

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

Rotation: Pediatric Intensive Care Unit (PICU)
Institution: University of Michigan Health System
Duration: One (1) Month
Fellow Training Year: EM and PD trained PEM fellows: (Year 1)

Supervising Faculty: Ann Marie Levine, MD

EDUCATIONAL GOALS:

1. Fellows will learn how to evaluate and manage critically ill children in a Pediatric Intensive Care setting using evidence to direct patient care and medical decision making in a team setting with Pediatric intensivists, PICU fellows and critical care nursing staff. *Competencies: MK, PC, IC, P, SBP, PBLI*
2. Fellows will learn, understand and utilize critical care monitoring techniques used to measure pathophysiologic processes during critical illness. *Competencies: MK, PC*
3. Fellows will perform (learn indication, contraindication) of life saving/critical procedures required for stabilization and management of critically ill children. *Competencies: MK, PC*
4. Fellows will develop knowledge of ethical and social issues encountered in the management of critically ill patients and their families, including end of life decision making/death of a child. *Competencies: MK, PC, IC, P, PBLI, SBP*

EDUCATIONAL OBJECTIVES:

1. Demonstrate knowledge of the pathophysiology, evaluation and management of acutely ill pediatric patients. *Competencies: MK, PC*
2. Further refine the ability to prioritize diagnostic and therapeutic interventions in the critically ill patient. *Competencies: MK, PC, IC*
3. Further refine skill in the resuscitation of children with unstable vital signs. *Competencies: MK, PC*
4. Refine skills in the interpretation and use of physiologic parameters, such as ABG's, blood pressure, RR, cardiac output, central venous pressure, etc. *Competencies: MK, PC*
5. Develop experience in the performance of invasive procedures, such as orotracheal intubation, central vein cannulation and arterial line placement. Understand the indications and risks of each of these procedures. *Competencies: MK, PC, PBLI*
6. Refine skills in management of patients requiring mechanical ventilation. *Competencies: MK, PC*
7. Learn to effectively work with multiple consultants in complex medical cases. *Competencies: PC, IC, P, SBP*
8. Develop the communication skills needed to act as an integrated team member with nurses, respiratory technicians, fellows, residents, and faculty. *Competencies: PC, IC, P, SBP*
9. Develop an understanding of and participate in the collegial responsibility to provide excellent patient care across the continuum of care from pediatric emergency department to pediatric ICU. *Competencies: PC, IC, P, SBP, PBLI*
10. Demonstrate an awareness of and participate in patient safety efforts and identification/reporting of system errors. *Competencies: SBP, PC, PBLI, P*

DESCRIPTION OF CLINICAL EXPERIENCE:

Pediatric Emergency Medicine fellows rotate through the 36-bed C.S. Mott Pediatric Intensive Care Unit and Pediatric Cardiothoracic Unit for one month during the PEM I year. PEM fellows function as Pediatric Intensive Care fellows as they supervise pediatric residents and medical students in caring for

Accreditation Council for Graduate Medical Education (ACGME) Core Competency Key:

PC = Patient Care; MK = Medical Knowledge; PBLI = Practice-Based Learning and Improvement; IC = Interpersonal and Communication Skills; P = Professionalism; SBP = Systems-Based Practice

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patients, with supervision by PICU attendings. Responsibilities include participation in daily patient care rounds planning the management of ventilation, fluids and electrolytes, nutrition, infections, hematologic parameters and hemodynamic parameters. Procedural experience includes tracheal intubation, central venous catheterization, thoracostomy, arterial catheterization, lumbar puncture, and nasogastric tube placement. In addition to managing the wide variety of complicated patients in the ICU, fellows also lead the Pediatric Code Team. Fellows take in-house call every 4-5 days in rotation with PICU fellows according to program and UMHS GME and Program Duty Hour policies. Fellows coordinate call schedule creation with the PICU fellows to determine final schedule. Fellows are supervised in compliance with UMHS/GME/Fellowship Program Supervision policies while on this rotation.

DESCRIPTION OF DIDACTIC EXPERIENCE:

In addition to daily teaching rounds, there is a weekly (Wednesday) PICU Seminar that fellows are expected to attend including various PICU topics, evidence based medicine, and research. Fellows are released to attend Wednesday PEM conferences when there is not a conflict with critical clinical responsibilities.

EVALUATION PROCESS:

Fellows are evaluated using tools based on the six core competencies completed in writing by pediatric intensive care faculty after rotation via the UMHS MedHub online evaluation system. Fellows likewise evaluate their experiences after each rotation as well. Evaluations are forwarded to the Program Director and made available in aggregate to individual fellows via the MedHub system at all times. Formal review of fellow evaluations occurs at quarterly PD/Fellow meetings.

FEEDBACK MECHANISMS:

Specific problems or notations of excellence identified through verbal or written communication to the Program Director regarding the fellow are immediately brought to the attention of the involved fellow. Fellows receiving an overall poor performance grade (less than satisfactory evaluation for rotation) are notified immediately and meet with the PD. Fellows who receive notation for improvement in some areas (but pass the overall rotation) are given a work plan for educational intervention with specific timeline for completion and reevaluation. Fellows who do not pass an overall rotation will meet with the PD for remediation work plan, including timetable for reevaluation and UMHS notifications as required by GME. Fellows who do not pass this rotation will be required to repeat it. Monthly evaluations are placed in the fellow's file and are available for review at any time by the fellow, but are also reviewed during quarterly meetings with the PD. Fellows are encouraged to review MedHub evaluations regularly and at least monthly.

Reviewed		11/2006		06/30/2009	4/2011		
Revised	06/2005		11/2008			07/05/2011	
Initial(s)	MN	MN	MN	MN	MN	sb	