

PEDIATRIC EMERGENCY MEDICINE ROTATION Interns

Faculty:

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Goal: Develop competency in pediatric emergency medicine with increasing responsibilities as level of training increases.

Competency Tools: Multiple choice quiz, a review of a topic or literature and chart review.

Learning Objectives:

First year of training:

1. Evaluate and treat commonly encountered minor outpatient medical problems (i.e., upper respiratory infections, otitis media, bronchiolitis, viral exanthems and enanthems, constipation, abdominal pain, diaper rashes, etc.)
2. Assess and treat minor surgical and orthopedic problems (i.e. simple lacerations, minor wounds, minor burns, simple fractures and sprains, simple hernias, etc.)
3. Manage more than one patient simultaneously.
4. Know general measures of pediatric resuscitation and trauma care.
5. Communicate effectively with families and children.

Second and third years of training:

1. Provide initial evaluation and management of complex and difficult medical problems (respiratory failure, shock, multisystem organ failure, altered level of consciousness, status seizures, etc.)
2. Evaluate efficiently and in a sophisticated manner as well as treat commonly encountered minor encountered minor outpatient medical problems (URI, otitis media, bronchiolitis, viral exanthems and enanthems, constipation abdominal pain, diaper dermatitis, asthma, etc.)
3. Develop comfort with alternate approaches to managing surgical and orthopedic problems (complex lacerations, open wounds, major burns, open or complex fractures and/or sprains, complicated hernias, etc.) and provide the initial evaluation of challenging surgical presentations (acute abdomen, bilious vomiting, gynecologic emergencies, urologic emergencies).
4. Manage more than one patient simultaneously and efficiently as well as supervise others.
5. Be able to organize and direct pediatric resuscitation and trauma care.
6. Develop advanced supervisory and educational skills.
7. Become aware EMS resources and limitations (ambulances, EMTs, paramedics and helicopters).

8. Appreciate the role that episodic illness, injury, and its care play in the lives of children, their families and society.
9. Facilitate the integration of the child's episodic care into his/her overall healthcare.

Curriculum Content:

First year of training:

1. History taking from caregivers, children, and adolescents, physical examination of infants, children and adolescents.
2. Normal growth and development as it effects acute assessment and follow-up.
3. Compassionate teaching and counseling of parents and patients.
4. Reinforcement of continuity of care.
5. Communication with continuity and referral pediatricians.
6. Simple pediatric fluid resuscitation, fluid/electrolyte requirements.
7. Basic pediatric pharmacology considerations for weight and dose, especially for outpatient antibiotics, bronchodilators, analgesics, and antipyretics.
8. Diagnosis and management of common pediatric outpatient diseases and complaints.
9. Simple removal techniques for pediatric foreign bodies (ear, nose, GI tract, respiratory tract).
10. Evaluation and management of the febrile infant.
11. Introduction to management of suspected child abuse, neglect, and sexual abuse.
12. Introduction to pediatric toxicologic evaluation and gastric decontamination.
13. Acute recognition and management of childhood asthma.
14. Acute management of diabetic ketoacidosis in children.
15. Introduction to the diagnosis and treatment of childhood life threatening infections (meningitis, sepsis).
16. Introduction to pediatric resuscitation.
17. Minor childhood trauma: extremity/trunk lacerations, fractures and sprains, examination and simple splinting, radial head subluxation reduction, minor epistaxis, minor head trauma.
18. Diagnosis and management of common pediatric infections (UTI, bronchiolitis, pneumonia, cellulitis).
19. Diagnosis and treatment of simple headaches and common seizure syndromes.
20. Introduction to the diagnosis and management of minor surgical problems (hernia).
21. Common adolescent gynecological problems: vaginitis, cervicitis, pelvic inflammatory diseases, pregnancy.
22. Psychiatric emergencies: suicidal intent, violent behavior.

23. Ophthalmologic: basic eye exam for trauma, common eye infections.

Skills Acquisition:

First year of training:

Ensure opportunities for the performance of the following diagnostic and therapeutic procedures:

1. IV placement
2. Naso-gastric tube placement
3. Lumbar puncture
4. Suprapubic bladder tap
5. Endotracheal intubation
6. Pediatric radiologic interpretation: c-spine, chest, soft tissue of neck, bones/fractures
7. Simple upper and lower extremity splints
8. Local anesthesia
9. Single layer wound repair and dressing
10. I & D abscess – simple
11. Simple burn care

Reading Materials:

1. General pediatric emergency medicine texts.
2. Articles from faculty and fellow residents.
3. PEM curricular units

Rotation Requirements:

Residents will work 16-17 shifts per month. Shifts are 8 - 12 hours in length

1. Residents will have their regular continuity clinics during PER rotations, and there will be no other clinical assignments on those days.
2. Interns will be given some autonomy as skills are developed in the care of mildly to moderately ill and injured children. It is expected that interns will present all patients to the attending in the PER. Attendings will see all interns' patients.
3. Upper level residents will be primarily responsible for the care of all degrees of illness and injury to children. It is expected that upper levels will discuss difficult or interesting cases with the attending, but it is expected that most outpatient problems will be managed with peripheral or minimal supervision.
4. The intern will assist in the care of severely ill and injured patients under direct supervision.
6. Severely ill and injured children will be managed by upper level residents with an overview by the attending. As the resident gains comfort with these patients, team leadership and management will be provided by the senior residents who will report to the attending.
7. The intern will be supervised while learning minor skills such as local anesthesia, minor laceration repair, splinting and lumbar puncture.
8. Upper level residents will be responsible for seeking consultation with the attending as needed.
9. Residents will contact referring physicians about the children referred and/or admitted.

