QPEM 2027 PROGRAM

DAY 1 - January 15 | DAY 2 - January 16 | DAY 3 - January 17

DAY 1	SESSIONS	SPEAKERS
07:30-07:45	**Welcome and Introduction, Housekeeping, Site instructions/navigation.**	**Dr Syed Haris Huda** Sidra Medicine
	Conference Chair's Message	**Dr Khalid Al Ansari** (Sidra Medicine)
07:45-08:30 (45 mins)	**Pediatric CPR: Current Controversies and Clinical Challenges "Beyond Push Hard, Push Fast: The Uncomfortable Truths About Pediatric CPR"** **Analyze** current controversies in pediatric CPR, including compression, ventilation, airway and medication strategies, using contemporary resuscitation evidence. **Evaluate** physiologic and clinical indicators of CPR quality to identify when conventional resuscitation is failing. **Apply** current evidence to modify resuscitation strategies during challenging pediatric cardiac arrests.	**Dr Said Hachimi-Idrissi** (Belgium)
08:30-09:15 (45 mins)	**When Parents Refuse Care: Capacity, best interests, legal escalation and practical bedside management"From Conversation to Courtroom: When Parents Refuse Pediatric Care."** **Differentiate** parental refusal that can be respected from refusal that places a child at significant risk of serious harm and requires intervention. **Apply** the best-interest and harm principles to challenging pediatric treatment-refusal scenarios.	**Ms Hamda Al Jaffali** Sidra Medicine (Qatar)



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09:15-09:30 (15 mins)	**Break**	
09:30-10:15 (45 mins)	**CT scan Saves Lives vs CT scan Causes Harm.** **"To Scan or Not to Scan? The Pediatric CT Dilemma"** **Analyze** the competing risks of missed serious pathology and radiation exposure when considering CT imaging in children. **Apply** validated clinical decision rules and risk stratification to identify children in whom CT is indicated, observation is appropriate or imaging can safely be avoided. **Formulate** a shared decision-making approach that communicates the benefits, limitations and potential harms of CT to families.	**Dr Jehan Al Rayahi** Sidra Medicine (Qatar)
10:15-11:00 (45 mins)	**The Lost Art of Reassurance** **"Reassurance Is a Procedure: Are We Doing It Properly?"** **Differentiate** effective clinical reassurance from dismissive reassurance when managing children with low-risk presentations. **Apply** evidence-based communication strategies to address parental concerns, uncertainty and expectations without unnecessary investigations or treatment. **Develop** a safety-netting plan that combines reassurance with clear advice on expected illness trajectory, red flags and when to seek further care.	**Dr Usama basit** Sidra Medicine (Qatar)
11:00-11:45 (45 mins)	**A to E of Paediatric PoCUS: A Whole-Child Approach at the Bedside** **"Probe Before Panic: The A–E of Paediatric PoCUS"** **Integrate** focused PoCUS into the A–E assessment of the acutely unwell or injured child. **Interpret** key bedside ultrasound findings in the context of the child's clinical presentation and physiology.	**Dr Salman Naeem** (Australia)

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11:45-12:00 (15 mins)	**Question & Answer**	
12:00-13:00 (60 mins)	**LUNCH and Friday Prayer Break**	
	13:00-13:45 (45 mins) 3 Sessions	
Session 1 PEM Core	**Pediatric Metabolic emergencies:Time is never enough** **Identify** the most important metabolic emergenices **Emphasis** the role of plan in place for metabolic patients. **Review** the common pitfalls in the management of metabolic patient that could be prevented.	**Dr Noora Shahbeck** Sidra Medicine (Qatar)
Session 2 Education Track	**Debriefing after critical events: short, structured and sustainable “The Resuscitation Is Over. The Learning Shouldn’t Be.”** **Apply** a brief, structured approach to debriefing immediately following critical pediatric events. **Identify** clinical, teamwork and system issues that warrant action while maintaining psychological safety for the team. **Design** a sustainable debriefing process that converts lessons from critical events into meaningful changes in practice.	**Prof. Guillaume Henri Jean Alinier** Hamad Medical Corporation (Qatar)
Session 3 Nursing Track	**From Triage to Treatment: Strengthening Emergency Department Sepsis Care “The Clock Starts at Triage: Winning the Race Against Pediatric Sepsis”** **Discuss** early recognition of sepsis and identify patients at risk using updated triage screening criteria and clinical assessment findings. **Describe** the importance of effective teamwork, communication and quality improvement measures in optimizing emergency department	**Mr Mohammad Sbeity** Sidra Medicine (Qatar)
	13:45 - 14:30 (45 mins) 3 Sessions	

Session 1 PEM Core	**Recognize** evolving clinical features of raised intracranial pressure and impending herniation in children with acute medical conditions. **Differentiate** common medical causes of raised ICP and identify clinical situations in which usual diagnostic approaches, including lumbar puncture, may be unsafe. **Prioritize** immediate stabilization, neuroprotective measures, hyperosmolar therapy and timely escalation for definitive management.	**Dr Nasser Haidar** Hamad Medical Corporation (Qatar)
Session 2 Education Track	**Prehospital Paediatric RSI in Paramedic Practice: A Five-Year Ambulance Service Review of Outcomes and Safety**. **To evaluate** real-world performance and safety of prehospital paediatric RSI over five years, focusing on procedural success, adverse events, and system-level effectiveness within an ambulance service.	**Mr Vernon Naidoo** Hamad Medical Corporation (Qatar)
Session 3 Nursing Track	**From Bedside to Breakthrough: SPOTLIGHT for Real-Time Clinical Reasoning in Emergency Nursing** **Describe** the SPOTLIGHT model and its use of real ED cases for learning. **Demonstrate** how guided reflection strengthens clinical reasoning, decision-making, and speaking up. **Discuss** how SPOTLIGHT promotes patient safety and a culture of continuous learning	**Mr Frankie Famillaran** Nurse Educator **Ms Beverly Kay Jo** CNL Sidra Medicine (Qatar)
	14:30 - 15:15 (45 mins) 3 Sessions	
Session 1 PEM Core	**Top 5 articles of 2026 in Pediatric Emergency medicine** **Review** the top 5 articles **Extract** relevant learning points from each one **Devise** plan to implement the useful learning points in to practice locally	**Dr Sohail Ghani** Sidra Medicine (Qatar)

Session 2 Education Track	**Describe** key principles of gamification and differentiate gamification from game-based learning in medical education. **Identify** game design elements and how to incorporate them into educational activities to promote learning and engagement. **Discuss** practical applications of gamification across undergraduate, graduate, and continuing medical education settings.	**Dr Kevin Ching** Weill Cornell (USA)
	Communication Under Pressure: A Critical Safety Skill in the Emergency Department	
Session 3 Nursing Track	**Discuss** the impact of communication breakdowns on patient safety and clinical outcomes in the ED. **Outline** effective communication and escalation techniques that strengthen teamwork, situational awareness and patient safety during high-acuity emergencies.	**Ms Roma Lyka Manangan,** CNL **Ms Noor Abueisa,** CN Sidra Medicine (Qatar)
15:15 - 15:30 (15 mins)	**Break**	
	15:30 - 16:15 (45 mins) 3 Sessions	
	“Hormonal Havoc: The Endocrine Emergencies That Can Kill” **OR** **“Sugar, Salt & Storms: Surviving Pediatric Endocrine Emergencies”**	
Session 1 PEM Core	**Recognize** key clinical and biochemical patterns of life-threatening pediatric endocrine emergencies, including adrenal crisis, dysglycemia, calcium disorders and thyroid storm. **Prioritize** immediate stabilization and targeted treatment for adrenal crisis, severe hypoglycemia, calcium disturbances and thyroid emergencies. **Apply** contemporary principles of pediatric DKA management, including fluid therapy, insulin administration, electrolyte abnormalities and recognition of evolving complications.	**Dr Elwaseila Mohammed Ahmed** Sidra Medicine (Qatar)

	impact of premature facilitator intervention on learner development.	
Session 2 Education Track	**Analyze** simulation to determine when facilitator intervention enhances learning and when allowing learners to struggle is more beneficial. **Apply** evidence-based facilitation strategies that balance learner autonomy, patient safety and educational outcomes during simulation and workplace-based teaching.	**Dr Naharmal Soni** Sidra Medicine (Qatar)
	PEDIATRIC TRAUMA PREVENTION: Reducing Risks and Saving Lives	
Session 3 Nursing Track	**Describe** the epidemiology, mechanisms and risk factors of pediatric trauma and their impact on morbidity and mortality. **Identify** preventable pediatric trauma risks, including road traffic injuries, falls, drowning, burns, sports injuries and non-accidental trauma. **Discuss** evidence-based prevention strategies and the role of emergency healthcare providers in reducing pediatric trauma.	**Mr Jaynald J. Canaria** Clinical Nurse Qatar Energy (Qatar)
	16:15 - 17:00 (45 mins) 3 Sessions	
	Atypical Presentations of Pediatric Myocarditis: Navigating the Diagnostic Minefield Or Pediatric Myocarditis in the ED: Spotting the Masqueraders Before Decompensation	
Session 1 PEM Core	**Identify** Atypical Features: Recognize subtle and non-cardiac presentations in the ED. **Apply** ED Diagnostics: Use early investigations to aid rapid detection. **Differentiate** Mimics: Distinguish myocarditis from common emergency mimics. **Initiate** Early Stabilization: Execute timely stabilization protocols to prevent hemodynamic collapse.	**Dr Maher Mohamad Najm** Hamad Medical Corporation (Qatar)
Session 2 Education Track	**Global Pediatric Readiness and the launch of the Global Pediatric Readiness Network**	**Prof Camilo Gutiérrez** (USA)

	Analyze current gaps and challenges in pediatric emergency readiness across diverse healthcare systems and resource settings. **Evaluate** how the **Global Pediatric Readiness** **Network** can support collaboration, shared learning and sustainable improvements in the quality and safety of emergency care for children globally.	
	Utilizing The BRIDGE Transition Model™ To **Support** Nurses Transitioning into Pediatric Emergency Nursing **Describe** the six domains of the BRIDGE Transition Model™ and their relevance to nurses transitioning into pediatric emergency nursing. **Identify** professional, clinical, organizational and cultural factors that influence nurses' transition into a new specialty or practice environment. **Apply** BRIDGE-informed strategies to strengthen readiness, belonging, integration, guidance and professional development through orientation, preceptorship and ongoing nursing development.	**Dr Jose Arnold Tariga,** Clinical Nurse Educator (USA)
Session 3 Nursing Track		
17:00 - 1730 (30 mins)	**Question & Answer**	

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