

## Wilderness Medicine Elective!



What do survival skills, critical care teaching, and 3 meters of snow all have in common? You probably didn't guess it, but it happens to be a fantastic resident wilderness medicine course! From March 14-April 8<sup>th</sup> I had the privilege of joining 15 other residents from across Canada for this adventurous 4-week opportunity through McGill in Quebec.

The elective was roughly subdivided into four different weeks:

I considered the first week to be known as survival skills 101. During this week we had the task of building a shelter in the wilderness and spending two nights outside with only the

materials that would be bring on a regular day hike. This means no tent, no sleeping bag, and no thermarest...only you, branches, and hopefully a tarp. Let's just say that my concept of "emergency supplies to always have on hand" has evolved dramatically.

The second week we travelled north to Parc Mont-Valin, where we took an hour-long snow machine ride to a group of cabins, far from the nearest cell and internet service. The week was spent mostly outdoors, doing a wide array of emergency medical simulations. During our time warming up indoors, we also completed countless lectures with topics ranging from high altitude medicine to anaphylaxis to cave search and rescue. There was a general outdoor rule of don't go anywhere alone, with a genuine concern of falling into snow well and not being able to make your way out. We were expected to always be prepared to do a multi-hour rescue outdoors with little to no warning.

The third week was primarily based out of Quebec City, which is known to have an advance hyperbaric facility. We had the opportunity to learn more about hyperbaric medicine and tour the hospital there. The lectures continued, with a personal favourite topic being "Pediatrics at Altitude".

The final week was at a place called the “Chic-Chocs”, which was a 5-hour drive from Quebec City and 2 hour snow-bus ride into a remote ski resort. This location was also hours from the nearest cell or internet service. To say this location was stunning is a bit of an understatement; the virtually untouched forest was the perfect place to practice winter emergency simulations. A large focus of our time in this location was to learn the basics of avalanche training and we had the opportunity to become certified in Avalanche Training Skills (AST) 1. Spontaneous simulations occurred in which we were expected to gather our gear and use beacons, probes, and shovels to find victims of an avalanche as quickly as possible and provide appropriate first aid measures.

Overall, this elective was a fantastic opportunity to learn critical and acute care medicine that can’t be taught in a hospital. The main take-aways from me were the importance of being flexible in emergency situations and using a variety of resources available to optimize patient outcomes. The simulation-based nature (i.e. no “real” patients) of this elective also promoted phenomenal learning and valuable debriefing in a safe environment.

As you may have already guessed, I highly recommend this elective and if anyone is interested in more information let me know!

Alexis Sharp, PGY2

## IMPORTANT REMINDER

Retirement tea for Dr. Rick Cooper in the  
Janeway Café  
Thursday June 16<sup>th</sup>, 2022  
12:30-2pm

## Janeway Pediatric Residency Program Newsletter: Focus on Resident Research

### Patients' Perspectives about IV Infusions for Inflammatory Bowel Disease



Canada has the highest incidence and prevalence rates of Inflammatory Bowel Disease (IBD) worldwide, with the prevalence of pediatric IBD increasing more than 50% in the last 15 years alone. Due to it being a chronic disease, IBD is associated with high levels of psychological distress and children with IBD have been shown to have lower psychosocial functioning scores than peers without the condition. Quality of life is an important consideration for providers selecting treatments for these patients.

Biologic therapies are a mainstay of treatment for IBD. However, there is a gap in our knowledge concerning the patients' and families' experience of biologic infusion therapy. **Dr. Morgan Morrissey**, a 3rd year pediatric resident, examined their experiences to better understand the impact of biologic therapies on pediatric IBD patients in Newfoundland and Labrador.

The aim was to ensure a diverse study population in terms of patient age, infusion clinic used, disease condition (e.g., Ulcerative colitis, Crohn's disease), and community (e.g., urban, rural). Using semi-structured interviews, the research team interviewed 6 sets of patients and guardians together and 2 parents on their own. The interviews covered the psychosocial impact of IBD and its treatment, lifestyle barriers associated with the disease and treatment, as well as the decision-making process regarding their health choices. The interviews were subsequently analyzed to identify general themes.

Dr. Morrissey found that most patients and their guardians have had a positive experience regarding biologic infusions. 64% of study participants said that biologics have not adversely affected their daily lives, 79% reported no side effects, and 64% did not find travel poses an issue. Only one study participant was

from outside of the metro region, who did state that travel to St. John’s for infusions was an issue. The research interviews revealed how the approach to care at the Janeway is patient-centered and personable. Many patients and families expressed their gratitude for their healthcare team: “The staff here [at the Janeway] are amazing. They remember my child’s name, my name”; “It’s typically been very positive. Once we got used to the team... we look forward to seeing them.”

This study provides relevant local knowledge about the factors and barriers that IBD patients face in our province. It was reassuring to discover that most patients and guardians interviewed reported few negative impacts with their child’s use of biologic therapies and many voiced improvements in their lives since starting biologic infusions. While recognizing that the research team had hoped to interview more families, particularly from rural areas, this study should provide some assurance to patients considering IV biologic treatment at the Janeway who are concerned about its impact on their family’s quality of life.

Dr. Morrissey’s supervisors for the project were Dr. Roger Chafe and Dr. Jeff Critch.

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## **Congratulations to Dr. Engelbrecht on your retirement from the Janeway ER!!!**



Thank you for your service to the children of Newfoundland and Labrador! You will be missed!

# Competence by Design

## Focus on CBD

All of our first year residents are now working in the **Foundations** phase of CBD. They have moved out of Transition to Discipline which encompassed the first three or four blocks of the year.

Foundations will encompass **10-12 blocks**

They are collecting a **minimum of TWO** observations per week.

### Focus on EPA #8 in Foundations

## Communicating assessment findings and management plans to patients and/or families

In order to successfully complete this EPA residents must use their communication skills and strategies to convey information and engage the patient and/or family in shared decision-making.

- It includes teaching the patient and/or family about the diagnosis and management.
- It does not include complex situations such as discussions involving disclosing serious diagnoses, end-of-life decision-making, or suspected child maltreatment.

There are **9 Milestones** associated with this EPA for you to consider. You should be evaluating these milestones during your assessment, but remember that not all apply to every observation; just check what applies.

Did they

- 1) Establish rapport with the patient and family
- 2) Tailor the approach to communication to the needs of the patient and/or family
- 3) Engage the patient in the discussion as appropriate for their developmental stage
- 4) Convey information about medical course and management plan
- 5) Use plain language and avoid medical jargon
- 6) Use strategies to verify and validate the understanding of the patient and/or family
- 7) Use communication skills and strategies that help the patient and/or family make informed decisions
- 8) Solicit and answer questions from the patient and/or family
- 9) Communicate in a manner that is respectful, non-judgmental and culturally aware

Each edition of J-files will be highlighting a different EPA as our residents move through the stages of training. For more information on CBD go to <https://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e> and for our curriculum maps and EPA's go to one 45 at <https://webeval.med.mun.ca/mun/>