



GOALS AND OBJECTIVES FOR ROTATIONS IN PEDIATRIC EMERGENCY MEDICINE

Overview: The goal of the program is to train academic pediatric emergency physicians who will serve as leaders by providing expert pediatric emergency care, teaching of other emergency care providers, and by conducting research to improve the care of acutely ill and injured children. This process occurs over three years and increasing responsibility is provided as time passes. These goals and objectives are achieved primarily through direct patient care, supervision of resident and student care, and referring/consultant physician calls. Direct patient care experiences are supplemented with practical workshops and courses (PALS, ATLS, suture and splinting workshops) and conferences.

Goals for First Year:

- Gain skill in the diagnosis and management of all types of acute pediatric illness and injury.
- Gain skill in simultaneous rapid assessment and treatment of critical illness or injury, under faculty supervision
- Gain experience in performing procedures, both routine and life-saving
- Gain experience in the management of common adult emergencies, under faculty supervision
- Gain skill in bedside teaching and supervision of residents and students in the emergency department setting
- Develop good communication skills with members of the health care team, patients, and parents
- Learn appropriate use of consultants and resources
- Manage EMS information and medical control calls, with faculty supervision as needed
- Learn proper emergency medicine documentation skills and practice good charting
- Learn triage and home management of common poisonings by interacting with regional Poison Control
- Be able to determine appropriate disposition and follow-up
- Gain experience in daily ED CQI functions and handling of phone calls
- Gain skill in dealing with referring physicians, giving advice on stabilization and appropriate method of transport
- Learn how to manage multiple patients simultaneously, and prioritize their care
- Learn how to handle problems and oversee the flow and function of the ED, with faculty assistance/supervision

- Gain experience in preparing and delivering formal lectures and case conferences to peers and other members of the health care team
- Gain experience in designing a research project, with the assistance of a mentor

Goals for the Second Year: All of the above, plus:

- Be highly skilled at managing most acute pediatric problems
- Be a skilled bedside clinical teacher
- Be skilled at managing multiple patients and prioritizing their care
- Be adept at most common emergency procedures, and continue to gain new skills
- Manage most EMS medical control calls independently
- Continue to gain experience with adult emergencies
- Continue to develop skills in formal lecture and teaching
- Continue to develop administrative skills in regards to problem solving in the ED and with QI/committees
- Gain additional experience with surgical problems and trauma
- Work occasional shifts alone (8-10am, 2am-8am) in order to develop the ability to work independently and manage ED flow and function
- Use elective rotation to further self-educational goals
- Continue to work toward research goals

Goals for Third Year: All of the above, plus:

- Function in the role of faculty in the pediatric ED, with backup available but seldom needed
- Gain further knowledge of EMS and EMS-C
- Be able to provide initial stabilization for most adult emergencies and arrange appropriate transfer for definitive care
- Use elective rotation to further self-educational goals
- Complete research goals

OBJECTIVES

What follows are the objectives for the months spent in the Pediatric Emergency Department. As this is the main focus of your fellowship the list is extensive. These objectives are relevant for each year of training but it is expected that you take each objective to the “next level” as your training progresses.

Objectives for First Year:

Patient care:

All subspecialty residents will

1. Acquire the skills to elicit a concise problem-focused history and exam in critical and non-critical emergency department patients of all ages
2. Learn to communicate effectively with patients and families
3. Learn to supervise residents/students closely while encouraging independent thinking

4. Learn to keep families informed and updated on the care of their child
5. Acquire the knowledge and skills to diagnose and manage pediatric emergencies including resuscitation, trauma, poisonings, dehydration, fever and infection, subspecialty crises (transplants, neurosurgical, oncology etc.)
6. Become proficient with common ER procedures such as:
 - Airway Management/Cardio-Pulmonary: Endotracheal intubation, bag-valve-mask ventilation, rapid sequence induction, emergency replacement of tracheostomy tube, chest compression, intraosseous access, conversion of SVT, arterial line and central venous access placement, tube thoracostomy, cardioversion/defibrillation, external cardiac pacing, pericardiocentesis, thoracentesis
 - Abdominal/Genitourinary: Paracentesis, replacement of g-tube (Bard® and Mic-key®)
 - Surgical: Laceration repair (complicated and simple), foreign body removal (nose, ear and subcutaneous), sedation/analgesia, abscess incision and drainage, slit lamp exam, regional anesthesia (nerve blocks art wrist and ankle), lumbar puncture, ingrown toe nail removal, nail trephination, peritonsillar aspiration
 - Orthopedic: Closed fracture reduction, extremity splinting, arthrocentesis, dislocation reduction

Medical Knowledge:

All subspecialty residents will

1. Learn to accurately identify clinical findings and create a differential diagnosis based on these
2. Learn to interpret laboratory studies essential to patient care
3. Learn to formulate a management plan using an evidence-based approach
4. Expand their knowledge in pediatric emergency medicine and integrate this into their clinical practice
5. Participate in scheduled weekly pediatric emergency medicine conferences
6. Adhere to the reading schedule for pediatric emergency medicine board preparation
7. Present challenging and provoking ideas/questions that stimulate discussions with attendings and residents

Interpersonal and communication skills, Professionalism

All subspecialty residents will

1. Communicate with all ER team members in a respectful, honest and compassionate manner
2. Convey accurate information to ER consultants
3. Precept residents in an efficient but constructive manner
4. Become a role model in interacting with patients, nurses and patients
5. Display leadership in the emergency department
6. Recognizes self-limitations and accepts responsibilities for errors

Systems-Based Practice, Practice-Based Learning

All year subspecialty residents will

1. Recognizes and utilizes resources within and outside the institution including but not limited to subspecialty consultants, the poison center, CPS.
2. Ensure appropriate follow-up with primary care providers and subspecialty clinics
3. Acquire the knowledge and skills to communicate with other facilities and providers over patients referred for transport and provide appropriate recommendations
4. Become an advocate for families and their needs within the health care system from interpreter services to insurance coverage
5. Utilize new technologies and available ER resources to improve patient care
6. Regularly self assesses role as an ER supervisor
7. Accepts feedback and advice on performance in the ED
8. Modify his/her clinical approach using evidence based standards for decision making and treatment
9. Develop and improve didactic teaching skills by preparing and presenting lectures, journal club articles and literature reviews
10. Attend and present cases (missed diagnosis and inappropriate management) at quality review sessions as a means of maintaining and improving standards
11. Think of clinical questions that need answering, start to formulate research questions

Objectives for the Second Year: All of the above, plus:

Patient care:

All subspecialty residents will

1. Continue to acquire the skills to elicit a concise problem-focused history and exam in critical and non-critical emergency department patients of all ages. At this level you should be familiar with common illness and injury but now focusing on the less common etiologies.
2. Learn to communicate effectively and independently with patients and families
3. Supervise all residents/students closely while encouraging independent thinking. Now functioning more at a faculty level
4. Learn to keep families informed and updated on the care of their child
5. Use previously acquired knowledge and skills to diagnose and manage pediatric emergencies including resuscitation, trauma, poisonings, dehydration, fever and infection, subspecialty crises (transplants, neurosurgical, oncology etc.) independently, but with faculty back up
6. Continue to gain proficiency with common ER procedures such as:
 - a. Airway Management/Cardio-Pulmonary: Endotracheal intubation, bag-valve-mask ventilation, rapid sequence induction, emergency replacement of tracheostomy tube, chest compression, intraosseous access, conversion of SVT, arterial line and central venous access placement, tube thoracostomy, cardioversion/defibrillation, external cardiac pacing, pericardiocentesis, thoracentesis
 - b. Abdominal/Genitourinary: Paracentesis, replacement of g-tube (Bard® and Mic-key®)
 - c. Surgical: Laceration repair (complicated and simple), foreign body removal (nose, ear and subcutaneous), sedation/analgesia, abscess incision and drainage, slit lamp exam, regional anesthesia (nerve blocks)

- art wrist and ankle), lumbar puncture, ingrown toe nail removal, nail trephination, peritonsillar aspiration
- d. Orthopedic: Closed fracture reduction, extremity splinting, arthrocentesis, dislocation reduction

Medical Knowledge:

All subspecialty residents will

1. Hone your skills at accurately identifying clinical findings and creating differential diagnoses based on these
2. Learn to interpret laboratory studies essential to patient care
3. Formulate management plans using an evidence-based approach and by now at a faculty level
4. Expand their knowledge in pediatric emergency medicine and integrate this into their clinical practice
5. Participate in scheduled weekly pediatric emergency medicine conferences
6. Adhere to the reading schedule for pediatric emergency medicine board preparation. Be more prepared for the in-training exam.
7. Present challenging and provoking ideas/questions that stimulate discussions with faculty and residents
8. Use elective rotations to further self-educational goals

Interpersonal and communication skills, Professionalism

All subspecialty residents will

1. Continue to communicate with all ER team members in a respectful, honest and compassionate manner but now at a faculty level
2. Convey information to ER consultants at a faculty level
3. Precept residents in an efficient but constructive manner
4. Become a role model in interacting with patients, nurses and patients
5. Display leadership in the emergency department
6. Recognizes self-limitations and accepts responsibilities for errors, and use this information to make improvements (think about adding information to your ILP's)
7. Research projects should be in data collection phase

Systems-Based Practice, Practice-Based Learning

All year subspecialty residents will

1. Know and use all resources within and outside the institution including but not limited to subspecialty consultants, the poison center, CPS.
2. Ensure appropriate follow-up with primary care providers and subspecialty clinics
3. Communicate with other facilities and providers over patients referred for transport and provide appropriate recommendations more independently
4. Become an advocate for families and their needs within the health care system from interpreter services to insurance coverage
5. Utilize new technologies and available ER resources to improve patient care

6. Regularly self assess role as an ER supervisor and take on more leadership responsibility in the management of the department
7. Accept feedback and advice on performance in the ED
8. Modify clinical approach using evidence based standards for decision making and treatment
9. Continue to improve didactic teaching skills by preparing and presenting lectures, journal club articles and literature reviews
10. Attend and present cases (missed diagnosis and inappropriate management) at quality review sessions as a means of maintaining and improving standards

Objectives for Third Year: All of the above, plus:

Patient care:

All subspecialty residents will

1. You should now have acquired the skills to elicit a concise problem-focused history and exam in critical and non-critical emergency department patients of all ages. At this level you should be functioning as faculty
2. Communicate effectively and independently with patients and families and hone your skills in dealing with difficult patients
3. Supervise residents/students closely, functioning at a faculty level
4. Ensure families are kept informed and updated on the care of their child
5. Continue to gain proficiency with the common ER procedures listed. Identify procedures you do not feel you have had enough experience with and discuss with faculty and the PD so we can address. For skills you feel very comfortable with, you should be able to effectively teach these skills to more junior trainees

Medical Knowledge:

All subspecialty residents will

1. Attain a knowledge level where you feel comfortable to act independently as a faculty member in the ED
2. Formulate management plans using an evidence-based approach at a faculty level
3. Expand their knowledge in pediatric emergency medicine and integrate this into their clinical practice. Develop a life long learning plan
4. Use elective rotations to gain experience and knowledge in areas you feel weak

Interpersonal and communication skills, Professionalism

All subspecialty residents will

1. Communicate with all ER team members at a faculty level
2. Convey information to ER consultants at a faculty level
3. Be a role model in interacting with patients, nurses and patients
4. Display leadership in the emergency department
5. Complete research project

Systems-Based Practice, Practice-Based Learning

All year subspecialty residents will

1. Be expected to know all resources within and outside the institution, be able to ensure appropriate follow-up with primary care providers and subspecialty clinics, and be the primary person to communicate with other facilities and providers over patients referred for transport and provide appropriate recommendations independently (with faculty back up)
2. Identify ways to improve patient care
3. Continue to modify clinical approach using evidence based standards for decision making and treatment and develop a plan of action for how to keep up on information as you graduate
4. Present at hospital wide morbidity and mortality rounds