

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

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<b>Rotation:</b>	<b>Pediatric Emergency Medicine</b>
<b>Institution:</b>	<b>University of Michigan Health System Children's Emergency Services</b>
<b>Duration:</b>	<b>1 Month Blocks</b>
<b>Fellow Training Year:</b>	<b>EM trained fellow (Year 1)</b>
<b>Supervising Faculty:</b>	<b>Michele M. Carney, MD</b>

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**EDUCATIONAL GOALS:**

1. Fellows will learn to assess and manage children with a variety of acuity levels and disease states visiting the UMHS Children's ED to alleviate pain and suffering, using evidence based clinical care, ethical treatment of children and child/family centered decision making. *Competencies: MK, PC, IC, P, PBLI, SBP*
2. Fellows will become familiar with common and uncommon pediatric emergency procedural skills including direction of and participation in medical & trauma resuscitations. *Competencies: MK, PC, IC, P, SBP*
3. Fellows will learn to lead a busy tertiary care pediatric emergency department including supervision of clinical care, educational supervision of trainees, managing patient census/waiting/throughput, communications, and use of consultants, EMS supervision and direction of ancillary staff. *Competencies: MK, PC, IC, P, PBLI, SBP*
4. Fellows will learn the role of the PEM provider in the emergency system of care as it interfaces with the hospital, in/outpatient settings, community and state during usual operation and disaster situations. *Competencies: PC, IC, P, PBLI, SBP*
5. Fellows will constantly strive to improve their knowledge, procedural skill and use evidence in their medical decision making, while promoting the safety and well being of the children under their care and minimize opportunities for error. *Competencies: MK, PC, IC, P, PBLI, SBP*

**EDUCATIONAL OBJECTIVES:**

1. Demonstrate ability to perform thorough yet appropriately focused history and physical exams in pediatric patients with a wide range of emergency conditions. *Competencies: PC, MK*
2. Demonstrate skill in the evaluation and treatment of common and uncommon pediatric emergencies. *Competencies: PC, MK*
3. Demonstrate skill in recognition and care of ill children of varying acuity, including the ability to prioritize and implement management in a timely fashion. *Competencies: PC, MK, SBP*
4. Demonstrate ability to perform, understand the indications for and complications of emergency procedures in infants, children and adolescents. *Competencies: PC, MK, PBLI*
5. Develop understanding of the patho-physiology and clinical course of common & uncommon acute pediatric illnesses. *Competencies: MK, PC*
6. Demonstrate ability to participate in and lead pediatric medical & trauma resuscitations, including performance of life saving procedures and evidence based advanced life support algorithms. *Competencies: MK, PC, SBP, PBLI*
7. Demonstrate ability to assess and perform sedation and analgesia techniques in children of varying acuity and problems with emphasis on safety, using evidence based practice and including families in decision making. *Competencies: PK, PC, PBLI, IC, P*
8. Demonstrate the ability to appropriately interact with ill children and their families during ED visits that are routine, urgent, emergent and/or involve critical illness/death. *Competencies: IC, P*
9. Demonstrate the ability to arrange appropriate dispositions and referrals in pediatric emergency

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patients. *Competencies: IC, P, SB*

10. Learn to direct EMS runs by survival flight. *Competencies: IC, P, SBP*
11. Be aware of and able to discuss with families a cost effective approach to pediatric emergency medical care delivery including diagnostic testing and pharmacologic options. *Competencies: PC, IC, P, PBLI*
12. Identify and participate in ongoing quality improvement and error reduction/reporting activities in the CES service area. *Competencies: PC, IC, P, PBLI*
13. Demonstrate the ability to utilize educational resources to support medical decision making in the emergency setting. *Competencies: PC, MK, PBLI*
14. Learn the role of the PEM provider in disaster preparedness including participation in practice drills and readiness activities. *Competencies: PC, MK, SBP, IC, P*
15. Demonstrate ability in ongoing performance improvement through continued reading, collegial discussion, participation in conferences/lectures, participation in student, resident, ancillary staff, patient and family education and scholarly work. *Competencies: PC, MK, IC, P, PBLI*

#### **DESCRIPTION OF CLINICAL EXPERIENCE:**

The Pediatric Emergency Service is the local referral center for most of south-central Michigan and cares for a high percentage of complicated pediatric illness and injury cases. During their time on the pediatric EM service, fellows participate fully in patient evaluation and management under the supervision of Pediatric Emergency Medicine & Adult Emergency Medicine faculty appointed by the Department of Emergency Medicine. The focus of the first year is on developing fellows' skill in recognition and management of children with a variety of pediatric emergency problems and acuity levels through three phases of development (July New Fellow Immersion, Junior Fellow, Senior Fellow). The educational emphasis for the EM trained PEM fellow is familiarity with variety of pediatric diseases, age appropriate approach and communication with families and children. This is best accomplished through frequent direct patient care contact, discussion with faculty and independent reading around all cases. By completion of the first year of training, the EM trained PEM fellow should feel comfortable and demonstrate acumen in the direct care of common and many uncommon PEM problems acting in a direct care provider role and as the supervisor of students and house officers in the delivery of this care. Fellows are expected to adhere to UMHS/GME/Program Supervision & Duty Hour policies while on this rotation (see Fellowship Manual).

**First Year July New Fellow:** First year fellows' July rotation in the Pediatric ED is spent providing total direct care of children of various acuity levels, including performing any procedures on their patients, documentation, consultation requests, disposition & follow up plans under direct supervision by PEM faculty. This month is designed to "immerse" new fellows in UMHS Pediatric ED operations and expose the trainee to the details of this system of care. It also provides opportunity for procedural learning while allowing faculty assessment of the trainee's baseline clinical skill through direct observation. Fellows do not have educational oversight of other trainees at this time, nor are they responsible for ED administrative tasks (no phone referrals, no EMS oversight, no student / staff supervision, and not

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responsible for ED throughput except as appropriate for individual patients). Fellows report directly to the CES faculty on duty.

**First Year Fellow Junior:** Subsequent months in the Pediatric ED rotations expand responsibility from direct patient care to include supervision by the fellow of medical students (all levels) and residents (Pediatric & Med/Peds, Family Medicine, EM PGY 1-3) in a graduated fashion supervised the CES attending faculty. Supervision of EM residents by PEM fellows is determined by overall PEM fellow PGY level (no supervisory role of EM PEM Fellows at PGY 4 level over EM Resident PGY 4 until at least October of fellow entry year) per UMHS Department of EM policy.\* First Year Junior fellows will directly participate in and or supervise medical, trauma resuscitations and performance of critical procedures (including airway & vascular access) under direction of CES/HMC faculty. Fellow will report directly to CES/HMC Faculty and may be supervised directly or indirectly with immediate faculty availability per UMHS/GME/Program policy during this time period.

Successful evolution to **Senior** status (typically in last 1-2 months of the first year) is determined by attending evaluation supporting readiness to handle upper level ED administrative responsibilities in addition to clinical care and educational oversight, satisfactory performance on pediatric anesthesia, PICU, UMHS/HMC Pediatric ED rotations and requires satisfactory achievement in staff communication and professionalism competencies. Additional responsibility at this level includes learning to manage transfer calls from outside referrals to the UMHS/HMC Pediatric ED, UMHS Flight dispatch calls and medical direction of the UMHS flight crew late in the first year. Fellow report directly to CES/HMC Faculty and may be supervised directly or indirectly with immediate faculty availability per UMHS/GME/Program policy during this time period.

Fellows work in 8 hour shifts: 8-4pm/4p-12midnight/12am-8am. Swing shifts: 3-11pm/6pm-2am. Fellows are expected to follow the program fellow scheduling guidelines policy to schedule shiftwork. (Fellowship manual). Fellows are released to attend UMHS PEM Fellowship Conference on Wednesdays, and no overnight duties will be scheduled prior to conference days. Fellows will adhere to UMHS/GME/Program Supervision & Duty Hours policies while on this rotation. Fellows should notify the CES faculty member on duty (734.615.9740) and page the PD (0576) in the event of unanticipated absences.

**DESCRIPTION OF DIDACTIC EXPERIENCE:**

Wednesday UMHS PEM Fellowship Conferences are held weekly and include a variety of formats taught by CES/EM/Pediatric and subspecialty faculty including didactic lectures, chapter reviews, case conferences, M & M, journal review, research lectures and focused mentoring to discuss practice based approach to undifferentiated complaints. Fellows are released from clinical responsibilities to attend PEM conferences. Joint conferences with PICU, Pediatric Radiology and Pediatric Surgical faculty and fellows are integrated within the conference schedule. PEM fellows are required to attend 90% of conferences and participate and or present in these conferences as outlined in the didactic program. The following are

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encouraged but optional during the PEM months: Survival flight rounds weekly, Pediatric Grand Rounds weekly, Monthly pediatric Trauma Review.

**EVALUATION PROCESS:**

Fellows are evaluated using tools based on the six core competencies completed in writing by pediatric emergency medicine faculty after every rotation in the PED at UMHS via the UMHS MedHub online evaluation system. Fellows are also evaluated by medical students, house staff, nursing personnel and patients during these rotations. 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 between faculty, nursing, house staff, student’s patients/families and 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 suggestions and resource plan (which may include independent study, mentoring, specific reading/assessment, or simulation practice) for improvement 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. 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 their files at least monthly.

Reviewed		11/2006	06/2008		06/30/2009	5/2011	
Revised	06/2005			11/2008		5/2011	07/05/2011
Initial(s)	MN	MN	MN	MN	MN	MN	sb