental level
 - 2.2.2. Elicit the history in a timely manner
- 2.2.6. Perform clinical assessments in a manner that recognizes and minimizes pain and distress
 - 2.2.7. Perform timely and selective clinical reassessments to optimize and facilitate patient care
 - 2.2.9. Select investigations with attention to diagnostic utility, safety, availability, and cost
 - 2.2.11. Interpret the following investigations
 - 2.2.11.2. Medical imaging, including
 - 2.2.11.2.1. Radiographs
 - 2.2.11.2.1.4. Spine and extremity
 - 2.2.12. Use sound clinical reasoning and judgment to guide diagnostic and management decisions, including in circumstances where complete clinical or diagnostic information is not immediately available
 - 2.2.13. Recognize and mitigate the risk of over-investigation and over-diagnosis
- 2.4. Establish patient-centred management plans for:
 - 2.4.1. Resuscitation of critically ill presentations
 - 2.4.1.7. Trauma
 - 2.4.1.7.1. Blunt and penetrating injuries
 - 2.4.1.7.2. Burns: chemical, electrical, and thermal
 - 2.4.2. Acute medical and surgical presentations and findings, including
 - 2.4.2.10. Infectious diseases
 - 2.4.2.10.4. Skin and soft tissue infections
 - 2.4.2.14. Orthopedic
 - 2.4.2.14.1. Arthritis and arthralgia
 - 2.4.2.14.2. Fractures and dislocations

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources

3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

3.4.10. Injury and wound management

3.4.10.1. Burn management

3.4.10.2. Incision and drainage of abscess

3.4.10.3. Removal of

3.4.10.3.1. Subcutaneous foreign bodies

3.4.10.3.2. Fishhook

3.4.10.3.3. Hair tourniquet

3.4.10.3.4. Piercing

3.4.10.3.5. Ring

3.4.10.4. Repair of digital amputation

3.4.10.5. Repair of nailbed injury

3.4.10.6. Single and multilayer closure of lacerations

3.4.13. Orthopedic

3.4.13.2. Reduction of common dislocations

3.4.13.3. Reduction of common fractures

3.4.13.4. Splinting and casting

4. Establish plans for ongoing care and, when appropriate, timely consultation

4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

4.1.1. Determine the need for and provide vaccination or post-exposure prophylaxis

4.1.2. Determine the need for consultation with another physician

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

5.1. Recognize and respond to harm from healthcare delivery, including patient safety incidents

For Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional competencies, please review the appropriate section of the Pediatric Emergency Medicine Competencies document at: <https://www.royalcollege.ca/content/dam/documents/ibd/pediatric-emergency-medicine/pem-competencies-e.pdf>