

UNIVERSITY OF MICHIGAN HEALTH SYSTEM · DEPARTMENT OF EMERGENCY MEDICINE
PEDIATRIC EMERGENCY MEDICINE FELLOWSHIP PROGRAM

NAME: _____

EMS Check Sheet

PEM 1st Year Requirements:

Didactics:

- _____ (date completed) Survival Flight Overview
- _____ (date completed) Flight Safety Orientation SF Nursing Staff
- _____ (date completed) Base Station/Radio Overview Noel/Domeier
- _____ (date completed) Telephone Referrals/Triage Basics Nypaver/Online
(Schedule w/Nypaver)
- _____ (date completed) Extrication Day Domeier/Noel (Check EM Residency Calendar)

Clinical:

- _____ (date completed) HVA Communications Center (please indicate which center) ***OPTIONAL***
- _____

PEM 1-3Year Requirements:

Didactics (PEM 1-3):

- _____ (date completed) Prehospital Systems and Medical Oversight, Chapters 1-3, 6-7, 10-12, 17-18, 23, 25, 27
- _____ (date completed) Principles of EMS Systems (ACEP) Brennan. Chap 1, 2, 3, 4, 6, 9, 10, 13, 15, 20, 23, 24 and 27.
- _____ (date completed) Textbook of Pediatric Emergency Medicine, Ludwig & Fleischer, Chapter 7
- _____ (date completed) Bioterrorism Focused Mentoring Session
- _____ (date completed) Washtenaw Cty/Liv Cty Medical Control Authority (4th WED of every month with some exceptions, check schedule with Dr. Noel). Also, check with Dr. Noel to schedule attendance at this conference.

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Clinical (PEM 1-3):

Ambulance Ride-Along:

	Date Completed & Time of Shift
1.	
2.	
3.	
4.	

Survival Flight Ride-Along: (Fellows may substitute an ambulance ride along for a Survival Flight shift)

	Date Completed & Time of Shift
1.	
2.	
3.	
4.	

Teaching (PEM 2-3):

Please indicate which 2 you completed: (16 Hours)

Date Completed & Time of Shift
Local PEPP Course as an Instructor (specify date/location/# of hours of course):
Local EMS Pediatric CME (specify date/location/# of hours of course):
UMHS Survival Flight Pediatric Emergency Course/CME (specify date/location/# of hours of course):
Local Community/Fire Station BLS Course (specify date/location/# of hours of course):

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Administration (PEM 2-3): 4-6 hours

Survival Flight Rounds (AT LEAST ONE)	
Date Attended	
1.	
2.	
3.	
4.	
HVA Question/Answer/RUN REVIEW AT LEAST ONE	
Date Attended	
1.	
2.	
Regional/Bioterrorism/EMS Meetings: Region 2 South	
Date Attended, Name of Meeting, Location (AT LEAST ONE)	
1.	
2.	