# NEW CURRICULA

# Curriculum standards

## Advanced Training in Paediatric Emergency Medicine

**February 2025**

**RACP**
**Specialists. Together**

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**About this document**

The new Advanced Training in Paediatric Emergency Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Paediatric Emergency Medicine for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Paediatric Emergency Medicine LTA programs.

The new curriculum was approved by the College Education Committee in February 2025. Please refer to the College website for details on its implementation.

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# Program overview

## Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

## Specialty overview

Paediatric emergency medicine (PEM) physicians are specialised in providing resuscitative or acute medical care to children who are acutely unwell or injured.

PEM physicians provide acute clinical care to children from neonates to adolescents in emergency departments of both children's hospitals and non-children's hospitals. This includes:

- **acute medical care to children.** PEM physicians are well rounded in all areas of acute paediatric medicine.
- **resuscitation.** PEM physicians lead and manage the resuscitation of acutely unwell or injured children.
- **management of undifferentiated patients.** PEM physicians manage undifferentiated patients presenting to an emergency department with acute illness or injury, which may include medical and surgical emergencies.
- **coordinating the management of complex patients**, including liaising with subspeciality teams and organising appropriate referrals.

PEM physicians provide leadership and patient-centred care with a focus on communication, decision making, teamwork, and compassion. Key professional behaviours include:

- **leadership and management.** PEM physicians lead multidisciplinary teams and work in close collaboration with other medical professionals.
- **communicating effectively** with other healthcare service providers.
- **compassionate communication with patients, families, whānau, and/or carers.** PEM physicians are compassionate and caring to children and their families, whānau, and/or carers, and possess effective communication skills, especially regarding conveying bad news and in difficult circumstances.

- **teaching other healthcare service providers,** including other clinicians, nursing staff, allied health professionals, and other professional groups who work with children, particularly within the fields of emergency resuscitation and the management of severely ill or injured children.
- **disaster management.** PEM physicians can provide assistance as appropriate in disaster management situations
- **professional and ethical practice.** PEM physicians have a commitment to improving the safety, effectiveness, and experience of emergency health care.

# Advanced Training curricula standards
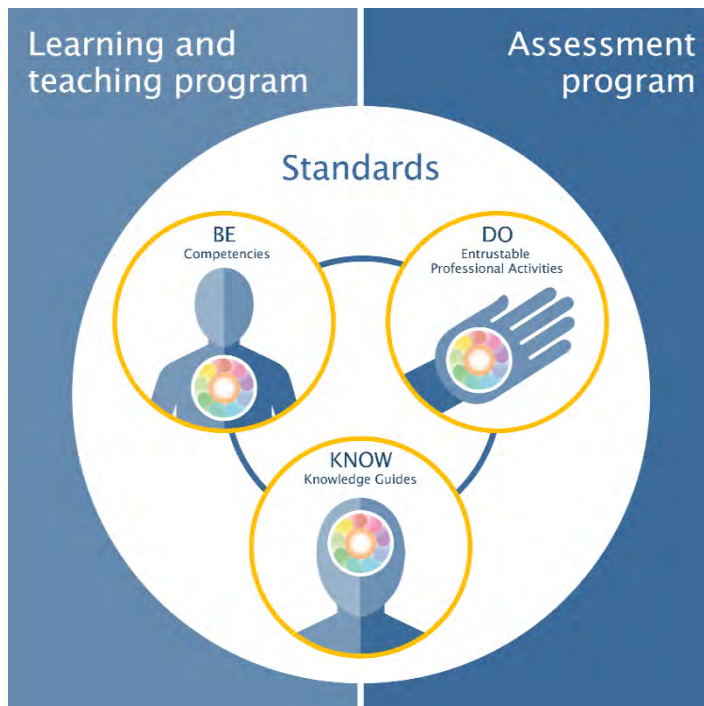


The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

**Learning and teaching programs** outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

**Assessment programs** outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



- **Entrustable Professional Activities** (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

# Professional Practice Framework

The Professional Practice Framework describes ten domains of practice for all physicians.

# Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



**Advanced Training learning, teaching, and assessment structure**

- An **entry decision** is made before entry into the program.

- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.

- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.


Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

# Curriculum standards

## Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.

| | **Medical expertise**<br><br>**Professional standard:** Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations. |
|---|---|

**Knowledge:** Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

**Synthesis:** Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

**Diagnosis and management:** Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, whānau, or carers[1], and in collaboration with the health care team.

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[1] References to patients in the remainder of this document may include their families, whānau and/or carers.

## Communication

**Professional standard:** Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

**Effective communication:** Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

**Communication with patients, families, and carers:** Use collaborative, effective, and empathetic communication with patients, families, and carers.

**Communication with professionals and professional bodies:** Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

**Written communication:** Document and share information about patients to optimise patient care and safety.

**Privacy and confidentiality:** Maintain appropriate privacy and confidentiality, and share information responsibly.

## Quality and safety

**Professional standard:** Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

**Patient safety:** Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

**Harm prevention and management:** Identify and report risks, adverse events, and errors to improve healthcare systems.

**Quality improvement:** Participate in quality improvement activities to improve quality of care and safety of the work environment.

**Patient engagement:** Enable patients to contribute to the safety of their care.

## Teaching and learning

**Professional standard:** Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.[2]

**Lifelong learning:** Undertake effective self-education and continuing professional development.

**Self-evaluation:** Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

**Supervision:** Provide supervision for junior colleagues and/or team members.

**Teaching:** Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

**Patient education:** Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.

## Research

**Professional standard:** Physicians support creation, dissemination and translation of knowledge and practices applicable to health.[2] They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

**Evidence-based practice:** Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

**Research:** Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

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[2]Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

## Cultural safety

**Professional standard: Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours.** Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision-making and healthcare delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau and/or community and the physician, to improve health outcomes.

**Physicians recognise the patient and population's rights for culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.** This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

**Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context.** Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.[3]

**Critical reflection.** Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

**Allyship.** Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

**Inclusive communication.** Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

**Culturally-safe environment.** Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

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[3] The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):
Cultural safety can be defined as[1].
- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

1. Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

## Ethics and professional behaviour

**Professional standard:** Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

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**Beliefs and attitudes:** Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

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**Honesty and openness:** Act honestly, including reporting accurately, and acknowledging their own errors.

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**Patient welfare:** Prioritise patients' welfare and community benefit above self-interest.

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**Accountability:** Be personally and socially accountable.

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**Personal limits:** Practise within their own limits and according to ethical principles and professional guidelines.

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**Self-care:** Implement strategies to maintain personal health and wellbeing.

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**Respect for peers:** Recognise and respect the personal and professional integrity, roles, and contribution of peers.

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**Interaction with professionals:** Interact equitably, collaboratively, and respectfully with other health professionals.

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**Respect and sensitivity:** Respect patients, maintain appropriate relationships, and behave equitably.

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**Privacy and confidentiality:** Protect and uphold patients' rights to privacy and confidentiality.

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**Compassion and empathy:** Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

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**Health needs:** Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

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**Medical and health ethics and law:** Practise according to current community and professional ethical standards and legal requirements.

## Judgement and decision making

**Professional standard:** Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

**Diagnostic reasoning:** Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

**Resource allocation:** Apply judicious and cost-effective use of health resources to their practice.

**Task delegation:** Apply good judgement and decision making to the delegation of tasks.

**Limits of practice:** Recognise their own scope of practice and consult others when required.

**Shared decision-making:** Contribute effectively to team-based decision-making processes.

## Leadership, management, and teamwork

**Professional standard:** Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

**Managing others:** Lead teams, including setting directions, resolving conflicts, and managing individuals.

**Wellbeing:** Consider and work to ensure the health and safety of colleagues and other health professionals.

**Leadership:** Act as a role model and leader in professional practice.

**Teamwork:** Negotiate responsibilities within the healthcare team and function as an effective team member.

## Health policy, systems, and advocacy

**Professional standard:** Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

**Health needs:** Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

**Prevention and promotion:** Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

**Equity and access:** Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

**Stakeholder engagement:** Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

**Advocacy:** Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

**Resource allocation:** Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

**Sustainability:** Manage the use of healthcare resources responsibly in everyday practice.

# Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

| # | Theme | Title |
|---|-------|-------|
| 1 | **Team leadership** | Lead a team of health professionals |
| 2 | **Supervision and teaching** | Supervise and teach professional colleagues |
| 3 | **Patient safety and quality improvement** | Individual to system-level harm prevention and provision of high-quality care |
| 4 | **Emergency department management** | Manage an emergency department |
| 5 | **Acute illness clinical assessment and management** | Assess and manage the early care of acutely unwell children |
| 6 | **Acute injury clinical assessment and management** | Assess and manage children with suspected acute injuries |
| 7 | **Transitions, transfers, and handovers of care** | Manage the transition of patient care between health professionals, providers, and contexts |
| 8 | **Communication with patients and families** | Communicate with children, their families, whānau, and/or carers |
| 9 | **Procedures** | Plan, prepare for, perform, and provide aftercare for important practical procedures across different settings |
| 10 | **Resuscitation assessment and management** | Resuscitate critically ill / injured paediatric patients |
| 11 | **Acute behavioural and psychiatric presentation and management** | Manage paediatric patients presenting with behavioural and/or psychological disturbances in the emergency department |

## EPA 1: Team leadership

| Theme | Team leadership | AT-EPA-01 |
|---|---|---|
| **Title** | **Lead a team of health professionals** | |
| **Description** | This activity requires the ability to: <br>• prioritise workload <br>• manage multiple concurrent tasks <br>• articulate individual responsibilities, expertise, and accountability of team members <br>• understand the range of team members' skills, expertise, and roles <br>• acquire and apply leadership techniques in daily practice <br>• collaborate with and motivate team members <br>• encourage and adopt insights from team members <br>• act as a role model. | |

**Behaviours**

| [Professional practice framework](#) **domain** | **Ready to perform without supervision** <br> Expected behaviours of a trainee who can routinely perform this activity without needing supervision <br><br> The trainee will: | **Requires some supervision** <br> Possible behaviours of a trainee who needs some supervision to perform this activity <br><br> The trainee may: |
|---|---|---|
| Medical expertise | • synthesise information with other disciplines to develop optimal, goal-centred plans for patients[4] <br>• use evidence-based care to meet the needs of patients or populations <br>• assess and effectively manage clinical risk in various scenarios <br>• demonstrate clinical competence and skills by effectively supporting team members | • demonstrate adequate knowledge of healthcare issues by interpreting complex information <br>• assess the spectrum of problems to be addressed <br>• apply medical knowledge to assess the impact and clinical outcomes of management decisions <br>• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team |
| Communication | • provide support and motivate patients or populations and health professionals by effective communication <br>• demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making <br>• work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals | • communicate adequately with colleagues <br>• communicate adequately with patients, families, carers, and/or the public <br>• respect the roles of team members |

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[5] References to patients in the remainder of this document may include their families, whānau and/or carers.

| | | |
|---|---|---|
| | • demonstrate rapport with people at all levels by tailoring messages to different stakeholders | |
| Quality and safety | • identify opportunities to improve care by participating in surveillance and monitoring of adverse events and 'near misses'<br>• identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change<br>• place safety and quality of care first in all decision making | • participate in audits and other activities that affect the quality and safety of patients' care<br>• participate in interdisciplinary collaboration to provide effective health services and operational change<br>• use information resources and electronic medical record technology where available |
| Teaching and learning | • regularly self-evaluate personal professional practice, and implement changes based on the results<br>• actively seek feedback from supervisors and colleagues on their own performance<br>• identify personal gaps in skills and knowledge, and engage in self-directed learning<br>• maintain current knowledge of new technologies, health care priorities, and changes of patients' expectations<br>• teach competently by imparting professional knowledge<br>• manage and monitor learner progress, providing regular assessment and feedback | • accept feedback constructively, and change behaviour in response<br>• recognise the limits of personal expertise, and involve other health professionals as needed<br>• demonstrate basic skills in facilitating colleagues' learning |
| Cultural safety | • demonstrate culturally competent relationships with professional colleagues and patients<br>• demonstrate respect for diversity and difference<br>• take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making | • demonstrate awareness of cultural diversity and unconscious bias<br>• work effectively and respectfully with people from different cultural backgrounds |
| Ethics and professional behaviour | • promote a team culture of shared accountability for decisions and outcomes<br>• encourage open discussion of ethical and clinical concerns<br>• respect differences of multidisciplinary team members<br>• understand the ethics of resource allocation by aligning optimal patients and organisational care<br>• effectively consult with stakeholders, achieving a balance of alternative views | • support ethical principles in clinical decision making<br>• maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities<br>• respect the roles and expertise of other health professionals<br>• work effectively as a member of a team<br>• promote team values of honesty, discipline, and commitment to continuous improvement |

| | | |
|---|---|---|
| | • acknowledge personal conflicts of interest and unconscious bias<br>• act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying | • demonstrate understanding of the negative impact of workplace conflict |
| Judgement and decision making | • evaluate health services and clarify expectations to support systematic, transparent decision making<br>• make decisions when faced with multiple and conflicting perspectives<br>• ensure medical input to organisational decision making<br>• adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery | • monitor services and provide appropriate advice<br>• review new healthcare interventions and resources<br>• interpret appropriate data and evidence for decision making |
| Leadership, management, and teamwork | • combine team members' skills and expertise in delivering patient care and/or population advice<br>• develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others<br>• build effective relationships with multidisciplinary team members to achieve optimal outcomes<br>• ensure all members of the team are accountable for their individual practice | • understand the range of personal and other team members' skills, expertise, and roles<br>• acknowledge and respect the contribution of all health professionals involved in patients' care<br>• participate effectively and appropriately in multidisciplinary teams<br>• seek out and respect the perspectives of multidisciplinary team members when making decisions |
| Health policy, systems, and advocacy | • engage in appropriate consultation with stakeholders on the delivery of health care<br>• advocate for the resources and support for healthcare teams to achieve organisational priorities<br>• influence the development of organisational policies and procedures to optimise health outcomes<br>• identify the determinants of health of the population, and mitigate barriers to access to care<br>• remove self-interest from solutions to health advocacy issues | • communicate with stakeholders within the organisation about health care delivery<br>• understand methods used to allocate resources to provide high-quality care<br>• promote the development and use of organisational policies and procedures |

## EPA 2: Supervision and teaching

| Theme | Supervision and teaching | AT-EPA-02 |
|---|---|---|
| Title | Supervise and teach professional colleagues | |
| Description | This activity requires the ability to:<br>• provide work-based teaching in a variety of settings<br>• teach professional skills<br>• create a safe and supportive learning environment<br>• plan, deliver, and provide work-based assessments<br>• encourage learners to be self-directed and identify learning experiences<br>• supervise learners in day-to-day work, and provide feedback<br>• support learners to prepare for assessments. | |
| Behaviours | | |

| [Professional practice framework](#) domain | Ready to perform without supervision<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | Requires some supervision<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • combine high-quality care with high-quality teaching<br>• explain the rationale underpinning a structured approach to decision making<br>• consider the patient-centric view during consultations<br>• consider the population health effect when giving advice<br>• encourage learners to consider the rationale and appropriateness of investigation and management options | • teach learners using basic knowledge and skills |
| Communication | • establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals<br>• communicate effectively when teaching, assessing, and appraising learners<br>• actively encourage a collaborative and safe learning environment with learners and other health professionals<br>• encourage learners to tailor communication as appropriate for different patients[5], such as younger or older people, and different populations | • demonstrate accessible, supportive, and compassionate behaviour |

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[6] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • support learners to deliver clear, concise, and relevant information in both verbal and written communication<br>• listen and convey information clearly and considerately | |
| Quality and safety | • support learners to deliver quality care while maintaining their own wellbeing<br>• apply lessons learned about patient safety by identifying and discussing risks with learners<br>• assess learners' competence, and provide timely feedback to minimise risks to care<br>• maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns | • observe learners to reduce risks and improve health outcomes |
| Teaching and learning | • demonstrate knowledge of the principles, processes, and skills of supervision<br>• provide direct guidance to learners in day-to-day work<br>• work with learners to identify professional development and learning opportunities based on their individual learning needs<br>• offer feedback and role modelling<br>• participate in teaching and supervision of professional development activities<br>• encourage self-directed learning and assessment<br>• develop a consistent and fair approach to assessing learners<br>• tailor feedback and assessments to learners' goals<br>• seek feedback, and reflect on own teaching by developing goals and strategies to improve<br>• establish and maintain effective mentoring through open dialogue<br>• support learners to identify and attend formal and informal learning opportunities<br>• recognise the limits of personal expertise, and involve others appropriately | • demonstrate basic skills in the supervision of learners<br>• apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs<br>• implement teaching and learning activities that are misaligned to learning goals<br>• adopt a teaching style that discourages learner self-directedness |
| Research | • clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research | • guide learners with respect to the choice of research projects<br>• ensure that the research projects planned are feasible and of suitable standards |

| | | |
|---|---|---|
| | • monitor the progress of learners' research projects regularly, and may review research projects prior to submission<br>• support learners to find forums to present research projects<br>• encourage and guide learners to seek out relevant research to support practice | |
| Cultural safety | • role model a culturally appropriate approach to teaching<br>• encourage learners to seek out opportunities to develop and improve their own cultural safety<br>• encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management<br>• consider cultural, ethical, and religious values and beliefs in teaching and learning | • function effectively and respectfully when working with and teaching with people from different cultural backgrounds |
| Ethics and professional behaviour | • apply principles of ethical practice to teaching scenarios<br>• act as a role model to promote professional responsibility and ethics among learners<br>• respond appropriately to learners seeking professional guidance | • demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect<br>• provide learners with feedback to improve their experiences |
| Judgement and decision making | • prioritise workloads and manage learners with different levels of professional knowledge or experience<br>• link theory and practice when explaining professional decisions<br>• promote joint problem solving<br>• support a learning environment that allows for independent decision making<br>• use sound and evidence-based judgement during assessments and when giving feedback to learners<br>• escalate concerns about learners appropriately | • provide general advice and support to learners<br>• use health data logically and effectively to investigate difficult diagnostic problems |
| Leadership, management, and teamwork | • maintain personal and learners' effective performance and continuing professional development<br>• maintain professional, clinical, research, and/or administrative responsibilities while teaching<br>• create an inclusive environment in which learners feel part of the team | • demonstrate the principles and practice of professionalism and leadership in health care<br>• participate in mentor programs, career advice, and general counselling |

| | | |
|---|---|---|
| | • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement | |
| Health policy, systems, and advocacy | • advocate for suitable resources to provide quality supervision and maintain training standards<br>• explain the value of health data in the care of patients or populations<br>• support innovation in teaching and training | • incompletely integrate public health principals into teaching and practice |

## EPA 3: Patient safety and quality improvement

| Theme | Patient safety and quality improvement | AT-EPA-03 |
|---|---|---|
| Title | Individual to system-level harm prevention and provision of high-quality care | |
| Description | This activity requires the ability to: <br>• identify and report actual and potential ('near miss') errors <br>• conduct and evaluate system quality improvement activities <br>• adhere to best practice guidelines <br>• conduct simple clinical audits <br>• present at departmental meetings <br>• participate in and present at morbidity and mortality meetings <br>• contribute to the development of policies and protocols designed to protect patients[6] and enhance health care <br>• monitor one's own practice and develop individual improvement plans <br>• review all relevant documentation and investigations before providing a holistic response. | |

### Behaviours

| Professional practice framework domain | Ready to perform without supervision <br> Expected behaviours of a trainee who can routinely perform this activity without needing supervision | Requires some supervision <br> Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • use population health outcomes to identify opportunities for improvement in delivering appropriate care <br> • review patients' or population health outcomes regularly to identify opportunities for improvement in delivering appropriate care <br> • promote health advocacy <br> • use standardised protocols to adhere to best practice and prevent the occurrence of wrong-site, wrong-patient procedures <br> • use available guidelines and evidence-based practice to provide high quality medical care <br> • regularly monitor personal professional performance | • contribute to processes on identified opportunities for improvement <br> • recognise the importance of prevention and early detection in clinical practice <br> • use local guidelines to assist patient care decision making |
| Communication | • practice shared decision making with patients, families, and carers <br> • implement the organisation's open disclosure policy | • demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in care |

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[6] References to patients in the remainder of this document may include their families, whānau, and/or carers.

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|---|---|---|
| | • support patients, their families, whānau, and/or carers to have access to, and use, easy-to-understand, high-quality information regarding their child's medical condition | • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information |
| | • encourage patients to provide feedback and make complaints when appropriate, providing information on these processes and services | |
| Quality and safety | • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover | • demonstrate understanding of a systematic approach to improving the quality and safety of health care |
| | • respond holistically to patient complaints, including investigating and reviewing all relevant documentation | • respond to patient complaints |
| | • perform incident reporting in line with local procedures | |
| | • participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, root cause analyses, and corrective action preventative action plans | |
| | • participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events | |
| | • raise and appropriately report identified opportunities for improvement | |
| | • use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to inform best practice in care | |
| Teaching and learning | • translate quality improvement approaches and methods into practice | • work within organisational quality and safety systems for the delivery of clinical care |
| | • participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies | • use opportunities to learn about safety and quality theory and systems |
| | • supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care | |
| Research | • confirm that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research | • demonstrate understanding that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, |

| | | | |
|---|---|---|---|
| | • | risks, and potential benefits of the research | |
| Cultural safety | • | undertake professional development opportunities that address the impact of cultural bias on health outcomes | • communicate effectively with patients from culturally and linguistically diverse backgrounds |
| Ethics and professional behaviour | • | align improvement goals with the priorities of the organisation<br><br>• contribute to developing and maintaining an organisational culture that enables and prioritises patients' safety and quality care | • comply with professional regulatory requirements and codes of conduct |
| Judgement and decision making | • | use and contribute to decision-making support tools, such as guidelines, protocols, pathways, and reminders<br><br>• analyse and evaluate current care processes to improve care | • access information and advice from other health practitioners to identify, evaluate, and improve patients' care management |
| Leadership, management, and teamwork | • | formulate and implement quality improvement strategies as a collaborative effort, involving all key health professionals<br><br>• support multidisciplinary team activities to lower patients' risk of harm, and promote interdisciplinary programs of education | • demonstrate attitudes of respect and cooperation among members of different professional teams<br><br>• partner with clinicians and managers to ensure patients receive appropriate care and information on their care |
| Health policy, systems, and advocacy | • | participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes<br><br>• participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged<br><br>• measure, analyse, and report a set of specialty-specific process of care and outcome clinical indicators, and a set of generic safety indicators<br><br>• take part in the design and implementation of the organisational systems for:<br>  » clinical education and training<br>  » defining the scope of clinical practice<br>  » performance monitoring and management<br>  » safety and quality education and training | • maintain a dialogue with service managers about issues that affect patient care<br><br>• contribute to relevant organisational policies and procedures<br><br>• help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement |

# EPA 4: Emergency department management

| Theme | Emergency department management | AT-EPA-04 |
|---|---|---|
| Title | Manage an emergency department | |

| Description | This activity requires the ability to: |
|---|---|
| | • lead emergency department staff effectively during shifts |
| | • demonstrate oversight management of emergency department services, including human resource management |
| | • manage patient flow in the emergency department |
| | • oversee quality improvement activities |
| | • communicate with patients[7], their families, and/or carers |
| | • liaise with other health professionals and team members |
| | • demonstrate problem-solving skills |
| | • use crisis resource management principles appropriately, and understand principles of disaster management. |

**Behaviours**

| Professional practice framework domain | Ready to perform without supervision<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision<br><br>The trainee will: | Requires some supervision<br>Possible behaviours of a trainee who needs some supervision to perform this activity<br><br>The trainee may: |
|---|---|---|
| Medical expertise | • assist junior colleagues proactively in the assessment and management of their patients<br>• create accurate and appropriately prioritised differential lists in the clinical notes when reviewing patients<br>• update documentation in a timeframe appropriate to patients' clinical situations<br>• maintain oversight of patients in the department and their current medical condition, and how their condition or required treatment is prioritised against other patients in the department | • demonstrate the ability to alert senior colleagues to issues arising within the department<br>• create basic differential lists and clinical notes when reviewing patients<br>• assist junior colleagues when directed in the assessment and management of their patients |
| Communication | • refer patients to colleagues using recognised handover tools<br>• help patients navigate the healthcare system to improve access to care by collaboration with other services, such as outpatient services to which they are referred, community health centres, and consumer organisations | • meet patients' specific language and communication needs, wherever practical, facilitating the appropriate use of interpreter services and translated materials |

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[7] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • communicate with patients who have concerns regarding the management of their condition<br><br>• provide education to patients, using appropriate resources as well as directing them to appropriate follow-up care | |
| Quality and safety | • practice health care that maximises patient safety<br><br>• be aware of issues that are mandatory to report, and how to report them<br><br>• demonstrate an understanding of how to manage and respond to patients' complaints<br><br>• adopt a systematic approach to the review and improvement of professional practice<br><br>• demonstrate an understanding of how to assist trainees in distress or those requiring performance management<br><br>• identify aspects of service provision that may be a risk to patients' safety<br><br>• ensure that patients are informed about fees and charges if applicable | • take reasonable steps to address issues if patients' safety may be compromised<br><br>• demonstrate an understanding of a systematic approach to improving the quality and safety of health care<br><br>• participate in organisational quality and safety activities, including clinical incident reviews<br><br>• raise appropriate issues for review at morbidity and mortality meetings |
| Teaching and learning | • evaluate their own professional practice<br><br>• demonstrate learning behaviour and skills in educating junior colleagues<br><br>• maintain professional continuing education standards | • recognise the limits of personal expertise, and involve other professionals as needed to contribute to patients' care<br><br>• use information technology appropriately as a resource for modern medical practice |
| Research | • obtain informed consent or other valid authority before involving patients in research<br><br>• inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining consent<br><br>• participate in quality improvement projects | • allow patients to make informed and voluntary decisions to participate in research |
| Cultural safety | • mitigate the influence of own culture and beliefs on interactions with patients and decision making<br><br>• challenge individual and systemic forms of discrimination within the emergency department and healthcare service<br><br>• adapt practice to improve patient engagement and health outcomes | • acknowledge the social, economic, cultural, and behavioural factors influencing health, at both individual and population levels |

| | | |
|---|---|---|
| | • advocate for the provision of appropriate resources for culturally diverse and Aboriginal and Torres Strait Islander peoples and Māori within the emergency department, hospital, and community | |
| **Ethics and professional behaviour** | • identify and respect the boundaries that define professional and therapeutic relationships<br><br>• respect the roles and expertise of other health professionals<br><br>• comply with the legal requirements of preparing and managing documentation<br><br>• demonstrate awareness of financial and other conflicts of interest | • demonstrate an understanding of the responsibility to protect and advance the health and wellbeing of individuals and communities<br><br>• maintain the confidentiality of documentation, and store clinical notes appropriately<br><br>• use social media in a manner consistent with ethical and legal obligations |
| **Judgement and decision making** | • integrate prevention, early detection, health maintenance, and chronic condition management, where relevant, into clinical practice<br><br>• work to achieve optimal and cost-effective patient care that allows maximum benefit from the available resources<br><br>• maintain minimum safe staffing levels recommended for an emergency department<br><br>• demonstrate understanding of the dynamics of patient flow through the emergency department, and factors and choke points that affect the department's ability to provide quality care | • demonstrate understanding of the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health facilities<br><br>• prioritise patients appropriately, balancing competing priorities |
| **Leadership, management, and teamwork** | • demonstrate oversight of factors affecting patient flow through an emergency department<br><br>• manage emergency department staffing allocations to improve patient flow<br><br>• liaise with hospital stakeholders, such as the head of department or nursing manager, to discuss strategies on improving patient flow through the department<br><br>• conduct clinical encounters in a well-organised and time-efficient manner<br><br>• work effectively as a member of multidisciplinary teams or other professional groups<br><br>• document all important discussions with colleagues, multidisciplinary team members, and patients | • demonstrate some understanding of the challenges facing patient flow through the emergency department<br><br>• attend relevant clinical meetings regularly |

| | | |
|---|---|---|
| | • review discharge summaries, notes, and other communications written by junior colleagues<br>• support colleagues who raise concerns about patients' safety | |
| Health policy, systems, and advocacy | • obtain consent for procedures on children who may be under the care of the state<br>• apply and document use of local mental health act policies and legal rulings when detaining children, including within a room, or with chemical or physical restraints<br>• maintain good relationships with health agencies and services<br>• apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs<br>• demonstrate understanding of the role of clinical teams in the emergency department and in the field during mass casualty incidents<br>• manage the department when a disaster code (both internal and external) is activated<br>• contribute to the creation of tailored management plans, with a focus on complex patients with recurrent presentations | • demonstrate awareness of local mental health act policies and legal rulings when detaining children, including within a room, or with chemical or physical restraints<br>• consistently apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs<br>• demonstrate desire to build good relationships with health agencies and services |

# EPA 5: Acute illness clinical assessment and management

| Theme | Acute Illness clinical assessment and management | AT-EPA-05 |
|---|---|---|
| Title | Assess and manage the early care of acutely unwell children | |

| Description | This activity requires the ability to: |
|---|---|
| | • recognise and manage patients[8] with an acute illness |
| | • assess the severity of illness, and initiate appropriate management |
| | • recognise clinical deterioration, and respond by following the local process for escalation of care |
| | • manage multiple acutely unwell patients simultaneously |
| | • liaise with transport services and medical teams to ensure patients are managed in the most appropriate setting, if required. |

| Behaviours | | |
|---|---|---|

| [Professional practice framework](#) domain | **Ready to perform without supervision**<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision<br><br>The trainee will: | **Requires some supervision**<br>Possible behaviours of a trainee who needs some supervision to perform this activity<br><br>The trainee may: |
|---|---|---|
| Medical expertise | • effectively assess, diagnose, and manage acute undifferentiated clinical presentations, as listed in the acute illness knowledge guide<br>• select investigations that ensure maximum patient safety through excluding or diagnosing critical patient issues<br>• systematically identify causes of acute deterioration in health status and levels of physical and cognitive functioning<br>• recognise immediate life-threatening conditions and critically unwell children, and respond appropriately<br>• manage escalations or transitions of care in a proactive and timely manner<br>• optimise medical management before surgical interventions | • demonstrate an understanding of general medical principles of caring for children with undifferentiated and undiagnosed conditions<br>• recognise seriously unwell children requiring immediate care<br>• identify potential causes of current deterioration, and comply with escalation protocols<br>• facilitate initial tests to assist in diagnosis, and develop management plans for immediate treatment<br>• document information to outline the rationale for clinical decisions and action plans |
| Communication | • communicate clearly with other team members, and coordinate efforts of multidisciplinary team members<br>• facilitate early communication with patients, families, and team members to allow shared decision making | • demonstrate communication skills to sufficiently support the function of multidisciplinary teams<br>• determine patients', family members', whānau, and/or carers' understanding of the diseases, if possible, and what they perceive as the most desirable goals of care |

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[8] References to patients in the remainder of this document may include their families, whānau, and/or carers.

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|---|---|---|
| | • negotiate realistic treatment goals, and determine and explain the expected prognoses and outcomes | |
| | • employ communication strategies appropriate for younger patients or those with cognitive difficulties | |
| | • explain situations to patients in a sensitive and supportive manner, avoiding jargon and confirming their understanding | |
| | • determine the level of health literacy of individual patients, and their level of understanding of agreed care decisions | |
| | • develop clear and effective discharge summaries for patients, general practitioners, community health providers, or specialist teams, with recommendations for ongoing care | |
| Quality and safety | • use clinical information technology systems for conducting prospective and retrospective clinical audits<br>• evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances<br>• analyse adverse incidents and sentinel events to identify system failures and contributing factors<br>• identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes<br>• coordinate and encourage innovation, and objectively evaluate improvement initiatives for outcomes and sustainability | • evaluate the quality of processes through well-designed audits<br>• recognise the risks and benefits of operative interventions<br>• raise appropriate issues for review at morbidity and mortality meetings<br>• evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure |
| Teaching and learning | • demonstrate effective supervision skills and teaching methods that are adapted to the context of the training<br>• encourage questioning among junior colleagues and students in response to unanswered clinical questions<br>• seek guidance and feedback from healthcare teams to reflect on encounters and improve future patients' care | • mentor and train others to enhance team effectiveness<br>• provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills<br>• coordinate and supervise junior colleagues from the emergency department and wards |
| Research | • select studies based on optimal trial design, freedom from bias, and precision of measurement<br>• specify research evidence to the needs of individual patients | • demonstrate efficient searching of literature databases to retrieve evidence<br>• use information from credible sources to aid in decision making |

| | | |
|---|---|---|
| | • evaluate the value of treatments in terms of relative and absolute benefits, cost, feasibility, and potential patient harm<br><br>• evaluate the applicability of the results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities | • refer to evidence-based clinical guidelines and protocols on acutely unwell patients<br><br>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice |
| Cultural safety | • negotiate health care decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or belief systems<br><br>• integrate culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management<br><br>• consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams | • practise cultural safety appropriate for the community serviced<br><br>• proactively identify barriers to healthcare access |
| Ethics and professional behaviour | • develop management plans based on medical assessments of the clinical conditions and multidisciplinary assessments of functional capacity<br><br>• advise patients of their rights to refuse medical therapy, including life-sustaining treatment<br><br>• consider the consequences of delivering treatment that is deemed futile, directing to other care as appropriate<br><br>• facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making<br><br>• demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy | • communicate medical management plans as part of multidisciplinary plans<br><br>• establish, where possible, patients' wishes and preferences about care<br><br>• contribute to building a productive culture within teams |
| Judgement and decision making | • recognise the need for escalations of care, and escalate to appropriate staff or services<br><br>• integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and cause into clinical decision making<br><br>• reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty<br><br>• use care pathways effectively, including identifying reasons for variations in care | • involve additional staff to assist in a timely fashion when required<br><br>• recognise personal limitations and seek help in an appropriate way when required |

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| Leadership, management, and teamwork | • work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units<br><br>• manage the transition of acute medical patients through their hospital journeys<br><br>• lead a team by providing engagement while maintaining a focus on patients' outcomes and dispositions | • collaborate with and engage other team members, based on their roles and skills<br><br>• ensure appropriate multidisciplinary assessment and management<br><br>• encourage an environment of openness and respect to lead effective teams |
| Health policy, systems, and advocacy | • use a considered and rational approach to the responsible use of resources, balancing costs against outcomes<br><br>• prioritise patients' care based on need, and consider available resources<br><br>• collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems | • demonstrate an understanding of the systems for the escalation of care for deteriorating patients<br><br>• demonstrate an understanding of the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes |

# EPA 6: Acute injury clinical assessment and management

| Theme | Acute injury clinical assessment and management | AT-EPA-06 |
|---|---|---|
| Title | Assess and manage children with suspected acute injuries | |
| Description | This activity requires the ability to: <ul><li>assess patients[9] with suspected acute injury</li><li>perform primary, secondary, and tertiary surveys when assessing trauma patients</li><li>order and interpret appropriate investigations</li><li>provide appropriate treatments for patients with acute injuries</li><li>perform relevant procedures for managing acute injuries in the emergency department</li><li>manage urgent life- or limb-threatening injuries</li><li>demonstrate knowledge and understanding of trauma systems, and use these when indicated</li><li>provide leadership in managing trauma patients</li><li>create resuscitation and treatment plans for multi-trauma patients</li><li>diagnose injuries, and refer on for further specialised treatment and management as required</li><li>consider the impact of injuries on patients' lives, and counsel on management strategies</li><li>pre-empt and prevent potential complications of injury, and implement follow-up plans</li><li>identify potential inflicted injuries, and manage appropriately.</li></ul> | |

| Behaviours | | |
|---|---|---|

| **Professional practice framework** domain | **Ready to perform without supervision** <br> Expected behaviours of a trainee who can routinely perform this activity without needing supervision <br><br> The trainee will: | **Requires some supervision** <br> Possible behaviours of a trainee who needs some supervision to perform this activity <br><br> The trainee may: |
|---|---|---|
| Medical expertise | <ul><li>assess and examine suspected injuries accurately</li><li>perform trauma primary, secondary, and tertiary surveys, using a thorough, systematic approach</li><li>rationalise and arrange appropriate investigations</li><li>interpret investigations</li><li>provide acute treatment of injuries, including analgesia and procedural sedation options appropriate for patients' age and presentation</li><li>treat and manage injuries as listed in acute injury knowledge guide</li></ul> | <ul><li>identify potential cases of inflicted / non-accidental injury, and, with guidance, perform appropriate work-ups</li><li>provide basic treatment and management of common injuries</li><li>recognise potential inflicted / non-accidental injuries</li><li>demonstrate awareness of need for sensitivity with potential inflicted / non-accidental injuries</li></ul> |

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[9] References to patients in the remainder of this document may include their families, whānau, and/or carers.

|  | | |
|---|---|---|
| | • demonstrate knowledge of the potential risks and complications of injury and the prescribed treatments<br>• recognise and sensitively work-up potential inflicted / non-accidental injuries | |
| Communication | • establish and communicate clear roles, responsibilities, and priorities within the trauma team<br>• effectively communicate with all members of the trauma team, and apply closed-loop communication where appropriate<br>• communicate treatment and management plans to patients, families, and/or carers, including gaining consent, and, where appropriate, engaging patients, family, and/or carers in decisions around treatment options<br>• clearly document in medical records the assessment, diagnosis, treatment, and management plans for patients with acute injuries<br>• communicate concerns for suspected inflicted injuries via appropriate local processes | • communicate with patients in a developmentally and age-appropriate way when assessing and managing acute injuries<br>• communicate with families or carers, including gaining consent for investigations and management as required |
| Quality and safety | • use up-to-date evidence-based practice in the management of children with acute injuries<br>• check processes are in place so investigations and results are reviewed, and injuries not missed<br>• engage in local processes in reviewing and analysing multi-trauma presentations in multidisciplinary team meetings, such as trauma review meetings | • follow local processes and protocols in managing children with acute injuries<br>• evaluate quality and safety processes in the workplace |
| Teaching and learning | • actively participate in multidisciplinary practice of trauma presentation assessment and management, including simulation where available<br>• demonstrate effective supervision and teaching of junior colleagues in the assessment and management of children with acute injuries | • supervise and support junior doctors in the management of acute injuries in children, including interpretation of investigations |
| Research | • incorporate current evidence-based trauma and injury guidelines into local processes and protocols<br>• consider enrolling eligible patients in approved clinical trials with informed consent | • refer to evidence-based clinical guidelines and protocols on the management of trauma and injuries in children |

| | | |
|---|---|---|
| **Cultural safety** | • assess and manage patients with acute injuries in a culturally sensitive and appropriate way<br>• integrate culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management | • practise cultural competency appropriate for the community serviced<br>• proactively identify barriers to healthcare access |
| **Ethics and professional behaviour** | • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making | • establish, where possible, patients' wishes and preferences about care<br>• show respect for knowledge and expertise of colleagues and other specialties |
| **Judgement and decision making** | • recognise the need for escalations of care, and escalate to appropriate staff or services<br>• use appropriate guidelines, evidence sources, and decision support tools<br>• investigate acute injuries appropriately while taking multiple factors into consideration, including resources available locally, and the risks of these, including radiation and the potential need for sedation to be able to perform procedures | • recognise the bounds of their own abilities, and know when and how to seek assistance from other colleagues in the department or other specialities |
| **Leadership, management, and teamwork** | • lead a trauma team, including multidisciplinary members internal and external to the emergency department<br>• apply crisis resource management principles when managing multi-trauma patients<br>• work collaboratively with other health professionals to formulate appropriate management plans, including the appropriate timing and location of these events | • lead a trauma team with supervision / support, demonstrating a structured approach and clear communication |
| **Health policy, systems, and advocacy** | • use a considered and rational approach to the responsible use of resources, balancing costs against outcomes<br>• collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems<br>• follow policies on mandatory reporting, such as abuse and sexual assault<br>• advocate for paediatric emergency care resources and policies | • know and follow local processes for referring potential inflicted injuries to the appropriate services |

## EPA 7: Transitions, transfers, and handovers of care

| Theme | Transitions, transfers, and handovers of care | AT-EPA-07 |
|---|---|---|
| Title | **Manage the transition of patient care between health professionals, providers, and contexts** | |
| Description | This activity requires the ability to: | |

Description: This activity requires the ability to:

- manage transitions of patient[10] care to ensure the optimal continuation of care between providers
- identify the appropriate care providers and other stakeholders with whom to share patient information
- exchange pertinent, contextually appropriate, and relevant patient information
- perform this activity in multiple settings, appropriate to the speciality and current environment, including ambulatory, critical care, inpatient and retrieval settings
- organise or perform prehospital and interhospital transfers
- appropriately accept transfer of patients into the department
- appropriately handover patient care to other teams or at end of shift.

### Behaviours

| [Professional practice framework](#) domain | **Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | <ul><li>facilitate optimal transitions of care for patients</li><li>identify and manage key risks for patients during transition</li><li>anticipate possible changes in patients' conditions, and provide recommendations on how to manage them</li><li>identify ideal locations and management teams, and arrange transfers required to achieve this</li><li>identify time-critical versus team-critical transfers of care</li><li>take appropriate referrals into the unit</li><li>provide appropriate phone and/or telehealth advice to external clinicians</li></ul> | <ul><li>demonstrate understanding of the details of patients' conditions, illness severity, and potential emerging issues, with appropriate actions</li><li>provide accurate summaries of patients' information with accurate identification of problems or issues</li><li>identify patients who require expertise not available in the emergency department, but need assistance to determine where and how to arrange this expertise</li><li>require assistance with incoming referrals and providing phone and/or telehealth advice to external clinicians</li></ul> |
| Communication | <ul><li>write relevant and detailed medical record entries, including clinical assessments and management plans</li></ul> | <ul><li>communicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care</li></ul> |

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[10] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation<br>• initiate and maintain verbal communication with other health professionals, when required<br>• communicate with patients, families, and/or carers about transitions of care, and engage and support these parties in decision making | • communicate clearly with clinicians and other caregivers<br>• use standardised verbal and written templates to improve the reliability of information transfers and prevent errors and omissions |
| Quality and safety | • identify patients at risk of poor transitions of care, and mitigate this risk<br>• use electronic tools (where available) to securely store and transfer patient information<br>• use consent processes, including written consent if required, for the release and exchange of information<br>• demonstrate understanding of the medicolegal context of written communications | • ensure that handover is complete, or work to mitigate risks if incomplete<br>• ensure all outstanding results or procedures are followed up by receiving units and clinicians<br>• keep patients' information secure, adhering to relevant legislation regarding personal information and privacy |
| Teaching and learning | • integrate clinical education in handover sessions and other transition of care meetings<br>• tailor clinical education to the level of the professional parties involved | • take opportunities to teach junior colleagues during handover, as necessary |
| Cultural safety | • communicate with careful consideration to health literacy, language barriers, and culture regarding patient preferences, and whether they are realistic and possible, respecting patient choices<br>• recognise the timing, location, privacy, and appropriateness of sharing information with patients, their families, whānau and/or carers<br>• identify the appropriate family / whānau connections, and facilitate these as required | • include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required |
| Ethics and professional behaviour | • disclose and share only contextually appropriate medical and personal information<br>• demonstrate understanding of the clinical, ethical, and legal rationale for information disclosure<br>• share information about patients' care in a manner consistent with privacy law and professional guidelines on confidentiality | • maintain respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality |

| | | |
|---|---|---|
| | • demonstrate understanding of the additional complexity related to some types of information, such as genetic information and blood-borne virus status, and seek appropriate advice about disclosure of such information<br><br>• interact in a collegiate and collaborative way with professional colleagues during transitions of care | |
| Judgement and decision making | • ensure patients' care is in the most appropriate facility, setting, or provider | • use a structured approach to consider and prioritise patients' issues<br><br>• recognise personal limitations and seek help in an appropriate way when required |
| Leadership, management, and teamwork | • share the workload of transitions of care appropriately, including delegation<br><br>• demonstrate understanding of the medical governance of patient care, and the differing roles of team members<br><br>• show respect for the roles and expertise of other health professionals, and work effectively as a member of professional teams<br><br>• ensure that multidisciplinary teams provide the opportunity for patients' engagement and participation when appropriate | • recognise factors that impact on transfers of care, and help subsequent health professionals understand the issues to continue care<br><br>• work to overcome the potential barriers to continuity of care, appreciating the role of handovers in overcoming these barriers |
| Health policy, systems, and advocacy | • contribute to processes for managing risks, and identify strategies for improvement in transitions of care<br><br>• engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls after hospital discharge | • factor transport issues and costs to patients into arrangements for transferring patients to other settings |

# EPA 8: Communication with patients and families

| Theme | Communication with patients and families | AT-EPA-08 |
|---|---|---|
| Title | Communicate with children, their families, whānau, and/or carers | |
| Description | This activity requires the ability to: | |

**Description** (continued):

This activity requires the ability to:

- communicate effectively and build rapport with children and young people
- adopt a patient-centred perspective during communication, including adjusting for cognition and disabilities
- use interpreters when communicating with patients[11] and families, if required
- use AUSLAN or NZSL interpreters or other appropriate communication aides, such as digital devices, for communication with patients, families, whānau, and/or carers with hearing or other communication impairments
- consider communication with LGBTQIA+ patients, and the importance of exercising caution around language and providing gender inclusive care
- select suitable settings for difficult conversations, and include family and/or carers and other team members
- through communication, negotiate mutually agreed management plans with patients, families, whānau, and or carers
- verify patients', family members' or carers' understanding of information conveyed
- consider the impact of patients' cultural diversity, and communicate in a culturally diverse manner.
- document conversations.

## Behaviours

| [Professional practice framework](#) domain | **Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • communicate to patients, families, whānau, and/or carers all aspects of their clinical management, including assessments and investigations<br>• provide the medical knowledge required to patients, families, whānau, and/or carers to enable them to make informed decisions about diagnostic, therapeutic, and management options<br>• use thorough communication, assessing for red flags or injuries that medical teaching instructs doctors to be concerned about, with patients, families, whānau, and/or carers to establish if there are any concerns for child maltreatment | • apply knowledge of the scientific basis of health and disease when communicating with patients, families, whānau, and/or carers<br>• demonstrate an understanding of the clinical problems being discussed<br>• formulate management plans in partnership with patients |

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[11] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors | |
| Communication | • use appropriate communication strategies and modalities for communicating with patients, families, whānau, and/or carers<br><br>• elicit patients' views, concerns, and preferences, promoting rapport<br><br>• provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms<br><br>• encourage questions, and answer them thoroughly<br><br>• ask patients to share their thoughts or explain their management plans in their own words, to verify understanding<br><br>• convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed<br><br>• communicate with children at a developmentally and age-appropriate level and manner<br><br>• Incorporate appropriate LGBTQIA+ safe language, including gender affirming language use an appropriate manner and recommended tools when communicating with adolescents<br><br>• communicate with patients individually, as well as with their families, whānau, and/or carers, to encourage patient autonomy, decision making, and preparation for adulthood<br><br>• communicate with patients in their preferred manner, including the use of pronouns<br><br>• treat children and young people respectfully, and listen to their views<br><br>• assess that the information communicated to patients, families, whānau, and/or carers has been understood<br><br>• provide gender inclusive care and promotion of equality to patients accessing care (for example, some patients may be apprehensive about accessing care) | • select appropriate modes of communication<br><br>• engage patients in discussions, avoiding the use of jargon<br><br>• check patients' understanding of information<br><br>• adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors<br><br>• use culturally safe interpreters, if required, when communicating with patients, families, whānau, and/or carers<br><br>• collaborate with patient liaison officers as required<br><br>• ensure all conversations with patients, families, whānau, carers, and other clinicians are well documented |

| | | |
|---|---|---|
| Quality and safety | <ul><li>discuss with patients their condition and the available management options, including potential benefits and harms</li><li>provide information to patients in a way they can understand before asking for their consent</li><li>consider young people's capacity for decision making and consent</li><li>recognise and take precautions where patients may be vulnerable, such as issues of child protection, self-harm, or elder abuse</li><li>participate in processes to manage patients' complaints</li></ul> | <ul><li>inform patients of the material risks associated with proposed management plans</li><li>treat information about patients as confidential</li></ul> |
| Teaching and learning | <ul><li>discuss the aetiology of diseases, and explain the purpose, nature, and extent of the assessments to be conducted</li><li>obtain informed consent or other valid authority before involving patients in teaching</li></ul> | <ul><li>respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition</li></ul> |
| Research | <ul><li>provide information to patients based on current up-to-date guidelines that are consistent with international best practice (with local variations to account for local populations and local health service needs)</li><li>provide information to patients in a way they can understand before asking for their consent to participate in research</li><li>obtain an informed consent or other valid authority before involving patients in research</li></ul> | <ul><li>refer to evidence-based clinical guidelines</li><li>demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice</li></ul> |
| Cultural safety | <ul><li>demonstrate effective and culturally safe communication with Aboriginal and Torres Strait Islander peoples and Māori</li><li>effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li><li>use qualified language or cultural interpreters to help meet patients' communication needs</li><li>provide plain language and culturally appropriate written materials to patients when possible</li></ul> | <ul><li>identify when to use interpreters</li><li>allow enough time for communication across linguistic and cultural barriers</li></ul> |
| Ethics and professional behaviour | <ul><li>encourage and support patients to be well informed about their health, and to use this information wisely when they make decisions</li></ul> | <ul><li>respect the preferences of patients</li><li>maximise patient autonomy, and support their decision making</li></ul> |

|  | | |
|---|---|---|
| | <ul><li>encourage and support patients and, when relevant, their families, whānau, and/or carers, in caring for themselves and managing their health</li><li>demonstrate respectful professional relationships with patients</li><li>prioritise honesty, patients' welfare, and community benefit above self-interest</li><li>develop a high standard of personal conduct, consistent with professional and community expectations</li><li>support patients' rights to seek second opinions</li><li>consider the zone of parental control and decision making with regards to legal, moral, and ethical considerations when conflicts in management occur between health professionals and families, whānau, and/or carers</li></ul> | <ul><li>communicate appropriately, consistent with the context, and respect patients' needs and preferences</li><li>avoid sexual, intimate, and/or financial relationships with patients</li><li>demonstrate a caring attitude towards patients</li><li>respect patients, including protecting their rights to privacy and confidentiality</li><li>behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself</li><li>use social media ethically and according to legal obligations to protect patients' confidentiality and privacy</li></ul> |
| Leadership, management, and teamwork | <ul><li>communicate effectively with team members involved in patients' care, and with patients, families, whānau, and/or carers</li><li>facilitate an environment in which all team members feel they can contribute and their opinion is valued</li><li>communicate accurately and succinctly, and motivate others on the healthcare team</li></ul> | <ul><li>answer questions from team members</li><li>summarise, clarify, and communicate responsibilities of healthcare team members</li><li>keep healthcare team members focused on patient outcomes</li></ul> |
| Health policy, systems, and advocacy | <ul><li>collaborate with other services, such as community health centres and consumer organisations, to help patients navigate the healthcare system</li><li>advocate for patients and their families, whānau, and/or carers to seek the support and resources they need</li></ul> | <ul><li>communicate with and involve other health professionals as appropriate</li></ul> |

## EPA 9: Procedures

| Theme | Procedures | AT-EPA-09 |
|-------|------------|-----------|
| Title | **Plan, prepare for, perform, and provide aftercare for important practical procedures across different settings** | |

| Description | This activity requires the ability to: |
|-------------|----------------------------------------|
| | • select appropriate procedures in partnership with patients[12], their families, whānau, and/or carers |
| | • obtain informed consent from patients, their families, whānau, and/or carers |
| | • prepare for procedures, including patient positioning, equipment, medications, and staff |
| | • perform procedures independently, technically, efficiently, and safely |
| | • anticipate and manage the known risks and potential complications of procedures |
| | • provide appropriate aftercare following procedures |
| | • clearly communicate the outcome of procedures, aftercare protocols, associated investigations, and instructions to patients, their families, whānau, and/or carers, and medical and nursing staff |
| | • interpret the results and outcomes of procedures, including imaging and reports, and provide / arrange appropriate follow-up care. |

### Behaviours

| **Professional practice framework** domain | **Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • anticipate and facilitate procedures as required to appropriately manage critically unwell patients with life-threatening neonatal / paediatric conditions<br>• select procedures by assessing patient-specific factors, including alternatives, benefits, and risks<br>• confidently and consistently perform a range of common procedures<br>• inform team members of all allergies / adverse reactions identified, and take precautions to avoid these during procedures<br>• check that patients have complied with preprocedural preparation<br>• confirm the correct position / site / side / level on patients for planned procedures | • assess patients, and identify indications for procedures<br>• check for allergies and adverse reactions<br>• consider risks and complications of procedures<br>• interpret results of common diagnostic procedures<br>• organise and document postprocedural reviews of patients<br>• perform procedures with support or help |

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[12] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • recognise and manage complications arising during or after procedures | |
| | • recognise and correctly interpret normal and abnormal findings of diagnostic procedures | |
| | • effectively manage acute pain and distress | |
| | • demonstrate knowledge and skills in procedural pain management, such as sedation and analgesia, as well as non-pharmacological strategies | |
| Communication | • document procedures in the clinical notes accurately, including:<br>» aftercare<br>» aseptic technique<br>» indication for procedures<br>» informed consent<br>» medications given<br>» procedures requested and performed<br>• explain procedures clearly to patients, families, whānau, and/or carers, including reasons for procedures, potential alternatives, and possible risks, to facilitate informed choices<br>• counsel patients sensitively and effectively, and support them to make informed choices<br>• address patients', families', whānau, and/or carers' concerns relating to procedures, providing opportunities to ask questions<br>• tailor language according to individual patients' age and capacity to understand<br>• communicate effectively with team members, patients, families, whānau, and/or carers prior to, during, and after procedures<br>• ensure team members are confident and competent in their assigned roles | • explain the process of procedures to patients without providing a broader context<br>• help patients, families, whānau, and/or carers choose procedures<br>• communicate with members of procedural teams so all team members understand who each member is<br>• discuss post-procedural care with patients, families, whānau, and/or carers<br>• complete relevant patients' documentation, and conduct appropriate clinical handovers |
| Quality and safety | • obtain informed consent or other valid authority before undertaking any procedure<br>• set up all necessary equipment, and consistently use universal precautions and aseptic technique if indicated<br>• confirm patients' identification, verify the procedure, and, where appropriate, the correct position / site / side / level for the procedure | • provide information in a manner so that patients, families, whānau, and/or carers are fully informed when consenting to any procedures<br>• demonstrate an inconsistent application of aseptic technique<br>• identify patients using approved patients' identifiers before any treatment or intervention is initiated |

| | | |
|---|---|---|
| | • check that information on patients' consent forms matches procedures to be performed<br><br>• identify, document, and appropriately notify of any adverse events or equipment malfunction | • attempt to perform procedures in an unsafe environment |
| Teaching and learning | • refer to and/or be familiar with relevant published procedural guidelines prior to undertaking procedures<br><br>• organise or participate in in-service training on new technology<br><br>• provide specific and constructive feedback and comments to junior colleagues<br><br>• initiate and conduct skills training for junior staff | • participate in continued professional development<br><br>• help junior colleagues develop new skills<br><br>• actively seek feedback on personal technique until competent |
| Cultural safety | • consider individual patients' cultural perception of health and illness, and adapt practice accordingly | • respect religious, cultural, linguistic, and family values and differences |
| Ethics and professional behaviour | • confidently perform common procedures<br><br>• identify appropriate proxy decision makers when required<br><br>• show respect for the knowledge and expertise of colleagues<br><br>• maximise patient autonomy in decision making | • perform procedures when adequately supervised<br><br>• follow procedures to ensure safe practice |
| Judgement and decision making | • manage departmental workloads to ensure the safety of patients and staff and the delivery of timely, appropriate, and high-quality clinical care<br><br>• identify roles and optimal timing for diagnostic procedures<br><br>• critically appraise information from assessments and evaluations of risks and benefits to prioritise patients on a waiting list<br><br>• make clinical judgements and decisions based on available evidence<br><br>• select the most appropriate and cost-effective diagnostic procedures<br><br>• adapt procedures in response to assessments of risks to individual patients<br><br>• select appropriate investigations on the samples obtained in diagnostic procedures | • prioritise which patients receive procedures first (if there is a waiting list)<br><br>• assess personal skill levels, and seek help with procedures when appropriate<br><br>• use tools and guidelines to support decision making<br><br>• recommend suboptimal procedures for patients |
| Leadership, management, and teamwork | • provide staff with clear aftercare instructions, and explain how to recognise possible complications | • check that all relevant team members are aware that a procedure is occurring |

| | | |
|---|---|---|
| | • explain critical steps, anticipated events, and equipment requirements to teams on planned procedures<br>• identify relevant management options with colleagues, according to their level of training and experience, to reduce error, prevent complications, and support efficient teamwork<br>• coordinate efforts, encourage others, and accept responsibility for work done | • discuss patients' management plans for recovery with colleagues |
| **Health policy, systems, and advocacy** | • discuss serious incidents at appropriate clinical review meetings<br>• initiate local improvement strategies in response to serious incidents<br>• use resources efficiently when performing procedures | • perform procedures in accordance with the organisational guidelines and policies |

| Procedure / investigation | For each procedure / investigation, trainees should be able to perform the components of the procedure indicated below | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Select appropriate procedures in partnership with patients[13], their families, whānau, and/or carers | Obtain informed consent from patients, their families, whānau, and/or carers | Prepare for the procedure, including patient positioning, equipment, medications, and staff | Perform procedures independently, technically, efficiently, and safely | Anticipate and manage known risks and potential complications of procedures | Provide appropriate aftercare following procedures | Clearly communicate the outcome of procedures, associated investigations, aftercare protocols, and instructions to patients, their families, whānau, and/or carers, and medical and nursing staff | Interpret the results and outcomes of procedures, including imaging and reports, and provide / arrange appropriate follow-up care |
| **Mandatory observation captures** | | | | | | | | |
| advanced airway management, including endotracheal intubation and laryngeal mask airway (LMA) insertion | ✓ | if applicable | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| advanced intravenous access techniques, including, but not limited to, ultrasound guided cannulation | ✓ | if applicable | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| basic airway management, including use of airway adjuncts, bag mask ventilation, neopuff, or anaesthetic bag | ✓ | if applicable | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| femoral nerve or fascia iliaca block under ultrasound guidance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| fracture reduction / manipulation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| insertion and ongoing use of an intraosseous needle | ✓ | if applicable* | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| intravenous cannulation | ✓ | if applicable* | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |

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[13] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| Procedure / investigation | For each procedure / investigation, trainees should be able to perform the components of the procedure indicated below | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Select appropriate procedures in partnership with patients[13], their families, whānau, and/or carers | Obtain informed consent from patients, their families, whānau, and/or carers | Prepare for the procedure, including patient positioning, equipment, medications, and staff | Perform procedures independently, technically, efficiently, and safely | Anticipate and manage known risks and potential complications of procedures | Provide appropriate aftercare following procedures | Clearly communicate the outcome of procedures, associated investigations, aftercare protocols, and instructions to patients, their families, whānau, and/or carers, and medical and nursing staff | Interpret the results and outcomes of procedures, including imaging and reports, and provide / arrange appropriate follow-up care |
| laceration closure with glue, steri-strips, or sutures | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| large joint relocation, such as shoulder dislocation | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| lumbar puncture | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| management of a displaced percutaneous endoscopic gastrostomy (PEG) tube | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| procedural sedation, including, but not limited to, ketamine and nitrous oxide | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| reduction of a pulled elbow | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| removal of a foreign body, including from the eye, ear, and nose | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| Optional / additional observation captures | | | | | | | | |
| abscess incision and drainage | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| adrenaline auto-injector administration | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| arterial line insertion | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |
| biers block | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | n/a |

| Procedure / investigation | For each procedure / investigation, trainees should be able to perform the components of the procedure indicated below | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Select appropriate procedures in partnership with patients[13], their families, whānau, and/or carers | Obtain informed consent from patients, their families, whānau, and/or carers | Prepare for the procedure, including patient positioning, equipment, medications, and staff | Perform procedures independently, technically, efficiently, and safely | Anticipate and manage known risks and potential complications of procedures | Provide appropriate aftercare following procedures | Clearly communicate the outcome of procedures, associated investigations, aftercare protocols, and instructions to patients, their families, whānau, and/or carers, and medical and nursing staff | Interpret the results and outcomes of procedures, including imaging and reports, and provide / arrange appropriate follow-up care |
| central venous access insertion and management of central venous lines | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| inguinal hernia reduction | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| intercostal catheter insertion (chest drain) and needle decompression of pneumothorax | ✓ | if applicable* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| joint aspiration | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| manual reduction of paraphimosis | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| nerve blocks (excluding femoral and fascia iliaca blocks), such as posterior tibial block | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |
| suprapubic aspiration of bladder | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| urethral catheterisation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| use of ultrasound skills, such as:<br><br>• ultrasound blocks<br>• ultrasound guided access | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a |

**\* Definition of 'if applicable':** These procedures are often performed in an emergency and/or resuscitation situation, and as a result it may not always be appropriate or possible to gain consent or full consent prior to commencing the procedure.

# EPA 10: Resuscitation assessment and management

| Theme | Resuscitation assessment and management | AT-EPA-10 |
|---|---|---|
| Title | Resuscitate critically ill / injured paediatric patients | |
| Description | This activity requires the ability to:<br>• assess and recognise seriously unwell or injured children<br>• recognise clinical deterioration<br>• follow the local process for escalation of care<br>• manage acutely unwell patients[14] who require resuscitation<br>• lead the resuscitation team, and involve other necessary services<br>• liaise with transport services and medical teams<br>• conduct debriefs with the resuscitation team. | |
| Behaviours | | |

| [Professional practice framework](#) domain | Ready to perform without supervision<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | Requires some supervision<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • recognise immediate life-threatening conditions and deteriorating and critically unwell patients, and respond appropriately<br>• conduct structured assessments of acutely unwell children<br>• follow planned courses of action with appropriate urgency<br>• perform advanced neonatal and paediatric life support, according to resuscitation council guidelines, to a high level of advanced resuscitation skills<br>• use defibrillators during shockable Advanced Paediatric Life Support (APLS) algorithms and for cardioversion<br>• manage compromised airways, using bag valve mask ventilation and basic and advanced techniques<br>• obtain intravenous access with standard cannulas and intraosseous devices<br>• place central venous lines and arterial lines<br>• assess children with traumatic injuries, and prioritise interventions | • recognise seriously unwell patients requiring immediate care<br>• initiate paediatric and neonatal resuscitation as indicated<br>• adequately manage compromised airways, using bag valve mask ventilation and by using oropharyngeal and nasopharyngeal airways and laryngeal mask airways (LMAs)<br>• obtain intravenous access with standard cannulas and intraosseous devices<br>• use defibrillators during shockable APLS algorithms<br>• re-evaluate patients and their situations with sufficient frequency<br>• respond to complications as they arise |

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[14] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • perform finger thoracostomies and intercostal chest drains | |
| | • prescribe resuscitation fluids and blood products | |
| | • prescribe critical medications such as antibiotics, antiepileptics, antivirals, and insulin | |
| | • enact neuroprotective measures for children with head trauma | |
| | • demonstrate knowledge of the potential risks and complications of resuscitation | |
| | • identify critical toxicology emergencies and manage them appropriately, including cardiac arrythmias, hyperthermia, and seizures, and anticipate and respond to complications | |
| | • recognise when it is appropriate to change the focus of care from resuscitation and life preservation to comfort care with dignity | |
| | • develop appropriate post-resuscitation plans | |
| Communication | • concisely and clearly communicate all vital information to team members during resuscitation | • communicate sufficiently to support the function of multidisciplinary teams |
| | • communicate with all members of the paediatric resuscitation team, using closed-loop communication where appropriate | • communicate with patients in a timely and appropriate manner |
| | • establish and communicate clear roles, responsibilities, and priorities within the resuscitation team | |
| | • summarise the clinical evolution of the situation to the resuscitation team | |
| | • communicate with families, whānau, and/or carers of children during resuscitation | |
| | • keep families, whānau, and/or carers informed throughout the resuscitation, if staffing allows | |
| | • allocate a member of staff to conduct hot debriefs with staff members involved with resuscitation | |
| Quality and safety | • maintain up-to-date certification in advanced paediatric life support | • comply with safety requirements of the health service |
| | • analyse adverse incidents and sentinel events to identify system failures and contributing factors | • evaluate the quality of processes through well-designed audits |
| | • maintain a safe department while paediatric resuscitation is occurring | • evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure |

| | | |
|---|---|---|
| | • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes<br>• establish a psychologically safe practice to debrief and catch up a team after a critical incident, such as resuscitation that results in the death of a patient, to support team mental wellbeing and staff retention | • raise appropriate issues for review at morbidity and mortality meetings |
| Teaching and learning | • actively participate in multidisciplinary practice of resuscitation skills, including simulation where available<br>• demonstrate effective supervision skills and teaching methods for junior colleagues around resuscitation skills and knowledge | • maintain life support requirements of the health service<br>• provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills<br>• coordinate and supervise junior colleagues from the emergency department and wards |
| Research | • incorporate current evidence-based resuscitation guidelines and protocols<br>• consider enrolling eligible patients in approved clinical trials<br>• accurately document the resuscitation course to contribute to quality improvement / research | • use information from credible sources to aid in decision making<br>• refer to evidence-based clinical guidelines and protocols on acutely unwell patients<br>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice |
| Cultural safety | • negotiate care decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or belief systems<br>• practise culturally safe care of all patients, with particular focus on Aboriginal and Torres Strait Islander peoples and Māori<br>• consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams<br>• identify and respect cultural, religious, and other cultural concerns in end-of-life care | • practise culturally safe care appropriate for the community serviced<br>• proactively identify barriers to healthcare access |
| Ethics and professional behaviour | • advise patients of their rights to refuse medical therapy, including life-sustaining treatment<br>• consider the consequences of delivering non-beneficial treatment, directing to other care as appropriate<br>• consider cases where organ donation may be appropriate, and how this process may occur or may be limited by access to local paediatric intensive care unit services | • communicate medical management plans as part of multidisciplinary plans<br>• establish, where possible, patients' wishes and preferences about care |

| | | |
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| **Judgement and decision making** | • frequently re-evaluate patients and their situations<br>• recognise the need for escalations of care, and escalate to appropriate staff or services<br>• use appropriate guidelines, evidence sources, and decision support tools<br>• consolidate information given from many members of staff during resuscitations to make informed decisions regarding further treatment and investigations for patients | • recognise the bounds of their own abilities, and know when and how to seek assistance from departmental colleagues or other specialities |
| **Leadership, management, and teamwork** | • lead paediatric resuscitations<br>• identify the roles and scopes of practice of health professionals related to resuscitation, and use their expertise appropriately<br>• work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units<br>• monitor the resuscitation team's activities, and constructively intervene when needed<br>• liaise with other appropriate healthcare providers if patients require transport to another service<br>• use resources to allow the ongoing running of a safe emergency department while safely transporting acutely unwell children to other facilities | • collaborate with other team members, based on their roles and skills<br>• deliver appropriate multidisciplinary assessment and management |
| **Health policy, systems, and advocacy** | • use a considered and rational approach to the responsible use of resources, balancing costs against outcomes<br>• prioritise patients' care based on need, and consider available healthcareresources<br>• collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems<br>• follow policies on mandatory reporting<br>• advocate for paediatric emergency care resources and policies<br>• implement disaster plans and processes | • apply escalation of care procedures for deteriorating patients<br>• use leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes |

# EPA 11: Acute behavioural and psychiatric presentation and management

| Theme | Acute behavioural and psychiatric presentation and management | AT-EPA-11 |
|---|---|---|
| Title | Manage paediatric patients presenting with behavioural and/or psychiatric disturbances in the emergency department | |
| Description | This activity requires the ability to: | |

**Description** This activity requires the ability to:

- identify possible causes of patients' distress and behaviour
- understand how neurodivergence may result in behavioural differences that require different assessment and management strategies
- use techniques to de-escalate patients[15]
- assess patients' mental states and level of risk for injury, suicide, or violence
- formulate differential diagnoses and management plans
- determine the need for medical intervention or admission
- coordinate multidisciplinary care
- communicate assessments and plans with patients, families, whānau, and/or carers, emergency mental health services, and admitting teams
- document all interactions, discussions, assessments, and management decisions.

## Behaviours

| Professional practice framework domain | Ready to perform without supervision<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | Requires some supervision<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | <ul><li>take relevant histories and examinations for psychiatric or acute behavioural disturbance presentations, including mental state exams, assessments of cognition, and, if appropriate, developmental assessments</li><li>conduct appropriate risk assessments and psychosocial screenings, including assessment of suicide / self-harm risk, and risk to others</li><li>differentiate between acute behaviour psychiatric disturbances and psychiatric disorders or organic cause</li><li>assess for potential medical causes / contributions</li><li>determine the need for inpatient admission criteria due to safety concerns</li><li>initiate psychotropic medications if indicated</li></ul> | <ul><li>demonstrate understanding of the symptoms and examination findings that concur with the diagnosis of acute psychiatric presentations</li><li>demonstrate understanding of the symptoms and examination findings that suggest the diagnosis of an organic cause for behavioural disturbances</li></ul> |

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[15] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | | |
|---|---|---|
| | • administer methods of sedation | |
| | • manage complications of sedation if they arise, including resuscitation | |
| | • develop appropriate discharge plans, including outpatient mental health referrals, safety planning, and psychoeducation for patients discharged home | |
| Communication | • communicate in a style that allows pertinent psychiatric histories to be obtained | • demonstrate proficiency in adolescent interview techniques |
| | • use a communication style that allows young people to be asked sensitive questions about the cause of their distress without distressing them further, when required | • demonstrate communication skills to sufficiently support the function of multidisciplinary teams |
| | • maintain a non-judgemental attitude towards the behaviour of children or adolescents | |
| | • use crisis intervention and de-escalation techniques | |
| | • check with, and, where appropriate, involve family, whānau, and/or carers in using calming or de-escalation techniques | |
| | • provide documentation, including relevant histories, evaluations, risk assessments, and disposition plans | |
| Quality and safety | • assess patients in a space where distractions are minimised | • evaluate quality and safety processes implemented within the workplace, and identify gaps in their structure |
| | • remove other patients and bystanders from the immediate vicinity, acknowledging that family and significant others may have an important role in assessment of patients | • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy |
| | • consider risks in the context of the emergency department setting, such as absconding or environmental hazards | |
| | • evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances | |
| | • identify and manage key risks for patients during transitions of care | |
| Teaching and learning | • participate in debriefing sessions following sedation of patients | • set goals and objectives for self-learning |
| | • obtain informed consent before involving patients in teaching activities | |

| | | |
|---|---|---|
| Research | • critically analyse relevant literature and refer to evidence-based guidelines<br>• participate in clinical research, and follow research protocols where appropriate | • refer to guidelines and medical literature to assist in clinical assessments when required<br>• demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice |
| Cultural safety | • use interpreters where required<br>• liaise with Aboriginal and Torres Strait or Māori liaison officers or Indigenous mental health workers<br>• engage with patients, families, whānau, and/or carers to gather information in an atmosphere of trust and cooperation<br>• acknowledge and reflect on patients' beliefs and values, and how these might impact on health | • display respect for patients' cultures, and attentiveness to social determinants of health<br>• appropriately access interpretive or culturally focused services |
| Ethics and professional behaviour | • assess patients' capacity for decision making, involving a proxy decision maker appropriately<br>• obtain consent from patients, families, whānau, and/or carers prior to the administration of any treatments or any restrictive practice | • consider patients' decision-making capacity<br>• identify patients' preferences regarding management and the role of families, whānau, and/or carers in decision making |
| Judgement and decision making | • recognise the need for escalations of care, and escalate to appropriate staff or service<br>• integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making<br>• assess the impact of developmental conditions and neurodiversity on behaviour | • involve additional staff to assist in a timely fashion when required<br>• recognise situations in which to ask for help |
| Leadership, management, and teamwork | • consult with psychiatry and/or social work staff as needed<br>• coordinate multidisciplinary care for potentially high-risk presentations<br>• provide support to the emergency department team, including junior clinicians and nursing staff, when managing acutely behaviourally disturbed patients | • collaborate with and use other team members, based on their roles and skills<br>• deliver appropriate multidisciplinary assessment and management |
| Health policy, systems, and advocacy | • follow legislation, such as guardianship requirements and mental health acts, relevant to the local area, to assess if patients can legally be held in the hospital against their will or can be restrained, such as with the use of safe rooms or physical or chemical restriction | • identify and navigate components of the healthcare system relevant to patient care<br>• identify and access relevant community resources to support patient care |

- complete the appropriate state-based documentation when enacting forms of restriction, and follow local health protocols, guidelines, and policy

# Knowledge Guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.

| # | Title |
|---|---|
| 1 | Foundations of paediatric emergency medicine |
| 2 | Acute illness |
| 3 | Acute injury |
| 4 | Child safety and maltreatment |
| 5 | Psychiatric and behavioural disturbance |

## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Anatomy and physiology, including normal and abnormal ranges and development
- Basic sciences, epidemiology, and pathophysiology of critical paediatric illness and injury, including:
  » diagnosis
  » evidence-based management
  » pharmacology
  » treatment
- High-risk clinical features and comorbidities
- Patterns of clinical and physiological decompensation
- Pharmacological and non-pharmacological pain relief
- Pharmacology of pain relieving and sedative agents, such as:
  » analgesics, including:
    o nitrous oxide
  » general anaesthetics, including:
    o sedatives
  » local anaesthetics
- Physiological and clinical responses to pain
- Stabilisation and emergency treatment in critical illness or injury

## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients[16], families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

**Clinical assessment tools**
- Comparative pain scale
- Local / Statewide / National clinical assessment tools, including, but not limited to:
  » anaphylaxis
  » asthma
  » bronchiolitis
  » burns
  » cervical spine injury
  » diabetic ketoacidosis
  » gastroenteritis
  » head injury
  » hydration status
  » sepsis
  » stroke
- Oximetry and capnography to monitor intubated patients
- Resuscitation and critical care structured assessment

**Investigations**
- Biochemical:
  » blood gases
  » endocrinological:
    o blood glucose level
    o ketones
  » inflammatory markers
  » stool:
    o faecal calprotectin
  » urine

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[16] References to patients in the remainder of this document may include their families, whānau, and/or carers.

- ECG
- Haematological:
  - » full blood count
  - » transfusion sample
- Metabolic:
  - » hypoglycaemia screen
  - » metabolic screening tests
  - » newborn blood spot screening
  - » urine screen:
    - o drug
    - o metabolic
- Microbiological:
  - » antimicrobial sensitivity, culture, and microscopy
  - » blood tests, such as:
    - o bacterial
    - o viral polymerase chain reaction (PCR)
  - » cerebral spinal fluid
  - » serology
  - » skin / fluid swabs:
    - o antimicrobial sensitivity and culture
    - o bacterial and viral PCR
    - o microscopy
  - » stool:
    - o culture and antimicrobial sensitivity
    - o cysts, ova, and parasites
  - » urine:
    - o antimicrobial sensitivity and culture
- Patient monitoring
- Radiological:
  - » CT
  - » MRI
  - » ultrasound – including point of care ultrasound
  - » x-ray

**Procedures**
- Advanced airway support, including difficult airways:
  - » intercostal catheters
  - » intubation and rapid sequence inductions
  - » laryngeal mask use
  - » nasotracheal intubation
  - » needle cricothyroidotomy
  - » orotracheal
  - » percutaneous needle thoracocentesis
  - » surgical airways
- Advanced life support:
  - » cardioversion for arrhythmia
  - » defibrillation
  - » fluid resuscitation
  - » pericardiocentesis
  - » pharmacology, including:
    - o antiarrhythmics
    - o inotropes
    - o vasodilators
- Analgesia and sedation procedures:
  - » general anaesthetic administration, including:
    - o inhalation analgesics
    - o sedation:
      - ▪ benzodiazepine – with or without fentanyl
      - ▪ choral hydrate
      - ▪ dexmedetomidine
      - ▪ ketamine
      - ▪ nitrous oxide

- propofol
  - » immobilisation techniques, including splinting
  - » nerve blocks:
    - o Bier block
    - o digital nerve block
    - o fascia iliaca compartment block
    - o femoral nerve block
    - o other nerve blocks
- Foreign body removal, from:
  - » ear
  - » eye
  - » mouth
  - » nose
  - » skin
  - » soft tissue
- Lumbar puncture
- Practical trauma procedures:
  - » airway management, including:
    - o bag and mask ventilation
    - o circulation management
    - o endotracheal intubation
    - o manoeuvres and adjuncts
    - o mechanical ventilation
    - o oxygen delivery systems
    - o ventilation:
      - ▪ invasive
      - ▪ non-invasive
- Temperature homeostasis
- Ultrasound guided procedures, including, but not limited to:
  - » cannulation
  - » fracture manipulation
- Vascular procedures:
  - » arterial:
    - o cannulation
    - o puncture
  - » cardiac pacing
  - » vascular access:
    - o central
    - o intraosseous

## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

- Child protection
- Emergency Medical System (EMS), including communicating with pre-hospital providers
- Management of mental health / behaviours of concern in the emergency department
- Neurodiversity
- Reducing overuse of investigations and treatments
- Understand the techniques, utility, and limitations of focused ultrasound in guiding paediatric procedures

**Disasters involving children**
- Considerations of disaster site management:
  - » equipment and supplies
  - » field hospitals
  - » media management
  - » roles and responsibilities
  - » transport
- Disaster preparation – planning and training

- Emergency department resources required to receive victims of a disaster:
  - » equipment
  - » personnel
- Essential information that must be communicated following a disaster
- Management of collegial, nursing, and transport staff
- Methods of disaster site triage and on-site treatment
- Occupational health and safety risks
- Potential medical issues:
  - » mental health
  - » public health
- Regional, state, and national governments' responsibilities following disasters

**Manage the death of a child**
- Criteria for:
  - » coronial investigation
  - » determining death
- Grieving process
- Organ donation requirements
- Religious and cultural attitudes to death
- Staff support, and organisations to assist mourning families

**Retrieval and/or transfer**
- Inter-hospital transfer:
  - » handover protocol
  - » risk factors
  - » transfer:
    - o disposition
    - o method
  - » transfer of responsibilities
- Intra-hospital transfer:
  - » clinical handover
  - » handover protocol
  - » monitoring devices
  - » risk factors
- Retrieval medicine

**Risk management**
- Australasian triage scale indicators
- Clinical risk management processes, including:
  - » complaint and incident report management
  - » consent
  - » consultation
  - » documentation
  - » quality assurance
- Medical advice that may be provided by telephone triage
- Risk components of an emergency medical department

## KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

**Presentations**

- Abdominal:
  » distension
  » mass
  » pain
- Acute scrotum
- Altered level of consciousness
- Anaphylaxis
- Angioedema
- Bites:
  » snake
  » spider
- Anorexia
- Apnoea / Irregular breathing
- Ataxia
- Bleeding
- Bruising
- Chest pain
- Chronic illness
- Chronic pain
- Collapse
- Complications of immunisation
- Constipation
- Cough
- Cyanosis
- Dehydration
- Developmental:
  » abnormalities
  » delay
  » syndromes
  » regression
- Diarrhoea
- Difficulty swallowing / Drooling
- Dysuria
- Ear discharge
- Electrolyte abnormalities
- Emergency contraception
- Epistaxis
- Erythrodermas and skin failure
- Facial swelling
- Fever, including:
  » in the returned traveller
- Focal neurological deficit
- Foreign body:
  » ingestion
  » inhalation
- Goitre
- Haematemesis
- Haemoptysis

For each presentation and condition, Advanced Trainees will **know how to:**

### Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[17] and their quality of life when developing a management plan

### Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

### Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

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[17] References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Hair problems
- Headache
- Haematuria / Change in urine
- Hernia
- Hyperpigmentation
- Hypertension
- Hyperthermia
- Hypoglycaemia
- Hypothermia
- Inborn errors of metabolism
- Infections in immunocompromised children
- Insulin pump failure
- Intoxication from alcohol or drugs of abuse
- Jaundice
- Joint:
  » stiffness
  » swelling
- Lethargy
- Limp
- Lumps and bumps
- Lymphadenopathy
- Movement disorders
- Nail problems
- Oedema
- Organomegaly
- Paediatric resuscitation
- Pain, such as:
  » ear
  » joint
  » pelvic
- Palpitations
- Photosensitivity
- Polydipsia
- Polyuria
- Poisoning and overdose
- Poor:
  » dentition
  » feeding
- Poor or abnormal growth
- Post-tonsillectomy haemorrhage
- Problems of the penis and foreskin, acute
- Precocious puberty
- Rash, such as:
  » eczematous
  » neonatal
  » non-blanching
  » papular
  » papulosuamous
  » pustular
  » vesiculobullous
- Rectal bleeding
- Recurrent / Severe infection
- Reduced urine output
- Respiratory distress
- Rhinitis
- Seizures

- Sexual assault
- Shock
- Sore throat
- Stomatitis
- Stridor and noisy breathing
- Swelling / Protrusion of the ear
- Syncope
- Tooth pain / swelling
- Ulceration
- Unsettled baby
- Urinary retention
- Urticaria
- Vaginal:
  » bleeding
  » discharge
- Vascular malformations
- Vomiting
- Weakness
- Weight loss
- Wheezing

**Conditions**

**Cardiovascular**
- Cardiac murmurs
- Coarctation of the aorta
- Hypertrophic obstructive cardiomyopathy (HOCM)
- Myocarditis
- Palpitations
- Pericarditis
- Supraventricular tachycardia
- Syncope and causes, including, but not limited to:
  » breath-holding spells
  » tetralogy of Fallot
  » vasovagal syncope
  » ventricular tachycardia

**Dental**
- Abscess
- Caries

**Dermatological**
- Bacterial skin infections
- Dermatitis
- Eczema, including eczema herpeticum
- Erythema multiforme
- Henoch–Schönlein purpura
- Impetigo
- Kawasaki disease
- Petechiae
- Purpura
- Scabies
- Skin changes associated with bacterial infections, such as:
  » rheumatic fever
  » scarlet fever
  » staphylococcal scalded skin syndrome (SSSS)

- Skin changes associated with immunological conditions, such as:
  » Kawasaki disease
- Stevens–Johnson syndrome
- Toxic shock
- Urticaria
- Viral exanthems, including warts
- Viral rashes, including:
  » measles
  » non-specific

**Developmental and congenital**
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder
- Spina bifida
- Trisomy 21

**Ear, nose, and throat**
- Mouth ulcers:
  » bacterial
  » viral
- Otitis:
  » externa
  » media
- Quinsy
- Sinusitis
- Tonsillitis

**Endocrinological**
- Adrenal:
  » crisis
  » gland disorders
- Diabetes mellitus:
  » type 1
  » type 2
- Diabetic ketoacidosis
- Hypoglycaemia
- Insulin pump failure
- Polydipsia
- Polyuria

**Gastrointestinal**
- Appendicitis
- Bilious vomiting
- Bowel obstruction
- Cholecystitis
- Constipation
- Gastroenteritis
- Haematemesis
- Hernia:
  » incarcerated
  » irreducible
- Hirschsprung disease
- Infectious diseases
- Inflammatory bowel diseases
- Ingested foreign body
- Intussusception
- Jaundice
- Malrotation or volvulus
- Pancreatitis

- Pyloric stenosis
- Umbilicus disorders

**General**
- Dehydration
- Shock

**Haematological and oncological**
- Anaemia
- Haemorrhage and haemorrhagic shock
- Haemorrhagic and thrombotic disease
- Idiopathic thrombocytopenic purpura (ITP)
- Leukaemia
- Lymphoma
- Neutropoenia and sepsis
- Pancytopenia
- Solid organ tumours
- Thrombocytopaenia

**Immunological**
- Allergies
- Anaphylaxis

**Infectious disease**
- Bacterial tracheitis
- Kawasaki disease
- Rheumatic fever, acute
- Sepsis
- Vesicoureteral reflux

**Metabolic**
- Hypoglycaemia

**Musculoskeletal**
- Limp, acute
- Osteomyelitis
- Parathyroid disorders
- Perthes disease
- Septic arthritis
- Slipped upper femoral epiphysis
- Thyrotoxicosis
- Transient synovitis

**Neonatal**
- Jaundice
- Neonatal acne

**Neurological**
- Bell's palsy
- Cerebral palsy
- Encephalitis
- Facial weakness
- Intracranial neoplasms
- Meningitis
- Migraines
- Raised intracranial pressure
- Seizures and movement disorders

**Renal**
- Glomerulonephritis

- Henoch–Schönlein purpura

**Respiratory**
- Asthma
- Bronchiolitis
- Croup
- Empyema
- Laryngomalacia and tracheomalacia
- Lower respiratory tract infection
- Lung abscess
- Neonatal apnoea
- Pertussis
- Pleural effusion
- Pneumonia and its complications
- Pneumothorax
- Respiratory distress
- Stridor
- Upper respiratory tract infection

**Toxicological**
- Alcohol intoxication
- Antidepressant and antipsychotic overdose
- Clonidine overdose
- Paracetamol overdose

**Urological**
- Acute idiopathic scrotal oedema
- Phimosis
- Urinary retention
- Urine infections

## LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

**Presentations**
- Exposure to toxic gases
- Marine envenomation
- Poisonous fungi / plant ingestion and exposure

**Conditions**

**Cardiovascular**
- Acute coronary syndrome
- Anomalous left coronary artery
- Aortic stenosis
- Arrhythmogenic right ventricular cardiomyopathy
- Atrial septal defect (ASD)
- Atrioventricular (AV) blocks
- Brugada syndrome
- Cardiac transplantation
- Coronary aneurysms, with Kawasaki disease
- Ebstein anomaly
- Endocarditis
- Heart failure
- Hypertensive emergencies
- Patent ductus arteriosus (PDA)
- Prolonged QT interval
- Pulmonary:
  » atresia / stenosis
  » hypertension

- Rheumatic heart disease
- Single ventricle physiology (hypoplastic left / right heart)
- Sinus node dysfunction
- Total anomalous pulmonary venous return
- Transposition of the great arteries
- Tricuspid atresia
- Truncus arteriosus
- Ventricular septal defect (VSD)
- Wolff–Parkinson–White syndrome

**Dermatological**
- Bullous disease
- Haemangiomas

**Developmental and congenital**
- CHARGE syndrome
- Developmental delay and regression
- Foetal alcohol syndrome
- Fragile X syndrome
- Muscular dystrophy
- VACTERL association

**Ear, nose, and throat**
- Nasal polyps
- Obstructive sleep apnoea

**Endocrine**
- Addison disease
- Adrenal crisis
- Congenital adrenal hyperplasia
- Diabetes insipidus
- Goitre
- Hyperpigmentation
- Hypothalamus disorders
- Parathyroid disorders
- Pituitary:
  » crisis
  » gland disorders
- Precocious puberty
- Rickets
- Thyroid crisis
- Thyrotoxicosis

**Gastrointestinal**
- Abdominal mass / organomegaly
- Short gut

**General**
- Sudden unexplained death

**Haematological and oncological**
- Haemoglobinopathies
- Transfusion reactions
- Tumour lysis syndrome

**Immunological**
- Angioedema
- Immune deficiency-related infections

**Infectious**

- Fever in the returned traveller
- Immunisation and complications of immunisation
- Infections in immunocompromised children

**Metabolic**

- Amino acid metabolism
- Carbohydrate metabolism
- Inborn errors of metabolism
- Lipids metabolism

**Musculoskeletal and rheumatological**

- Inflammatory joint conditions:
  - » juvenile idiopathic arthritis
- Neoplasms
- Overuse syndromes
- Skeletal dysplasia

**Neurological**

- Acute disseminated encephalomyelitis
- Ataxia
- Autonomic neuropathies
- Guillain–Barré disease
- Haemorrhagic and ischaemic strokes
- Neurodegenerative disorders
- Neuromuscular disorders
- Spinal cord disorders
- Toxic neuropathies
- Transverse myelitis
- Vascular disorders
- Venous sinus thrombosis

**Obstetric and gynaecological**

- Non-pregnancy-related emergencies, including:
  - » dysfunctional uterine bleeding
  - » menorrhagia
  - » heavy per vaginum (PV) bleeding
  - » pelvic inflammatory disease
  - » sexually transmitted infections
  - » vaginal trauma
- Pregnancy-related emergencies, including:
  - » bleeding in:
    - o early pregnancy
    - o late pregnancy
  - » ectopic pregnancy
  - » pre-eclampsia / eclampsia

**Renal**

- Kidney vein thrombosis
- Neurogenic bladder
- Polycystic kidney disease
- Renal artery stenosis
- Renal stones

- Urinary tract obstructions
- Vesicoureteral reflux

**Respiratory**
- Chronic respiratory disease,
  such as:
  » congenital abnormalities,
    such as:
    o congenital diaphragmatic
      hernia
  » cystic fibrosis
  » primary ciliary dyskinesia
- Pneumomediastinum
- Pulmonary:
  » embolism
  » sequestration
- Subglottic stenosis
- Tuberculosis
- Vascular ring
- Vocal cord dysfunction

**Toxicological**
- Anticholinergic syndrome
- Beta blocker overdose
- Calcium channel blocker overdose
- Carbon monoxide poisoning
- Cholinergic syndrome
- Drugs of abuse – use and
  withdrawal
- Hydrocarbon toxicity
- Neuroleptic malignant syndrome
- Non-steroidal anti-inflammatory
  drug (NSAID) overdose
- Opiate overdose
- Organophosphate toxicity
- Serotonin syndrome
- Sodium channel blocker overdose
- Sympathomimetic syndrome
- Toxic alcohol overdose

**Urological**
- Paraphimosis
- Penile discharge

## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Age- and anatomy-related normal physiology
- Normal dental development

**Prescribing and treatment**
- Basic toxicology
- Clinical pharmacology
- Infections that require medication prescription:
  » antifungal
  » antiparasitic
  » antiviral
- Pathophysiology of:
  » acid-base and electrolyte disturbances
  » cardiovascular failure
  » coma
  » respiratory failure shock

## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

**Clinical assessment tools**

- Airway, Breathing, Circulation, Disability, Exposure (ABCDE) assessment of critically unwell children
- Development assessment
- Home, Education / Employment, Eating / Exercise, Activities, Drugs and alcohol, Sexuality, and Suicide and depression, Safety (HEEADSSS) assessment
- Mental state
- Percentile growth chart
- Primary, secondary, and tertiary survey

**Investigations and procedures**

**Cardiovascular**

- Antiarrhythmic therapy
- Blood:
  » arterial and venous blood sampling and analysis
  » blood, platelet, and clotting factor transfusion
- Ductus arteriosus therapy
- Intravenous catheter insertion:
  » central
  » peripheral
- Use of defibrillator for resuscitation or for cardioversion

**Dental**

- Assessment of dental injuries
- Temporary fixation of injured secondary teeth

**Developmental abnormalities and syndromes**

- Developmental screening

**Ear, nose, and throat**

- Ear wick insertion
- Epistaxis management with nasal packing
- Nasal packing
- Post-tonsillectomy haemorrhage management

**Endocrinological**

- Blood glucose check
- Ketone check
- Venous blood gas, and interpretation of results

**Gastrointestinal**

- External rectal examination
- Gastrostomy tube replacement
- Hernia reduction
- Nasogastric tube insertion
- Orogastric tube insertion

**Haemtological and oncological**

- Central line access

**Immunological**

- Coombs test
- Immunisation

**Infection disease**

- Abscess drain
- Cultures from:
  » cerebrospinal fluid
  » mucosa
  » secretions
  » skin
  » stool

» urine
- Lumbar puncture (LP)
- Malarial films
- Perinasal swab
- Serology
- Suprapubic aspirate
- Swab for:
  » enzyme immunoassay
  » immunofluorescence
  » polymerase chain reaction (PCR)
- Urethral catheterisation

**Metabolic**
- Take and interpret glucose and ammonia levels

**Musculoskeletal**
- Knee joint aspiration

**Neurological**
- Consciousness levels using:
  » Glasgow Coma Scale
  » Paediatric Glasgow Coma Scale
- Fundoscopy
- Interpretation of CT scan
- Measurement of opening pressure on LPs
- Performing an LP for cell count, glucose, and protein, and interpretation of results

**Obstetric and gynaecologic**
- External genital examination for injuries
- Forensic examination of sexual assault victims
- Pregnancy test
- Vaginal speculum examination for pregnant patients experiencing significant miscarriage or cervical shock

**Opthalmology**
- Bacterial and viral swabs of the eye
- Use of slit lamp with fluoresceine

**Respiratory**
- Ability to set up ventilators for acute medical conditions, such as a patient intubated for seizure control or severe asthma
- Arterial and venous blood gas
- Basic CT chest scan interpretation
- Bubble continuous positive airway pressure (CPAP)
- Chest x-ray interpretation
- High-flow oxygen therapy
- Lateral airway radiography
- Non-invasive ventilation
- Pulse oximetry
- Spirometry and measures of gas exchange

**Urological**
- Acute treatment of phimosis with urinary retention
- Reduction of paraphimosis
- Suprapubic aspirate of urine
- Urethral catheter insertion
- Urine dipstick

**IMPORTANT SPECIFIC ISSUES**
- Awareness of 'one pill can kill' medications, such as:
  » calcium channel blockers
  » carbamazepine
  » clozapine

| Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | |
|---|---|

- » opioids
- » propranolol
- » sodium channel blockers
- » sulfonylureas
- » tricyclic antidepressants
- » venlafaxine
- Awareness of 'one sip can kill' medications, such as:
  - » camphor
  - » corrosives
  - » hydrocarbons
  - » naphthalene
  - » organophosphates
  - » paraquat
- Expected clinical course and outcome of illnesses
- High-risk clinical features of illnesses and comorbidities
- Impact of long-term illness on development
- Infection control:
  - » communicable disease reporting
  - » immunisation
  - » isolation
- Management of infection in travellers
- Management process following needlestick injury
- Medical and support agencies for pregnancy referral
- Methods of:
  - » behaviour modifications
  - » physical restraint
- Paediatric resuscitation
- Potential risks to patients' safety
- Safety issues for patients and staff:
  - » personal protective equipment
  - » universal precautions
- Sexual assault counselling agencies
- Signs of severity and patterns of decompensation
- Techniques, utility, and limitations of focused ultrasound in guiding paediatric procedures
- The need for medical clearance

**Treatment therapies**
- Treatment of haematological and oncologic conditions:
  - » chemotherapy
  - » radiation therapy

## KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

**Environmental injury**
- Barotrauma
- Bites and stings:
  » animal
  » human
  » insect
  » marine
  » reptile
- Burns:
  » chemical
  » contact
  » lightning injury
  » radiation injury
  » scalds
  » smoke inhalation
  » sunburn
- Cold injury:
  » peripheral cold injuries
  » systemic hypothermia
- Decompression illness
- Drowning
- Environmental and burns, including:
  » environmental exposures:
    o hyperthermia
    o hypothermia
- Heat injury
- Radiation
- Toxic marine ingestions

**General types of injury**
- Burns
- Internal
- Laceration
- Non-accidental
- Orthopaedic
- Toxic

**Injuries by region**
- Abdominal injury:
  » hepatic
  » hollow viscus
  » kidney
  » pancreatic
  » splenic
- Back injury:
  » ligamentous injuries
  » musculoskeletal back pain
  » spinal cord injuries

For each presentation and condition, Advanced Trainees will **know how to:**

**Synthesise**
» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[18] and their quality of life when developing a management plan

**Manage**
» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

**Consider other factors**
» identify individual and social factors and the impact of these on diagnosis and management

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[18] References to patients in the remainder of this document may include their families, whānau, and/or carers.

- » spinal fractures

- Chest injury:
  - » flail chest:
    - o fractured ribs
    - o fractured sternum
    - o injury of great vessels
  - » haemothorax
  - » penetrating thoracic injury:
    - o myocardial contusion
    - o pericardial tamponade
  - » pneumothorax
  - » pulmonary contusion
  - » traumatic asphyxia:
    - o diaphragmatic eventration
    - o tracheobronchial rupture
- Face injury:
  - » burns
  - » dental
  - » ear
  - » eye, including:
    - o foreign bodies
  - » facial fractures
  - » jaw dislocation
  - » lacerations
  - » nose
- Genitourinary or pelvic injury:
  - » bladder rupture:
    - o pelvic fracture
    - o straddle injuries
  - » penetrating genitourinary trauma
  - » penile / perineal / vaginal injury
  - » sexual assault
  - » testicular trauma
  - » ureteric:
    - o urethral
- Hand injury:
  - » amputation
  - » crush injury
  - » cutaneous foreign bodies
  - » lacerations / skin injury:
    - o contaminated
    - o cutaneous foreign body
    - o deep lacerations
    - o degloving
    - o marine wounds, including:
      - ▪ coral
    - o non-venomous bites
    - o puncture wounds
    - o superficial lacerations
  - » nail and nail bed
  - » nerve
  - » pressure injection injury:
    - o animal bites
    - o fractures
    - o penetrating injuries
    - o tendon
- Head injury:
  - » concussion

- » diffuse axonal injury
- » extra-axial
- » haematomas
- » intracerebral
- » intracranial
- » minor head injuries
- » non-accidental
- » penetrating head injury
- » post-concussive syndrome
- » skull fractures
- Neck and spinal injury:
  - » fractures
  - » nerve injury
  - » spinal cord injury without radiologic abnormality
  - » spinal cord syndromes
  - » vascular injury

**Orthopaedic injury**
- Dislocations:
  - » acromioclavicular joint
  - » ankle
  - » elbow, including:
    - o pulled elbow
  - » hip
  - » jaw
  - » knee
  - » patella
  - » phalanges, including:
    - o hand
    - o foot
  - » shoulder
- Ligamentous / Soft tissue injury:
  - » ankle
  - » apophysitis / osteochondrosis
  - » compartment syndrome
  - » elbow
  - » foot
  - » hand, such as:
    - o trigger finger
  - » knee
  - » Lisfranc
  - » muscular sprain
  - » shoulder
  - » tendinopathies
- Lower limb fracture:
  - » avulsion fracture of fifth metatarsal
  - » distal tibia, including:
    - o epiphyseal-metaphyseal
  - » femoral neck and shaft
  - » fibula
  - » metatarsal
  - » midshaft and proximal tibia
  - » patella
  - » phalangeal
  - » slipped upper femoral epiphysis
  - » tarsal, including:
    - o calcaneus
    - o talus
  - » tibial plateau – tibial spine

&raquo; toddler's fracture

- Pelvic fractures:
  - &raquo; avulsion fractures
  - &raquo; superior iliac spine:
    - o anterior
    - o inferior
  - &raquo; ischial tuberosity
  - &raquo; pelvic rim fractures
- Spinal injuries:
  - &raquo; ligamentous and soft tissue injuries
  - &raquo; spinal cord injury without radiologic abnormality
  - &raquo; spinal cord syndromes
  - &raquo; vertebral fracture and dislocation
- Upper limb fracture:
  - &raquo; carpal
  - &raquo; clavicle
  - &raquo; distal radius and ulna, including:
    - o epiphyseal-metaphyseal
  - &raquo; Galeazzi and Monteggia fractures
  - &raquo; lateral and medial humeral condyles
  - &raquo; metacarpal
  - &raquo; midshaft:
    - o humerus
    - o radius
    - o ulna
  - &raquo; phalangeal
  - &raquo; proximal ulna
  - &raquo; radial head and neck
  - &raquo; scapular
  - &raquo; supracondylar:
    - o grading
    - o occult
  - &raquo; upper humerus, including:
    - o epiphyseal-metaphyseal

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**LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS**

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

No less common or more complex presentations and conditions listed

| EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES | <ul><li>Age- and anatomy-related normal physiology of injured area:<br>» abdominal or pelvic<br>» chest<br>» facial<br>» genitourinary<br>» hand<br>» head<br>» neck<br>» orthopaedic<br>» soft tissue<br>» spinal</li><li>Signs of severity and patterns of decompensation</li><li>Toxic injury:<br>» antidotes for common poisons<br>» epidemiology of poisoning<br>» pharmacological techniques for drug removal<br>» toxicology and drug testing and screening methods</li></ul> |
| :--- | :--- |
| Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences. | |
| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**<br><br>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.<br><br>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable. | **Clinical assessment tools**<br><br>**Burns**<br><ul><li>Burn depths categorisation</li></ul>**Head**<br><ul><li>Evaluate degrees of head injury – scalp lacerations</li><li>Level of consciousness</li></ul>**Facial**<br><ul><li>Eye examination, including:<br>» slit lamp</li></ul>**Toxic**<br><ul><li>Assess need for and administer activated charcoal</li><li>Drug testing and screening</li><li>Patient decontamination for chemical agents</li></ul>**Investigations – general**<br><ul><li>CT</li><li>MRI</li><li>Pathology, including blood tests in trauma, including:<br>» chemistry<br>» cross-match<br>» full blood count<br>» lipase</li><li>Ultrasound</li></ul> |

- Urine testing, including:
  - » BHcG (when indicated)
- X-rays

**Investigations**

**Burns**
- Burn nomogram

**Chest injury**
- Investigations for inhaled foreign bodies
- Ultrasound

**Facial injury**
- Orthopantomogram

**Head injury**
- CT
- MRI
- Radiological investigations, such as:
  - » fundoscopy

**Vascular injury**
- Angiography
- Doppler ultrasound
- Sonography

**Procedures**

**Burns**
- Dressing selection and application
- Escharotomy
- Fluid resuscitation

**Chest injury**
- Intercostal drain insertion
- Percutaneous needle thoracostomy
- Pericardiocentesis

**Facial injury**
- Anterior nasal pack
- Facial burns:
  - » dressing for superficial and partial thickness burns
  - » refer higher degree burns
- Foreign body removal:
  - » ear
  - » eye:
    - o conjunctival
    - o corneal
  - » nose
- Irrigate conjunctival and corneal eye burns
- Reduce temporomandibular joint dislocation
- Reimplant secondary tooth
- Repair lacerations:
  - » sutures
  - » tissue adhesives

**General**
- Procedural sedation:
  - » contraindications and indications
  - » options for procedural sedation in the emergency department

**Genitourinary or pelvic injury**
- Foreign body investigation and removal
- Stabilise pelvic fracture

**Hand injury**
- Digital nerve block
- Ring removal
- Splinting:
    » interphalangeal joint dislocation
    » metacarpal fracture
    » metacarpophalangeal joint dislocation
    » phalangeal fracture

**Head injury**
- Laceration repair:
    » glue
    » staples
    » sutures
- Management of raised intracranial pressure, including:
    » neuroprotective measures
- Neurosurgical time-critical intervention, including:
    » burr holes

**Lacerations**
- Amputated area management
- Fishhook removal
- Foreign body removal
- Wound:
    » anaesthesia administering
    » cleanse and debride
    » dressing

**Orthopaedic**
- Casting
- Nerve blocks:
    » fascia iliaca / femoral block with ultrasound guidance
- Reduction of:
    » dislocations, with and without compromise
    » fractures, with and without compromise
- Splinting:
    » limb fractures:
        o lower
        o upper
- Soft tissue injury

**Spinal injury**
- Log roll
- Spinal immobilisation

**Toxic injury**
- Decontamination
- Gastrointestinal (GI)
- Skin
- Whole bowel irrigation

## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Acute treatment of injuries and trauma
- Aeromedical:
  » safety considerations
  » transfer
- Expected clinical course and outcome
- First aid procedures
- HAZMAT principles
- Indications and contraindications of varying routes of analgesia:
  » gaseous
  » intranasal
  » intravenous
  » local anaesthesia:
    o blocks
    o topical
  » oral analgesia
- Non-pharmacological treatment options:
  » dexmedetomidine
  » distraction

  » ketamine:
    o intramuscular
    o intravenous
  » nitrous oxide
  » oral agents, such as:
    o clonidine
    o midazolam
  » splints
- Pharmacological treatment options for analgesia
- Preparation and delivery of discharge instructions
- Referral to:
  » other relevant specialists
  » radiologist
- Rehabilitation, including:
  » acute
- Techniques, utility, and limitations of focused ultrasound in guiding paediatric procedures

## KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

**Presentations**

- Child abuse, including, but not limited to:
  - » emotional abuse:
    - o fabricated illness or induced illness by proxy
  - » neglect
  - » physical abuse
  - » sexual abuse:
    - o sexually transmitted infections
- Symptoms and signs of inflicted / non-accidental injury, such as:
  - » abdominal and thoracic injuries
  - » burns
  - » chest injuries
  - » injuries in pre-mobile infants
  - » fractures
  - » genitourinary injuries
  - » head injuries
  - » intra-oral bleeding and injuries
  - » perplexing presentations (PP) and fabricated or induced illness (FII) in children
  - » poisonings
  - » skin and soft tissue injuries, including:
    - o bruises
  - » strangulation and suffocation

For each presentation and condition, Advanced Trainees will **know how to:**

**Synthesise**

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients[19] and their quality of life when developing a management plan

**Manage**

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

**Consider other factors**

- » identify individual and social factors and the impact of these on diagnosis and management

## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Biopsychosocial risk factors
- Health needs of children and young people in the care and protection systems, such as:
  - » children in out-of-home care
  - » developmental, medical, and mental health conditions occurring in the population, including those in gateway clinics
- Impact of societal biases in child protection systems
- Legislative requirements
- Population health significance of child maltreatment, and primary, secondary, and tertiary prevention strategies

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[19] References to patients in the remainder of this document may include their families, whānau, and/or carers.

| | |
|---|---|
| | • Potential risk factors for harm to children and their siblings within the family / environment |
| | • Protective factors, such as positive relationships and supports, and how they may help modify risk and augment management |
| | • Referral pathways, and community and hospital services for vulnerable children and their families |
| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**<br><br>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.<br><br>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable. | • Consideration of differential diagnosis or pathologies contributing to severity of presentation:<br>  » bleeding disorders<br>  » bone fragility<br>  » drugs<br>  » genetic conditions<br>  » metabolic conditions<br>  » toxins<br>• Imaging (radiology), such as:<br>  » bone scan<br>  » CT<br>  » MRI<br>  » radiographic skeletal survey<br>  » ultrasound<br>• Investigations:<br>  » differential diagnosis to presentations of child maltreatment<br>  » role of investigations to assess for acute injury<br>• Pathology tests to assess injuries and consider other potential differential diagnosis<br>• Subspeciality consultations and procedures, including retinal examination<br>• Time critical forensic specimen collection with chain of evidence / forensic sampling techniques<br><br>**Physical examination**<br>• Consideration of different injury types and their clinical findings<br>• Documentation of examination findings using body diagrams and photographs<br>• Evaluating parent–child interactions regarding emotional maltreatment<br>• Genital examination, including identification of normal genital development and anatomical variants<br>• Identification and recognition of the signs of:<br>  » child sexual abuse<br>  » neglect<br>  » physical abuse<br>• Observe parent–child interaction<br>• Top-to-toe examinations for the detection of injuries, including the significance of sentinel injuries in young infants and children four years and younger |
| **IMPORTANT SPECIFIC ISSUES**<br><br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | • Awareness of personal reactions to childhood behaviours, disability, family situations, and illnesses, and the impact these may have on professional practice<br>• Child rights<br>• Discussion of sensitive issues with family<br>• Family dysfunction, including poverty and disadvantages, and the impact of social determinants of health<br>• Features of inflicted injury:<br>  » history<br>  » patterns of injury<br>  » risk factors<br>• Parent and/or carer involvement in shared decision making<br>• Peer review processes and support |

- Principles of advocating for children
- Reporting requirements:
  » ethical, legal, and professional responsibilities around sharing information regarding child safety, harm, and protection
  » reporting requirements and mandatory reporting obligations
- Psychosocial hazards:
  » impact of vicarious trauma on clinician wellbeing
  » impact on the long-term health and wellbeing of children involved in the care and protection system
- Medicolegal aspects:
  » appropriate conduct of an expert witness
  » courts, and the role of those:
    o involved in the criminal justice system
    o responsible for child protection, family law, and appeal
  » legal considerations for treatment
  » paediatric medical experts and their role in writing medicolegal reports, contributing to case conferences, and testifying in court in cases of child maltreatment
  » principles and procedures of forensic sample collection, including collection of biological specimens for DNA analysis
  » provide evidence to assist investigations, including swabs and photographs

**Maltreatment and intergenerational trauma and conflict**
- Intergenerational trauma and conflict:
  » child maltreatment presentations, such as:
    o exaggeration
    o fabrication
    o falsification
    o induction of illness or symptoms
  » emotional maltreatment
  » exposure to interpersonal violence
  » neglect
  » special consideration of all injuries in non-ambulatory infants
  » unexplained or repeated incidents of inflicted / non-accidental injury, such as:
    o abdominal and thoracic injuries
    o burns
    o child sexual abuse
    o fractures
    o head injuries
    o intraoral injuries
- Maltreatment:
  » behavioural or emotional presentation as a consequence of current or previous maltreatment, and the impact of neglect over time
  » different types of child maltreatment and child neglect:
    o educational
    o emotional
    o medical
    o physical
    o supervisory
  » effective prevention of child maltreatment
  » effects on children of being a perpetrator, victim, or witness of violence
  » enablers and barriers to obtaining information in child maltreatment situations
  » family and domestic violence
  » local, state, and national policies, procedures, and services related to child protection
  » management of physical and emotional maltreatment
  » methods involved in developing a differential diagnosis for maltreatment victims

**Specific management issues**

- Appropriate injury reporting, separate to reporting to child safety agencies, such as making an ACC claim in Aotearoa New Zealand
- Disclosure and history-taking environment must be safe, including culturally safe, taking into consideration:
    - » age
    - » developmental stage
- Safe environment post-disclosure
- Referrals:
    - » appropriate referral pathways to ensure time-critical specimens are collected within the appropriate timeframe, and non-time-critical specimens are performed in a planned, coordinated manner
    - » non-accidental injury and appropriate referral processes, such as knowing legislative processes and keeping thorough documentation
    - » mental health / social support referrals as appropriate and available
- Sexual health:
    - » emergency contraception provision and counselling
    - » sexually transmitted infection testing, and post-exposure prophylaxis

## KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

**Presentations**

- Deliberate self-harm
- Psychiatric disorders, acute
- Overdose / Intentional poisoning
- Suicide attempts, or risk of
- Undifferentiated acute behavioural disturbance

**Conditions**

- Attention deficit hyperactivity disorder (ADHD)
- Anxiety
- Autism spectrum disorder
- Behavioural and psychiatric:
  - » agitation
  - » confusion
  - » deliberate self-harm
  - » substance abuse
- Depression
- Eating disorders
- Intellectual disability and developmental delay with behavioural disturbance
- Organic disorders causing behavioural disturbance, including, but not limited to:
  - » brain tumours
  - » encephalitis
  - » epilepsy
  - » pain
  - » sepsis
- Psychosis

For each presentation and condition, Advanced Trainees will **know how to:**

### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients[20] and their quality of life when developing a management plan

### Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

## LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

**Presentations and conditions**

- Attachment disorder
- Cannabis hyperemesis syndrome
- Fabricated illness or induced illness by proxy
- Functional disorder
- Personality disorder
- Psychosis, acute
- Somatisation disorder

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[20] References to patients in the remainder of this document may include their families, whānau, and/or carers.

## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Toxicology:
  - » ADHD epidemiology and medications
  - » antipsychotics and use in acute behavioural concerns
  - » chemical sedation and:
    - o appropriate patient populations
    - o benefits
    - o minimum standards of monitoring throughout
    - o risks
  - » common overdoses, including their antidotes, pathophysiological effects, and presentation, including, but not limited to:
    - o alcohol
    - o antidepressants
    - o aspirin
    - o ecstasy
    - o methamphetamines
    - o paracetamol
  - » life-threatening overdoses
  - » unclear toxin
  - » toxidromes

## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

**Investigations**

- Blood results related to behaviourally disturbed or toxicology patients:
  - » blood gas results
  - » for assessing risk in patients with eating disorders
  - » specific drug levels, such as paracetamol and iron
- ECG:
  - » patient groups:
    - o behaviourally disturbed
    - o eating disorders
    - o toxicology patients
  - » to assess for organic cause
- Specific investigations for:
  - » aggressive / scared or heightened patients
  - » excluding underlying organic cause for presentation
  - » overdose patients, to determine type and severity of overdose

**Procedures**

- Chemical restraint:
  - » intramuscular
  - » intravenous
  - » oral
- De-escalation of disturbance in individuals across the age ranges
- Intravenous / Venepuncture cannulation
- Lumbar puncture for patients with possible organic cause for behavioural disturbance
- Nasogastric (NG) insertion for:
  - » decontamination
  - » NG feeding
  - » NG medication administration
- Non-chemical restraint
- Urinary catheterisation for enhanced elimination

**Clinical assessment**

- Acute suicide risk
- Assessments to exclude underlying organic cause for presentation
- Medical stability in eating disorder patients
- Mental state examination
- Physical examination to assess for organic cause for behavioural disturbance

## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Acute mental health impacts of other diseases, such as chronic disease or life-limiting disease
- Addiction:
  » drugs of addiction
  » in eating disorders
  » management of addiction
- First presentation at emergency department of acute psychiatric disorders
- Local referral pathways for young children with behavioural concerns
- Medicolegal:
  » legal framework regarding ADHD medications
  » legal status of duty of care, mental health acts, and restraint
- Possible contributors to behaviour:
  » bullying
  » family dynamics
  » exposure to parental use of drugs and alcohol
  » role of social media
  » peer group interactions
- Recognition of maternal / parental mental health crisis as factors in child presentations to health services
- Recreational substance abuse
- Treatment:
  » antipsychotic and anti-anxiety medications, and administration with psychiatric specialist support
  » restraint versus sedation, especially in the uncooperative child
  » treatment pathways for acute mental health paediatric patients, including:
    o legal implications
    o safe transfer (if required)
    o units suitable for admission
  » treatment pathways for long-term increasing disturbance, behavioural outbursts, and self-harm in neurodiverse patients