



Australasian College for Emergency Medicine

ACEM PEM Training Program – DOPS

With regard to procedures, Paediatric Emergency Medicine Physicians are expected to:

- Demonstrate understanding of how the procedure is performed, indications, contraindications and potential complications underpinned by knowledge of the basic sciences that form the foundations of emergency medicine.
- Decide to conduct the procedure during the clinical assessment of the patient's presentation.
- Prepare the patient (education, consent, positioning), equipment, medications, and staff for the procedure.
- Perform the procedure, efficiently and safely.
- Maintain situational awareness, managing any complications if they arise during and/or after the procedure.
- Provide appropriate post-procedure management, including follow-up investigations, clinical care and documentation.
- Provide appropriate discharge advice to the patient and/or carers.

Paediatric Emergency Medicine Physicians are required to independently perform almost all procedures listed in the PEM and FACEM Curricula, though a select few may be performed under supervision of suitably credentialled clinicians. Throughout PEM training, trainees progress through various levels of practice from general to expert, learning procedures through the training site's structured education program and via supervised training. Trainees will firstly acquire the requisite knowledge and skills to perform the procedure under direct supervision of senior clinicians and advance to independent performance, using at least one approach, with further experience and consolidation of skill, in both simulated and real patient interactions.

The levels of practice assigned in both the PEM Curriculum (General-High-Expert) and the FACEM Curriculum (S=direct supervision and I=independent) are based on performance in non-challenging situations. Procedures common in emergency medicine should present opportunities to master performance in real patient encounters. For life/limb/sight saving procedures, trainees are expected to achieve the mastery level at least in simulation if real life opportunities to practice this procedure are rare.

Procedures are assessed in workplace-based assessments (WBAs) at various levels of practice and through relevant questions in all examinations. Trainees are encouraged to utilise the WBA process from the very beginning of their training to enhance their learning and development through structured formative feedback.

The following 8 procedures are assessed using the Direct Observation of Procedural Skills (DOPS) WBA tool. These DOPS procedures, considered integral to the practice of paediatric emergency medicine, involve a trainee being observed by an Assessor whilst performing a specific clinical procedure. The Assessor rates and provides feedback on the trainee's performance, from the technical part of performing the procedure to post-procedure management and discharge advice, as applicable. The DOPS Assessment can be completed during PED, PICU or Paeds Gen Med placements.

Procedure (DOPS)	Patient age
Advanced Airway	<9y age
Procedural Sedation [^]	<10y age
Emergent fracture reduction (Wrist, ankle)*	<10y age
Lumbar Puncture ^{^*}	<3 months age
Intraosseous (can be completed in simulation)	<10y age
Nasogastric Tube Insertion	<2y age
Foreign Body Removal	<10y age
Infant Cannulation	<3 months

[^] The same case can be used as an assessment for the FACEM Training Program Paediatric Emergency Requirement (PER).

* The same case can be used as a DOPS for the FACEM Training Program Procedural Requirement.