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The International Federation of Emergency Medicine pediatric emergency medicine supplement to the model curriculum for emergency medicine specialists

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Pediatric Emergency Medicine (PEM) is a subspecialty that bridges the domains of emergency medicine and general pediatric medicine. Several countries have specific fellowship training programs designed to train PEM specialists from a general emergency medicine background and/or from a general pediatric medicine background. The majority of children around the world who require emergency care are seen by general emergency medicine specialists in high-income countries and a variety of generalist physicians in low- and middle-income countries (LMIC). This variability in pediatric care across the globe highlights the importance

of having a minimal competency standard that can easily be achieved and is universally accepted [1].

In some countries, the national general emergency physician's curriculum does not clearly define the specific knowledge, skills, and attributes to assess and manage common pediatric presentations. With the endorsement of the International Federation of Emergency Medicine (IFEM) Core Curriculum and Education Committee, the PEM special interest group (PEMSIG) created a supplement to highlight how the general learning outcomes in the Model Curriculum could be tailored to pediatric patient care, and to clarify the differences in managing this particular population (the full supplement is available at <https://www.ifem.cc/curricula-for-emergency-medicine/>). This document may be of particular use for those developing emergency training programs in LMIC, where there may be considerable gaps in the provision of emergency care for children [2].

While most emergency physicians will have exposure to pediatric patients during their training, incorporation of these additional pediatric skills and competencies will ideally translate into better care for children presenting with emergency conditions. On the other hand, pediatric trainees may have the opportunity to rotate through the emergency department and can harness their exposure to trauma and resuscitation management to build on their acute care skills. The purpose of this document is to establish a basic curriculum geared towards clinicians and emergency practitioners when treating children.

A three-phase Delphi technique model was used to develop the objectives. The Delphi technique was chosen for developing this supplement because it was the most efficient way to achieve consensus. The project was designed so that a broad range of opinion could be sampled, with each

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contributor given equal weighting. The final step was mapping the knowledge, skills, and professional competencies to align with the IFEM Model Curriculum for Emergency Medicine Specialists. Under each relevant heading on the educational outcomes and learning objectives, pediatric-specific comments were added to align with the master document. The final product was reviewed by the IFEM Core Curriculum and Education Committee.

Notably, during the second phase, several members brought up such skills as ultrasound, stating that point-of-care use is common and is a required objective in their region. While many fellowship programs require competency in ultrasound, the core committee felt that this would not be achievable in many resource-scarce communities and, therefore, we added the clarification that it is recommended but not essential. In keeping with the core principle of this document, the goal is a set of competencies that would be achievable globally, and hence establishes a minimal standard. There are other skills that should be part of advanced training but this was not the goal of this particular document, which is why skills such as ultrasound competency are not included.

The overall aim of the supplement is to assist trainees, preceptors, administrators, and faculty with a framework that defines the minimum learning outcomes in PEM. It is by no means an exhaustive list of knowledge, skills, and attitudes required for specialized pediatric emergency management as

many regions do not have the required resources for a comprehensive program. Establishing a competency threshold that is achievable across regions, within the constraints of local resources, enables the best possible care for pediatric patients. The curriculum is developed by IFEM PEMSIG and endorsed by the board of the Canadian Association of Emergency Physicians.

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Compliance with ethical standards

Conflict of interest The authors declare no conflict of interest.

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