

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

Rotation:	Pediatric Emergency Medicine
Institution:	University of Michigan Health System Children's Emergency Services
Duration:	1 Month Blocks
Fellow Training Year:	EM trained fellow (Year 2) Pediatric trained fellow (Year 2 and 3)
Supervising Faculty:	Michele M. Carney, MD

EDUCATIONAL GOALS:

1. Fellows will refine assessment and management skill in 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 refine pediatric emergency procedural skills including direction of and participation in medical & trauma resuscitations, including performance of critical procedures. **Competencies: MK, PC, IC, P, SBP**
3. Fellows will lead a busy tertiary care pediatric emergency department including supervision of safe 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 refine their skill as a 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. ED Trained PEM fellows will continue to refine skill in all educational objectives required in the first year of training (See Pediatric ED Yr 1 Trainees G&O documents) **Competencies: PC, MK, P, PBLI, SBP, IC**
2. Fellows will demonstrate excellent verbal (face-face and phone), non verbal and written communication skill during ED team patient care including transitions in care (Hand-offs, dispositions). **Competencies: PD, IC, P, SBP**
3. Prioritize and manage multiple pediatric emergency patients of varying acuity as a direct care provider and/or in a supervisory role. **Competencies: PC, MK**
4. Demonstrate ability in critical procedure performance as a direct care provider or as a supervisor. **Competencies: PC, MK**
5. Demonstrate ability in leading pediatric resuscitations, including designating team participants and assigning/monitoring roles and responsibilities. **Competencies: PC, MK, IC**
6. Demonstrate ability in excellent interpersonal communication and relationships in the ED team setting. **Competencies: P, IC**
7. Demonstrate ability in monitoring of ongoing ED census and throughput at all times. **Competencies: PC, SBP**
8. Demonstrate ability in communicating critical information, including bad news to families in a caring, culturally sensitive and professional manner. **Competencies: PC, IC, P**
9. Demonstrate ability in recognizing processes that may be improved and leading quality

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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- improvement activities. *Competencies: PC, PBLI, SBP*
10. Demonstrate ability in patient safety, recognizing errors and participate in error reduction reporting, analysis and improvement. *Competencies: PC, SBP*
 11. Demonstrate ability in leadership role during disaster preparedness & Hazmat drills in the ED. *Competencies: SBP, IC*
 12. Demonstrate ability in taking responsibility to "run" the ED. *Competencies: PC, MK, IC, P, SBP, PBLI*
 13. Demonstrate ability in supervising junior house officers and students using evidence in medical decision making and directing these learners to ED resources. *Competencies: PC, PBLI, IC*
 14. Demonstrate ability in providing immediate professional feedback and evaluation of students and junior house officers. *Competencies: PC, IC, P*

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 second year is on refining skill in recognition and management of children visiting the ED while gradually adding administrative responsibility for oversight of the Pediatric ED. Second Year Senior fellows should learn how to direct and manage the department while simultaneously caring for patients and supervising student and professional staff. The CES/HMC attending physician(s), while still supervising the fellow, will allow the fellow to direct and manage the department in this controlled setting where the fellow's supervision and management skills can be evaluated and refined. By completion of the second year of training, the EM trained PEM fellow should demonstrate acumen in the care of common and complex PEM problems acting in a direct care provider role, as the supervisor of students and house officers in the delivery of this care and as the administrative staff member in charge of the department during a designated shift. Fellows are expected to adhere to UMHS/GME/Program Supervision & Duty Hour policies while on this rotation (see Fellowship Manual).

Second /Third Year Senior Fellow:

Second and Third year fellows will assume all first year fellow (junior and senior) roles and responsibilities as they continue to supervise junior residents and medical students in the care of higher acuity children. Added responsibilities during the second year include experience and skill development required to direct and manage the overall pediatric emergency department and refined balance between patient care (throughput), educational needs of ED learners and administrative oversight of the department. Second year fellows will assume regular team leadership in pediatric medical and trauma resuscitations (including directly performing and or supervising critical procedures). Senior fellows assume primary responsibility as the main point of contact for incoming patient referrals, survival flight/EMS requests and oversight, documentation, change of shift sign out to oncoming attending staff

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and overall running of the Pediatric ED. 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 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

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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	
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Initial(s)	MN	MN	MN	MN	MN	MN	sb