

## Leicester Paediatric Emergency Medicine Subspecialty Teaching Program

# February 2024 - August 2024

Tuesdays 13:45 - 14:45 (ED Undercroft Seminar Room)

| Date |             | Supervising Consultant           | Topic   | Allocated Registrar |
|------|-------------|----------------------------------|---|---------------------|
| Feb  | 6th         | <b>David Sinton</b>              | Pain management in the ED (including LAT, IN Fentanyl and NO)                             | <b>N/A</b>          |
|      | 13th        | <b>Gareth Lewis</b>              | When to intubate, clearing the C Spine and Log Roll                                       | <b>Ahmad</b>        |
|      | <b>20th</b> | Regional Paediatric Training Day |   |                     |
|      | 27th        | <b>Rachel Rowlands</b>           | Malignancy: Blood, brain, bone and neuroblastoma in the Children's ED                     | <b>Adam</b>         |
| Mar  | 5th         | <b>Catherine Nunn</b>            | Minor injury procedures: Suturing, plastering, splintage and nerve blocks                 | <b>Jess</b>         |
|      | 12th        | <b>Jen Mann</b>                  | Accidents: Drowning, hypothermia, electrocution and chemicals on the skin and in the eyes | <b>Ayesha</b>       |
|      | 19th        | <b>Habab Mekki</b>               | Burns: Major, minor and likelihood of NAI   | <b>Emily</b>        |
|      | <b>26th</b> | Regional Paediatric Training Day |   |                     |
| Apr  | 2nd         | <b>Jen Mann</b>                  | Shoulder, Hip, Knee and Ankle Examination   | <b>Shane</b>        |
|      | 9th         | <b>Katie Meimeti</b>             | Head and Chest Trauma including NAI   | <b>Shruti</b>       |
|      | 16th        | <b>David Sinton</b>              | Gastroenterology in the Children's ED   | <b>Ted</b>          |
|      | 23rd        | <b>Rachel Rowlands</b>           | Foreign bodies: Ingested, inhaled, inserted, and stuck earrings                           | <b>Sabrina</b>      |
|      | 30th        | <b>Amy Atkinson</b>              | Global Infectious Diseases: The Returning Traveller                                       | <b>Adam</b>         |
| May  | 7th         | <b>Gareth Lewis</b>              | Epilepsy ED Basics: Recognising atypical seizures and associated conditions               | <b>Emily</b>        |
|      | 14th        | <b>Damian Roland</b>             | Management pearls and service models for PEM  | <b>Sabrina</b>      |
|      | <b>21st</b> | Regional Paediatric Training Day |   |                     |
|      | 28th        | <b>Gareth Lewis</b>              | Inborn errors of metabolism in the Children's ED  | <b>Keewei</b>       |
| Jun  | 4th         | <b>David Sinton</b>              | Pelvic and Abdominal Trauma ( including injury patterns for accidental and NAI)           | <b>Jess</b>         |
|      | 11th        | <b>Sam Jones</b>                 | Why do teenagers present to the ED?   | <b>Ayesha</b>       |
|      | 18th        | <b>Jen Mann</b>                  | Eye Eye   | <b>Ted</b>          |
|      | 25th        | <b>Katie Meimeti</b>             | Joint Manipulations: Shoulder, elbow, finger, patella and ankle                           | <b>Shruti</b>       |
| Jul  | 2nd         | <b>Jen Mann</b>                  | Thoracotomy   | <b>Keewei</b>       |
|      | 9th         | <b>Amy Atkinson</b>              | UTI, Nephrotic Syndrome and haematuria  | <b>Emily</b>        |
|      | 16th        | <b>Rachel Rowlands</b>           | PV discharge, perineal injuries, CSA and teenage pregnancy                                | <b>Jess</b>         |
|      | <b>23rd</b> | Regional Paediatric Training Day |   |                     |
|      | 30th        | <b>Sam Jones</b>                 | Ethico-legal issues: Consent, refusal, confidentiality and information sharing            | <b>Ayesha</b>       |
| Aug  | 6th         | <b>David Sinton</b>              | Getting the most out of PEM Grid  | <b>Adam</b>         |

## Top 10 Teaching Tips to consider when preparing your sessions:

1. The sessions are generally Consultant-supervised, Registrar-delivered. To allow your supervising Consultant to maximise their support **please contact them at least 3 weeks** before you are due to deliver the session. They may have some useful suggestions or resources to help you!
2. The sessions are primarily aimed at **PEM sub-specialty trainees**. With this in mind, please tailor your content accordingly (Higher level scenarios, difficult cases, management challenges). However, CT3, PANPs/ENPs/other HSTs, Consultants are always welcome.
3. The topics are often broad, don't try to cover everything but consider **what would be useful for your audience in the ED setting?**
4. A session should typically include evidence-based updates on the subject (a good rule for these sessions is 50% revision of the subject, 40% evidence base including all up to date stuff and 10% "horizon scanning" i.e. areas for us to watch for in the future) but **relevant to ED practice**.
5. **It doesn't have to be a PowerPoint presentation!** Case-based discussions, clinical reasoning sessions, simulation, practical skills sessions, trips to eye casualty, the restaurant, resus...  
Provided it is for a senior audience, is up to date, and addresses the relevant area of your curriculum, you can tailor your session any way you like. COVID-19 forced all of us behind webcams, but feel free to be creative! **At least one half of the ED Undercroft should be booked for you weekly.**
6. **When in PED, you are expected to attend at least 66% of teaching sessions.** An attendance record needs to be kept and emailed to Jen at the end of your session – this will keep accurate records for ARCP. If you are unable to attend at short notice, please let Jen know, as soon as possible, and the reasons why.

7. **This is YOUR teaching.** We appreciate there aren't many of you and the rota is challenging. Communicate with each other, work together and identify early if a session is unlikely to work for you. **Communicate!** Send your apologies. Any changes need to be emailed to Jen, and an up to date rota will be maintained on the EM3 website. **There's nothing worse than preparing a session and finding no-one is available!** On days where low attendance is anticipated, consider circulating a few slides, a poster or a quiz instead via Slack.
8. **To help you develop as teachers, please provide/complete feedback forms at the end of each session** (local versions are available) and submit them to Jen.. This will be collated and can contribute to your reflection on your e-portfolio and evidence at ARCP.
9. **Maximise learning opportunities and benefits** – a good teaching session can double as a podcast or blog post on EM3, or be turned into an infographic or Lightning Learning poster! Templates and support is readily available from the ED Education team.