

Attachment 3 & 4: PROGRAM BROCHURE

Activity Title	The 10th Qatar Pediatric Emergency Medicine International Conference (QPEM)
Date	January 16-18, 2026
Venue	Online
Website Link	Q-PEM – Qatar Pediatric Emergency Medicine

Day 1 (16th January 2026 (Morning plenary session) Room 1

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
0730-0740	Welcome, Housekeeping and Introductions	Dr Haris	
0740-0745	Conference Chair's Message	Dr Khalid Al Ansari	
0745-0830 - 45 min	High-performance CPR "Precision, Power, and Persistence: The High-Performance CPR Playbook" Dr. Camilo E. Gutiérrez (USA)	Dr. Haris	<ul style="list-style-type: none"> Apply evidence-based techniques of pediatric high-performance CPR to optimize chest compression quality during simulated and real resuscitation events. Analyze team dynamics and roles during pediatric cardiac arrest to identify factors that improve rhythm recognition, communication, and hands-on time. Evaluate the impact of high-performance CPR interventions on survival outcomes and integrate these strategies into pediatric emergency department practice.
0830-0915 - 45 min Category 1	Staying out of trouble- Medicolegal guidance for healthcare professional working in high acuity and pace patient care. "Between the Beeps and the Briefs: Navigating Law in High-Acuity Care" Ms. Hamda Al Jaffali (Qatar)	Dr. Haris	<ul style="list-style-type: none"> Recognize common medicolegal cases in pediatric Emergency Departments in Qatar and understand the legal duties of physicians and nurses. Apply best practices in documentation and communication to protect patient safety and reduce legal risk. Analyze real case examples to identify where care or communication failed and how it could have been prevented. Evaluate clinical records for medicolegal vulnerabilities and strengthen them with clear reasoning and safety netting.
0915-0930	BREAK		

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
0930-1015 (45 min) Category 1	Cognitive Aids in Pediatric Resuscitation: Improving Decision-Making Under Pressure. "Decision-Making with a Safety Net: Cognitive Tools in Pediatric Codes" Dr. Yara AlGoraini (KSA)	Dr. Sohail/Omair	Describe the role of cognitive aids (checklists, algorithms, digital tools) in supporting accurate and timely decision-making during pediatric resuscitation. Demonstrate the use of cognitive aids in simulated high-stress scenarios to enhance team coordination and adherence to resuscitation guidelines. Appraise the effectiveness of different cognitive aid formats in reducing errors and improving outcomes in pediatric emergency care.
1015-1100 (45 min) Category 1	Sustainability in EM "From Sirens to Sustainability: EM Teams Leading the Change" Dr Syed Haris Huda (Qatar)	Dr. Sohail/Omair	Describe the environmental impacts and resource challenges associated with emergency medicine practice, including waste generation, energy use, and single-use medical supplies. Discuss sustainable strategies EM teams can implement—such as recycling initiatives, energy-efficient systems, and judicious use of diagnostics and therapeutics—to reduce the ecological footprint of emergency departments. Appraise institutional policies and new technologies in emergency care for their effectiveness in promoting sustainability, balancing patient safety, staff efficiency, and environmental stewardship.
1100-1145 (45 min) Category 1	Child Abuse referral Pathway and legal consideration "See It, Hear It, Act on It: Navigating the Child Abuse Referral Pathway" Ms. Moza Al Mannai (Qatar)	Dr. Nadeem	Identify the key steps in the pediatric child abuse referral pathway, including recognizing signs, mandatory reporting obligations, and appropriate escalation to designated protection teams and legal authorities. Interpret relevant legal requirements and ethical responsibilities when handling suspected cases of child abuse, with special attention to consent, documentation, and confidentiality. Critique real or simulated cases for adherence to referral protocols and legal standards, emphasizing how correct application protects patient safety and minimizes risk of harm or legal liability.
1145-1300	LUNCH and Friday prayers break (THIS WILL INCLUDE THE TIME FOR 3 ABSTRACT PRESENTERS)		

Day 1 – 16th January 2026 (PEM core session) Room 1

Time	Session Title/Topic	Moderator	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345 - (45 min) Category 1	<p>Critical Emergencies in Hematology and Oncology; recognition and Rapid response</p> <p>"When Malignancy Meets Emergency: Fast Track Recognition and Response"</p> <p>Mahdi Abu Yassen Alnsour Dr Salwa Syed Sadaqat Ali (Qatar)</p>	Dr Sohail Ghani (Track lead)	<p>Recognize the presentations and pathophysiological features of critical hematology and oncology emergencies where rapid pharmacologic intervention is required (e.g., tumor lysis syndrome, neutropenic sepsis, hypercalcemia).</p> <p>Integrate clinical pharmacist expertise in selecting and administering emergency medications, including dosing adjustments and monitoring for drug interactions during acute management.</p> <p>Evaluate emergency response strategies from the pharmacist's perspective, identifying factors that improve medication safety, efficacy, and coordination within the pediatric resuscitation team.</p>
1345-1430 - (45 min) Category 1	<p>When Travel Turns Toxic: Fever in Children Returning from Abroad</p> <p>"Passport to Fever: What Traveling Kids Can Really Bring Home"</p> <p>Dr. Bashir Yousef (Qatar)</p>	Dr Sohail Ghani (Track lead)	<p>List the top illnesses to consider in travelers returning with fever</p> <p>How to investigate patients with fever who have returned from travelling abroad</p> <p>Describe clinical presentation and diagnostic approach and management of top 3 illness seen in Qatar</p>
1430-1515 - (45 min) Category 1	<p>Between Flare and Fatal: Recognizing Pediatric Rheumatology Red Flags</p> <p>Dr. Buthaina Aladba (Qatar)</p>	Dr Sohail Ghani (Track lead)	<p>Recognize life-threatening pediatric rheumatology emergencies</p> <p>Describe the clinical presentation in Rheumatologic emergencies</p> <p>Initiate urgent investigations to guide diagnosis without delaying emergency treatment</p> <p>Implement the knowledge in approaching critical Rheumatologic scenarios</p>
1515-1530 (15 min)		BREAK	
1530-1615 - (45 min)	<p>Dermatological emergencies in ED</p> <p>"Skin Deep: Mastering the Largest Organ's Most Urgent Pediatric Emergencies"</p> <p>Dr. Mohammad Amjad Khan (UK)</p>	Dr Sohail Ghani (Track lead)	<p>Identify key indications and safe practices for pediatric procedural sedation and analgesia.</p> <p>Apply evidence-based approaches to choose and administer sedation, tailored to the emergency setting.</p> <p>Analyze and anticipate complications, emphasizing rapid recognition and management in pediatric dermatological emergencies.</p>
1615-1700 - (45 min)	<p>Management of chronic/complex patients in Pediatric ED.</p> <p>Diagnosis or Déjà Vu? Unmasking Deterioration in Kids with Chronic Disease</p> <p>Dr. Sami Alfarsi (Oman)</p>	Dr Sohail Ghani (Track lead)	<p>Recognize the unique challenges and patterns of ED presentations among children with chronic and complex medical conditions.</p> <p>Differentiate between baseline issues and true acute deterioration in this patient population.</p> <p>Apply practical communication strategies to manage parental expectations and build collaborative relationships in the ED.</p> <p>Integrate multidisciplinary and system-level approaches (care plans, specialist input, community follow-up) into ED management.</p> <p>Develop strategies to optimize resource use and ensure safe, family-centered care for complex patients in the ED.</p>

Day 1 (16th January 2026 (Academic session) room 2

Time	Session Title/Topic	Moderator	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345 - (45 min)	Resuscitation Training in the Simulation Era: Finding the Key to a Better Code Dr. Tarek Hazwani (KSA)	Prof Guillaume Alinier	Describe how simulation-based training enhances the recognition and management of pediatric cardiac arrest scenarios. Apply advanced resuscitation algorithms and teamwork skills in simulated pediatric code sessions. Evaluate individual and team performance after simulation exercises to drive ongoing clinical improvement in real resuscitation events.
1345-1430 - (45 min)	Engaging professionals in reflective learning conversations post-simulation-based training with a varied group of clinicians Prof Guillaume Alinier (Qatar)	Prof Guillaume Alinier	Present what are reflective learning conversations (RLC) and their similarities with debriefing. Discuss how to create an atmosphere conducive to enriching RLC. Consider how to transpose RLC from the educational to the clinical context.
1430-1515 - (45 min)	Building collaborative educational frameworks - the CHALO programme for Southeast Asia. Dr Taj Hassan (UK)	Prof Guillaume Alinier	Explain the benefits and evidence supporting the use of high-fidelity simulation in pediatric resuscitation training, including improvements in clinical performance and team communication. Practice pediatric resuscitation scenarios through simulation to build technical skills, crisis resource management, and effective team coordination under stress. Assess the impact of simulation-based training on clinical outcomes and identify strategies to integrate ongoing simulation into pediatric emergency medicine education programs
1515-1530 (15 min)	BREAK		
1530-1615 - (45 min)	AI in PEM "Pixels, Patterns, and Pediatric Patients: AI on the Frontline" Dr Jabeen Fayaz (Canada)	Dr Syed Haris Huda (Track lead)	Discuss the current and emerging applications of artificial intelligence in pediatric emergency medicine, such as triage optimization, risk prediction, and rapid diagnostics. Illustrate how AI-based tools can be integrated into clinical workflows to aid decision-making, resource allocation, and patient safety during emergencies. Evaluate the limitations, ethical considerations, and potential risks associated with deploying AI systems in pediatric emergency settings, focusing on data privacy, bias, and clinical accountability
1615-1700 - (45 min)	Advancements in PEM research "From Hypothesis to Heroics: PEM Research in Action" Dr. Kenneth McKinley (USA)	Dr Syed Haris Huda (Track lead)	Summarize recent breakthroughs and trends in pediatric emergency medicine research that are shaping clinical practice and improving patient care. Interpret the implications of new research findings for the management of acute pediatric conditions, highlighting changes in guidelines and protocols. Critique research methodologies and outcomes in PEM studies to identify strengths, limitations, and areas needing further investigation.

Day 1 – (16th January 2026 (Nursing Track) room 3

Time	Session Title/Topic	Moderator	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345 - (45 min)	Building Brilliance in the ED: Pediatric Care, Competency, and Empowerment Frankie Famillaran & Beverly Kaye Jo (Qatar)	Dr. Omair	<ul style="list-style-type: none"> • Assess the importance of empowerment and its impact on patient care and staff retention within the organization. • Describe how digital tools can support learning and skill enhancement to assess role readiness
1345-1430 - (45 min)	“Multimodal Pediatric Pain management – Bridging the gaps”. Karine Khoder (Qatar)	Frankie Famillaran /Dr. Omair (Track lead)	<ul style="list-style-type: none"> • Discuss fundamentals and components of effective pain management strategies in Emergency Department. • Outline strategies for implementing pain management models and enhancing compliance within the Emergency Department.
1430-1515 - (45 min)	Safeguarding Every Dose: Strategies for Medication Safety in the ED Mr. Ahmad Mahmoud El Hourri Ms. Jihene Harbaoui (Qatar)	Frankie Famillaran (Track lead)	<ul style="list-style-type: none"> • Discuss strategies and technologies that enhance medication safety in the Emergency Department. • Describe the role of communication and organizational culture in preventing medication errors in the Emergency Department
1515-1530 (15 min)	BREAK		
1530-1615 - (45 min)	Seeing the Team, Saving the Child: Improving Identification in Pediatric Codes Mr. Andrew Jones & Ms. Beena Santhosh Selvaraj (Qatar)	Frankie Famillaran (Track lead)	<ul style="list-style-type: none"> • Discuss the impact of team identification and role clarity on pediatric resuscitation outcomes. • Outline strategies to improve resuscitation outcomes, enhance patient care, and strengthen effective team communication.
1615-1700 - (45 min)	When Seconds Count: Challenges of Pediatric Triage Ms. Deb Jeffries (USA)	Frankie Famillaran (Track lead)	<ul style="list-style-type: none"> • Apply the components of the pediatric assessment triangle to specific case scenarios • Identify at least three red flags for each component of the primary assessment

Day 2 – (17th January 2026 (Morning Plenary Session) room 1

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
0745-0800	Welcome, Housekeeping and Introductions	Dr Sohail Ghani	
0800-0845 - (45 min)	Gun violence in children "Bulletproof Hope: Caring for Children Affected by Gun Violence" Dr. Adriana Yock Corrales (Costa Rica)	Dr. Sohail	<ul style="list-style-type: none"> •Describe the epidemiology, risk factors, and common clinical presentations of pediatric gun violence, emphasizing differences across regions and populations. •Develop an approach for acute assessment and management of gunshot injuries in children, integrating trauma protocols, multidisciplinary care, and psychosocial support. •Critically appraise prevention strategies within healthcare and the community, including advocacy, public policy, and educational initiatives to reduce pediatric gun violence and its long-term impact.
0845-0930 - (45 min)	Family Centered Care in Pediatric Major Trauma Dr. Barbara Blackie (Canada)	Dr. Sohail	<ul style="list-style-type: none"> •Explain the principles and importance of family-centered care in the context of pediatric major trauma, including communication, cultural sensitivity, and emotional support. •Demonstrate strategies to involve families effectively during trauma resuscitation and critical care, such as promoting family presence, providing timely information, and facilitating shared decision-making. •Evaluate institutional policies and team practices to optimize family-centered trauma care delivery, addressing barriers like language differences, staff training, and family support roles.
0930-1015 - (45 min)	Sedation and Analgesia in Pediatrics EM Dr. Camilo E. Gutiérrez (USA)	Dr. Omair	<ul style="list-style-type: none"> •Describe the pharmacology, indications, and contraindications of commonly used agents for pediatric sedation and analgesia. •Apply evidence-based protocols for drug choice, dosing, and procedural use in emergency settings. •Evaluate patient monitoring, complication recognition, and recovery strategies to ensure safe outcomes.
1015-1030	BREAK		
1030-1115 - (45 min)	Digital safety and Child abuse "Swipe Right for Safety: Healthcare's Role in the Cyber World" Dr. Nadeem Jilani (Qatar)	Dr. Omair	<ul style="list-style-type: none"> •Explain common online risks and digital environments that contribute to child abuse, such as cyberbullying, grooming, and exposure to harmful content. •Demonstrate practical steps for healthcare providers and families to identify, report, and manage incidents of digital abuse in children, including safe communication and documentation practices. •Evaluate prevention strategies and digital literacy programs aimed at mitigating child abuse risk online, emphasizing collaboration between healthcare, social services, and technology stakeholder
1115-1200 (45 min)	Peds Gynae presentation to emergency department "Whispers and Warnings: Decoding Peds Gynae Mysteries in the ED" Dr. Caitlin Lael Huckell (Qatar)	Dr. Omair	<p>Recognize common and urgent pediatric gynecological conditions presenting to the emergency department, including vulvovaginitis, ovarian torsion, and trauma.</p> <p>Apply evidence-based assessment and management protocols for pediatric gynecological emergencies, ensuring accurate diagnosis, appropriate investigations, and timely interventions.</p> <p>Discuss the importance of sensitive communication and multidisciplinary collaboration in the evaluation and care of children with gynecological issues, including safeguarding and psychosocial support</p>
1200- 1300	LUNCH		

Day 2 – (17th January 2026 (Trauma session) Room 2

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345 - (45 min)	"Keeping Kids Safe: Strategies for Preventing Pediatric Injuries" Dr. Rafael Isidro G.D.J. Consunji – (Qatar)	Dr. Omair	<ul style="list-style-type: none"> • Discuss comprehensive approach that emphasizes education, supervision, and environmental safety. Caregivers and parents should be vigilant about common hazards present in homes and communities. • Implementing essential safety measures—such as using appropriate car seats, installing safety gates, and teaching children about safe behaviors near roads—can significantly reduce the likelihood of injuries. Additionally, regularly educating children about safety, encouraging open communication regarding potential dangers, and modeling safe practices are crucial.
1345-1430- (45 min)	The Evolution of ATLS: What’s New in Trauma Life Support? Dr. Khalid Alyafei (Qatar)	Dr. Omair	<ul style="list-style-type: none"> • Apply a systematic, evidence-based approach to trauma assessment and management, including the use of point-of-care ultrasound, updated hemorrhage control protocols, and multidisciplinary teamwork—in simulated scenarios to optimize patient outcomes.
1430-1515- (45 min)	Trauma in Children: A Closer Look at Abdominal Solid Organ Injuries, PECARN abdominal injury guidelines Dr. Guy Brisseau (Qatar)	Dr Khalid Alyafei (Track lead)	<p>Describe key anatomical and physiological differences in children that influence abdominal solid organ injury patterns and management.</p> <p>Apply evidence-based protocols to assess and triage pediatric patients with suspected abdominal solid organ injuries, differentiating between cases suitable for operative versus non-operative management.</p> <p>Evaluate outcomes and formulate multidisciplinary strategies by integrating knowledge of trauma mechanisms, patient stability, and current best practices to optimize pediatric trauma care.</p>
1515-1530			BREAK
1530-1615- (45 min)	Pediatrics Traumatic Cardiac arrest “Heartbeat Interrupted: The High-Stakes World of Pediatric Traumatic Arrest” Dr. Katrina Hurley (Canada)	Dr Khalid Alyafei (Track lead)	<ul style="list-style-type: none"> • Review epidemiology of traumatic cardiac arrest including outcomes and prognostic factors • Explore guidelines for withholding or terminating resuscitation • Optimize management of traumatic cardiac arrest
1615-1700 – (45 min)	Massive transfusion protocol and viscoelastic monitoring. Dr Robert Finkelstein (USA)	Dr Khalid Alyafei (Track lead)	<ul style="list-style-type: none"> • Apply principles of massive hemorrhage management to rapidly control bleeding and maintain physiological stability. • Analyze viscoelastic monitoring (TEG/ROTEM) results to identify coagulation abnormalities. • Evaluate and implement goal-directed transfusion strategies based on viscoelastic data to optimize outcomes.

Day 2 – 17th January 2026 (Critical care and resuscitation Track) room 3

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345 - (45 min)	Managing crashing patients; focus on pharmacist intervention in acute shock and cardiac arrest in children "High-Stakes, High-Impact: Pharmacy at the Heart of Pediatric Codes" Maher Saleem (Qatar)	Dr Ali Hamud (Track lead)	Describe the essential pharmacologic agents and evidence-based dosing strategies pharmacists use during pediatric shock and cardiac arrest, including selection of resuscitation drugs and rapid sequence intubation medications. Demonstrate effective teamwork and communication practices for pharmacists in high-acuity pediatric emergencies, emphasizing real-time drug preparation, administration, and error prevention. Appraise pharmacist-driven clinical interventions for their impact on patient stabilization, medication safety, and overall resuscitation outcomes in the pediatric emergency department.
1345-14:30 - (45 min)	An approach to shock management in Pediatric emergency. "Stop the Drop: Tackling Pediatric Shock Before It's Too Late" Dr. Nasser Haidar (Qatar)	Dr Ali Hamud (Track lead)	Differentiate the types of shock in pediatric patients—hypovolemic, distributive, cardiogenic, and obstructive—using clinical signs, history, and targeted investigations. Implement current, evidence-based management protocols for rapid stabilization: prioritize airway and breathing, deliver appropriate fluid resuscitation, and titrate vasoactive support as indicated. Monitor and reassess hemodynamic status to recognize treatment response or deterioration, and adjust intervention strategies accordingly at each step of care.
14:30-15:15 - (45 min)	Neonatal admissions in ED from home- How not to miss key diagnosis in initial triage "From Stable to Scary: Decoding Newborn Red Flags in the ED" Dr. Naharmal Soni (Qatar)	Dr Ali Hamud (Track lead)	<ul style="list-style-type: none"> • Understand importance of key bedside monitoring data to spot sick newborn presenting to ED • Recognize key signs and symptoms amongst the general common symptoms that would require urgent investigation in newborn to rule out life threatening medical and surgical conditions. • Identify key principles of immediate management of newborns in ED whilst awaiting admission to NICU
15:15-15:30	Break		
15:30 – 16:15 - (45 min)	"The clinical assessment of cardiac output in children" Dr. Andrew David Durward (Qatar)	Dr Ali Hamud (Track lead)	<ul style="list-style-type: none"> • Understand basic physiology and how to assess clinically asses' cardiac output. • Recognize how to select the correct therapy for poor cardiac output including fluids and inotropes in cardiac and in cardiac conditions • Understand how to measure and monitor response to therapy aimed at improving cardiac output
16:15-1700- (45 min)	Rapid Recognition and Initial Management of Neonatal and Pediatric Cardiac Conditions in the ED Dr. Grace Caroline Van Leeuwen (Qatar)	Dr Ali Hamud (Track lead)	<ul style="list-style-type: none"> • Identify key clinical red flags that distinguish cardiac from respiratory presentations in children with acute distress • Differentiate the initial features of common pediatric cardiac emergencies (hypoxia, shock, and heart failure) • Select appropriate first-line medical or supportive interventions and formulate a safe and timely escalation plan

Day 2 - 17th January 2026 (Toxicology Track) Room 3

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
1300-1345- (45 min)	Caustic Injuries and Hydrocarbon Toxicity in Children. Dr Badria Hatali, MD (Oman)	Dr Yazeed Eldos (Track lead)	<ul style="list-style-type: none"> •Identify manifestations of caustic injury in the emergency department •Understand the approach to caustic ingestion •Understand different grades of injury via endoscopy
1345-1430- (45 min)	Carbon Monoxide Poisoning? Dr. Yazeed Eldos	Leena	<ul style="list-style-type: none"> •Understand the sources of carbon monoxide poisoning •Identify signs and symptoms associated with poisoning •Administer immediate treatment for carbon monoxide poisoning and determine when to initiate transfer to a center with hyperbaric oxygen therapy in simulated emergency scenarios, as demonstrated by successful completion of case-based assessments
1430-1515- (45 min)	NSAIDs-an underestimated toxicity. Leena Amine	Dr Yazeed Eldos (Track lead)	<ul style="list-style-type: none"> •Describe cases involving NSAIDs exposures in Qatar reported to the QPC. •Describe the mechanism of toxicity of various NSAIDs available. •Discuss the management of NSAID toxicity in exposed patients.
1515-1530	Break		
1530-1615- (45 min)	A Case of the Blues: Acquired Methemoglobinemia from a Local Anesthetic Mr. Ahmad Abuseneh,	Dr Yazeed Eldos (Track lead)	<ul style="list-style-type: none"> •Understand the causes of acquired methemoglobinemia •Discuss manifestations and presentations to the Emergency Department •Explain the role of the antidote in management
16:15-17:00- (45 min)	Nicotine in Kids, A Dangerous New Trend. Khadija Albarazanji,	Dr Yazeed Eldos (Track lead)	<ul style="list-style-type: none"> •Recognize the epidemiology and common sources of nicotine exposure •Understand the mechanism of nicotine toxicity and its physiological effects •Discuss the clinical management and treatment approaches of nicotine toxicity
1700-1715	Q & A		

Day 3 - 18th January 2026 (PEM Market Place) Room 1

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
07:45-08:00	Welcome, Housekeeping and Introductions	Dr Omair Syed	
	PEM Market Place	Dr. Omair	Discuss a range of evidence-based topics designed to ensure quality and safety of patient care
0800-0815 (15 mins)	Role of physiotherapy- the holistic Trauma care "Not Just Bones and Bandages: Physiotherapy in Trauma Care" Mr. Mohana Chandran (Qatar)	Dr. Omair	<ul style="list-style-type: none"> •Analyze the role of physiotherapy within multidisciplinary trauma care and how it supports patients' physical, psychological, and social recovery. •Design patient-centered physiotherapy interventions that integrate mobility, pain management, and functional rehabilitation as part of holistic trauma care.
0815-0830 (15 mins)	Role of Child life specialist in PEM "Taming Tears and Calming Fears: Child Life in the Pediatric ED" Ms. Mikki Ellen Hockett Ms. Nicole Greene (Qatar)	Dr. Omair	<ul style="list-style-type: none"> •Explain how child life specialists reduce anxiety, pain perception, and behavioral distress in children presenting to the emergency department. •Evaluate strategies used by child life specialists to enhance coping, communication, and family-centered care in the pediatric emergency setting.
0830-0850 (20 mins)	RTs as leaders, focusing on the behind-the-scenes efforts to ensure safe care and insights into the future of RTs. "Not Just Air Movers: RT Leadership in Safe Patient Care" Ms. Laura Reid (UAE)	Dr. Haris	<ul style="list-style-type: none"> •Examine the leadership roles of respiratory therapists in ensuring patient safety through behind the scenes clinical and system-level contributions. •Predict future trends in respiratory therapy practice and leadership, and how these will shape safe, high-quality patient care in emergencies and critical settings.
0850-0910 (20 mins)	"Eye Contact, Ear Hustle, Voice Muscle: The Dream Team of Care and Interpretation" Ms. Katsiaryna Lasianok (Qatar)	Dr. Haris	<ul style="list-style-type: none"> •Differentiate the roles of medical interpreters and healthcare providers in facilitating accurate communication and culturally sensitive care in the pediatric emergency department. •Demonstrate effective use of interpretation strategies verbally, nonverbal, and cultural—to enhance patient and family understanding, trust, and safety in emergency care encounters.
0910-0940 (30 min)	Pitstop PEM Fellows Corner- Cases that will change your practice. Dr Kholoud Mohamed Dr Samy Kaadan Dr Amene Hermi (Recorded video)	Dr. Haris	<ul style="list-style-type: none"> •Discuss a range of evidence-based topics designed to ensure quality and safety of patient care.
0940-0945	Break		

Day 3 – 18th January 2026 (Communication and Patient safety track) Room 1

Time	Session Title/Topic	MODERATOR	Session-Specific Learning Objectives. At the end of the session, participants will be able to:
0945-1030 - (45 min)	Beyond Restraining: Redesigning the action hierarchy to advance patient safety. A workflow and systems-based model for sustainable safety improvement Ms. Sumera Farhan (Qatar) Ms. Aisha Mohamed (Qatar)	Dr Muhammad Islam (track lead)	<ul style="list-style-type: none"> • Identify the limitations of traditional corrective actions • Develop a redesigned action hierarchy grounded in systems thinking. • Apply the redesigned model to real world safety scenario
1030-1115 - (45 min)	"From Oops to Outcome: Harnessing Datix for System Wins" Ms. Aisha Muhamad Mr. Hassan Wehbi (Qatar)	Dr Muhammad Islam (track lead)	<ul style="list-style-type: none"> • Describe the steps of reporting and reviewing incidents using Datix. • Analyze incident data to identify system-level improvement opportunities. • Collaborate team-based strategies that transform Datix findings into safer clinical practice.
1115-1200 - (45 min)	Reduction of Extravasation injuries and zero severe harm– A Quality Improvement Project at a Tertiary pediatric referral center in the state of Qatar. Ms. Jennifer Mendes	Dr Muhammad Islam (track lead)	<ul style="list-style-type: none"> • Evaluate current institutional protocols and incident data to identify system gaps contributing to extravasation injuries. • Design targeted quality improvement initiatives that align with international best practices to minimize extravasation risk. • Implement and monitor sustainable strategies that drive toward achieving zero severe harm outcomes in pediatric care.
1200-1215	Break		
1215-1300 45 min)	Unexpected Harm: Preventing Hospital Acquired Injury in the Emergency Department Courtney Williams Simmons (USA) Senior Nursing Content Specialist	Dr Muhammad Islam (track lead)	<ul style="list-style-type: none"> • Identify common hospital-acquired injuries which can occur in the emergency department (ED), particularly among pediatric patients. • Recognize environmental and procedural risk factors which contribute to injuries in the ED. • Apply evidence-based strategies to reduce the risk of injuries in the emergency department.
1300-1330 (30 min)	Improving Health Outcomes, emphasizing the Pharmacist Intervention and Collaboration between clinical pharmacists and physicians "Scripts, Safety, and Synergy: The Untold Story of Clinical Collaboration" Nasmh Ahmed Ibrahim (Qatar)	Dr Muhammad Islam (track lead)	<p>Describe the role of clinical pharmacists in improving patient outcomes through medication management, error reduction, and enhancing adherence in collaboration with physicians.</p> <p>Demonstrate effective communication and teamwork strategies that optimize pharmacist-physician collaboration in acute and chronic care settings to improve clinical decision-making.</p> <p>Evaluate evidence supporting pharmacist-physician collaborative care models and identify barriers and facilitators to their implementation for maximizing patient health outcomes and system efficiency.</p>
1330-1400	Q&A		
1400	Wrap up- Closing remarks		Haris, Sohail, Omair

"This activity is an Accredited (Category 1) as defined by the Ministry of Public Health's Department of Healthcare Professions-Accreditation Section and is approved for a maximum of 20 hours"

In support of improving patient care, Sidra Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The Scientific Planning Committee has reviewed all disclosed financial and relevant relationships of speakers, moderators, facilitators, and/or authors in advance of this CPD activity and has implemented procedures to manage any potential or real conflicts of interest.

