# Children's National

### Needs

First, no formal education exists to train the Physician entering Pediatric Emergency (PA) Assistant within the Children's National Health Medicine System (CNHS). Second, a PA is needed in leadership. Third, there is a need for the PA to practice independently, providing care in a Level One Trauma Center for over 120,000 pediatric patients year.

### Purpose

The purpose of the curriculum is to create a capable of independent practice. This accomplished in three ways. First, a structur learning platform is created, focusing on Pediat Emergency Medicine (PEM) topics. Second, the and physician enter into a collaborative relationsl for one year, allowing the PA to develop and pract evidenced-based medicine under supervision promoting team-based care. Third, begin objectively track competence in applying evidence based medicine concepts, procedures and physi exam skills.

# Objectives

- 1. Develop and implement a 12 month curriculum PEM exclusive topics.
- 2. Successfully train the PA capable of independent practice.
- 3. Practice team-based care.
- 4. Provide transparent feedback, professional development.
- competency 5. Determine associated with independent practice in a pediatric emerger setting.

# Bridging the post-graduation gap: A 12 month curriculum for PAs entering Pediatric Emergency Medicine

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# **Description of Curriculum**

The curriculum is created on the foundation of PA and physician collaboration. The PA advances through a 12-month program, developing into a clinically-competent Pediatric Emergency Medicine PA capable of seeing the low acuity patient independently.

ents per	NAME	TIME	C
	Pre- employment		<ul><li>Introduc</li><li>Review</li></ul>
e a PA his is ructured ediatric the PA ationship practice ervision, egin to denced- physical	Orientee	0-2mo	<ul> <li>PALS constraints</li> <li>Weekly and daily</li> <li>Shadow and daily</li> <li>Complete procedu</li> <li>Participation workshot</li> <li>Chart restricts</li> </ul>
culum of pendent guiding vith PA ergency	Provisional	<b>2-12mo</b>	<ul> <li>Monthly submiss</li> <li>Team-base</li> <li>Ongoing</li> <li>Quarterly summate</li> <li>Quarterly oral case</li> <li>3, 6, 12</li> <li>review</li> <li>Transition independent</li> </ul>

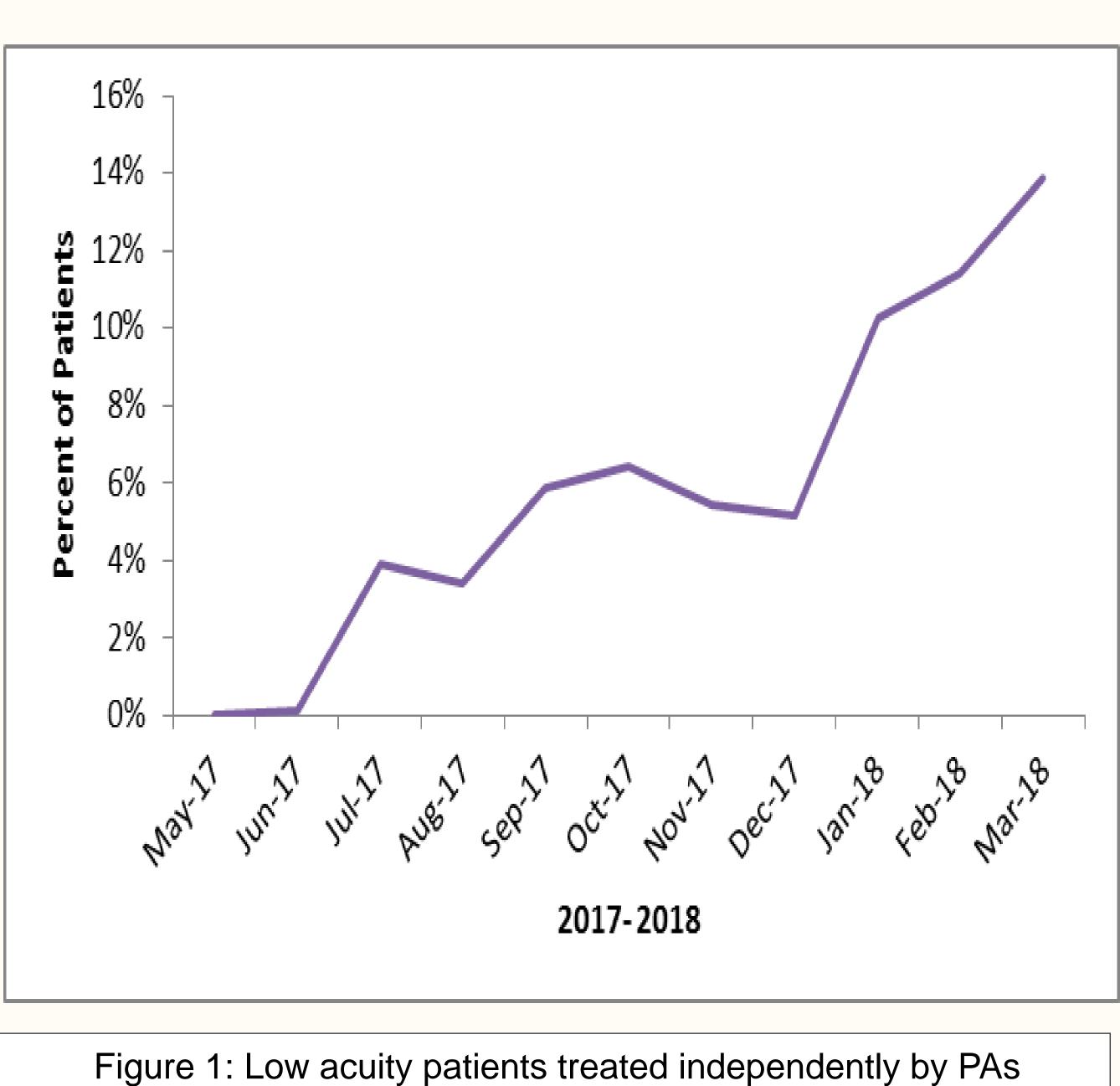
# PONENTS

- ctory online modules of suturing technique
- completion
- submission PEM online ion modules/
- n team based care with ans
- shift mentoring with PA ly feedback
- etion of physical exam and ural skills check off
- bation in wound care 0p
- eview with Lead PA

PEM online CME sion with discussion based care for each patient g team based care rly Journal Club article tion rly chart review

- se presentation
- 2 month competency

on to Junior PA capable of ndent practice



- acuity patient.

### Assessment

### Results

Eight PA's have successfully completed the curriculum, seeing 14% of the low acuity patient population after 6 months of implementation. There is departmental acceptance of the curriculum and independent practice. There are plans to continue growing the PA program.

# **Future Needs**

1. CNHS is developing guidelines for PA independent practice encompassing the medium

2. CNHS is developing a PEM specific curriculum designed for the PA beyond one year.