

CLINICAL ROTATION SUMMARY

ROTATION PEDIATRIC EMERGENCY DEPARTMENT
INSTITUTION CHILDREN'S NATIONAL MEDICAL CENTER (CNMC)
YEAR OF TRAINING PGY-1

I) OBJECTIVES

A. PATIENT CARE

1. Demonstrate correct airway management including pediatric endotracheal intubation.
2. Demonstrate the ability to obtain and utilize intravenous access including venipuncture, intraosseous needle placement, and administration of appropriate dose of emergency medication.
3. Demonstrate the ability to properly perform a pediatric lumbar puncture.
4. Discuss the diagnostic work-up and disposition when child abuse and/or neglect is suspected.
5. Demonstrate the ability to perform a history and physical exam of an alleged victim of child abuse.
6. Demonstrate the ability to direct a pediatric trauma resuscitation.
7. Demonstrate the ability to properly treat a patient who needs prophylaxis for rheumatic fever or subacute bacterial endocarditis.
8. Demonstrate correct performance of peak expiratory flow measurements, pulse oximetry and end-tidal CO₂.
9. Demonstrate management of patients with upper airway infection suspected of having epiglottitis.
10. Correctly interpret soft tissue lateral neck x-rays in children.
11. Demonstrate correct management of foreign bodies of the upper airway and the ability to diagnose and arrange disposition for patients with lower airway foreign bodies.
12. Demonstrate correct management of the pediatric patient with diabetes and/or diabetic ketoacidosis.
13. Demonstrate correct evaluation and treatment of a child with dysuria or a suspected urinary tract infection.
14. Demonstrate x-ray interpretation and perform proper splinting for a variety of pediatric fractures including the clavicle, distal radius and ulna, distal tibia and fibula.
15. Demonstrate the ability to perform and interpret the results of an arthrocentesis.
16. Discuss the findings and disposition of a patient with a suspected autoimmune syndrome such as juvenile arthritis, lupus, or dermatomyositis.
17. Demonstrate the ability to perform reduction of a dislocated joint.
18. Discuss the etiology and treatment of acute soft tissue infections and perform an incision and drainage.

19. Correctly diagnose common pediatric exanthemas including varicella, measles, minilia, roseola, rubella, pityriasis, scabies, and erythema infectiosum.
20. Demonstrate ability to correctly perform and interpret the exam of the ears, nose and throat.
21. Demonstrate proper performance of a suprapubic bladder aspiration.
22. Manage the care of a child with immersion/drowning.
23. Manage the care of a child with a foreign body ingestion, discussing the complications, diagnostic steps and treatment.
24. Discuss the differential diagnosis of abnormal vaginal bleeding in childhood and demonstrate the ability to perform a complete genital exam on children of various ages.
25. Demonstrate the ability to evaluate and treat a child with altered mental status and interpret a pediatric cranial CT scan.

B. MEDICAL KNOWLEDGE

1. Demonstrate knowledge of the significance of fever in children of various ages, and the ability to perform an “optimal resuscitation” including Yale Observation Score of febrile child.
2. Demonstrate knowledge of common infectious diseases of childhood, including appropriate work-up and treatment of meningitis, sepsis, pneumonia, urinary tract infection, and bacteremia.
3. Demonstrate knowledge of the pathophysiology and manifestations of common and/or serious diseases of the gastrointestinal tract and abdominal cavity of children, including gastroenteritis, intussusception, volvulus, Meckle’s, anaphylactoid purpura, and appendicitis.
4. Discuss the differential and preliminary work-up of abdominal masses found in the pediatric patient.
5. State the appropriate management of children with seizures, both febrile and afebrile.
6. Demonstrate familiarity with the diagnosis and management of Reye’s syndrome.
7. Demonstrate knowledge of hydrocephalus, its differential, treatment and the management of neurologic shunt problems.
8. Calculate fluid and electrolyte requirements of a dehydrated child.
9. Demonstrate knowledge of the significance and correct treatment of various patterns of burns in pediatric patients.
10. Interpret a series of pediatric EKG’s, showing awareness of the normal physiologic difference from adult EKG’s.
11. Discuss the common pediatric dysrhythmias, their diagnosis and treatment.
12. Discuss the types of congenital cyanotic and noncyanotic heart disease, their complications and treatment.
13. Demonstrate the ability to read pediatric chest x-rays.
14. Discuss the differential diagnosis of chest pain in children and adolescents, noting differences from adults, and demonstrating knowledge of proper work-up and treatment.

15. Discuss the differential diagnosis of congestive heart failure in the pediatric patient and demonstrate knowledge of appropriate treatment.
16. Discuss the anatomy and physiology of the respiratory tract in children.
17. Discuss the etiologies and demonstrate correct management of children with lower and upper airway diseases including asthma, bronchiolitis, cystic fibrosis, pneumonia.
18. Demonstrate knowledge of the etiologies of anemia in children and the appropriate diagnostic evaluation.
19. Demonstrate knowledge of the differential diagnosis and work-up of the jaundiced child.
20. Discuss the differential diagnosis and work-up of the child with evidence of a bleeding disorder.
21. Discuss the indications for and interpret the intravenous pyelogram of a child.
22. Demonstrate knowledge of and treatment for phimosis, paraphimosis, balanitis, and testicular lesions including torsion.
23. Discuss the differential diagnosis and required workup for a pediatric patient with a limp.
24. Demonstrate knowledge of the differential diagnosis and evaluation of children with petichiae.
25. Demonstrate knowledge of pediatric facial and orbital infections and their treatment.
26. Discuss the causes of neonatal shock and demonstrate the ability to perform an infant resuscitation, including endotracheal intubation and insertion of an umbilical venous catheter.
27. Discuss the findings of and differential diagnosis of sudden infant death syndrome, and demonstrate knowledge of the proper legal steps and the ability to support the family.
28. Discuss the differential diagnosis and acute treatment of the weak infant and child, including polio, botulism and the Landry-Guillain-Barre syndrome.
29. Demonstrate knowledge of the evaluation and treatment of children with diarrheal illness.
30. Demonstrate knowledge of the common poisonings of childhood and their treatments.
31. State the differential diagnosis of a child with upper or lower GI bleeding, and discuss the evaluation and treatment.
32. Discuss the differential diagnosis and work-up of renal failure or anuria in children.
33. Demonstrate ability to evaluate children with syncope and discuss its differential diagnosis.
34. Discuss the signs, symptoms, treatment and complications of Kawasaki disease.
35. Discuss the risk factors associated with teenage suicide.
36. Discuss the technique for reducing an incarcerated inguinal hernia.
37. Discuss the common pediatric malignant tumors.
38. Differentiate between the presentation, diagnostic test results and treatment of transient synovitis and septic joint.

C. PRACTICE BASED LEARNING AND IMPROVEMENT

1. Locates, appraises, and utilizes scientific evidence to their patients health problems and the larger population from which they are drawn.
2. Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
3. Utilizes information technology to manage information, access online medical information, and support their own education for patient care.
4. Facilitates the learning of students, colleagues, and other health professionals in EM principles and practice.
5. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

D. PROFESSIONALISM

1. Arrives on time and is prepared for work.
2. Dresses appropriately and with cleanliness.
3. Willingly sees patients throughout the entire shift
4. Participates in appropriate sign-outs (both giving and receiving)
5. Practices patient advocacy in disposition.
6. Completes medical records honestly and punctually.
7. Treats patients, family, staff, and other personnel with respect.
8. Protects staff, family, and patient interests and confidentiality.
9. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
10. Seeks feedback and immediately self-corrects.
11. Shakes hands with the patient and introduces himself/herself to the patient and family.
12. Coordinates a teamwork strategy.
13. Accepts responsibility and is accountable.
14. Demonstrates open and responsive attitude to feedback from other team members, patients, families, and peers.
15. Discusses death honestly, sensitively, patiently, and compassionately.

E. INTERPERSONAL AND COMMUNICATION SKILLS

1. Demonstrates the ability to respectfully, effectively, and efficiently develop a therapeutic relationship with patients and their families.
 2. Works well with faculty, nursing and emergency department staff.
3. Views the experience from the patient's perspective and learns to identify patient expectations.
4. Demonstrates respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences in patients and other members of the health care team.
5. Demonstrate effective listening skills and be able to elicit and provide information using verbal, nonverbal, written, and technological skills.
6. Demonstrates ability to effectively use the feedback provided by others.

7. Demonstrate the ability to negotiate as well as resolve conflicts.
8. Demonstrate effective participation in and leadership of the healthcare team.

F. SYSTEMS-BASED PRACTICE

1. Understands, accesses, utilizes, and evaluates effectiveness of resource providers, and systems to provide optimal emergency care.
2. Understands different medical practice models and delivery systems and how to best utilize them to care for the individual patient.
3. Practices quality, cost-effective health care.
4. Advocates and facilitates patient advancement through the health care system.

II) DESCRIPTION OF CLINICAL EXPERIENCE

1. PGY-1 residents will spend 4 weeks on this service. Shifts will be of varying length, and generally will be day and evening shifts.
2. Residents will be the primary caregivers for non-critical patients in the emergency department, and will assist the senior residents, and faculty in the management of critical patients.
3. Residents will be closely supervised. Specifically, they will present and review each patient with the senior resident or faculty on duty.
4. Residents will perform the initial history and physical examination, initiate ancillary studies, and provide needed therapy.

III) DESCRIPTION OF DIDACTIC EXPERIENCE

1. The Department of Emergency Medicine based didactic methods include Grand Rounds Conference, Morbidity and Mortality Conference, Toxicology Conference, Journal Club, Study Guide Conference, Case Conference, Pediatric Conference, Radiology Conference, and EKG Conference.
2. The Department of Pediatrics based didactic methods include morning report, as well as several different didactic lectures available.

IV) EVALUATION PROCESS

1. A pediatric attending physician providing direct supervision for the resident will provide a written evaluation in Gmetoolkit. Specific areas such as rapport with patients and physicians, integrity, initiative, technical skills, basic medical knowledge, histories and physical examinations, completion of medical records, and communication skills will be numerically assessed.

V) FEEDBACK

1. Written evaluations will be kept in Gmetoolkit. Residents are able to view their evaluations in Gmetoolkit anytime they desire. Residents are encouraged to view their rotation evaluations as soon as possible.
2. Residents will have formal feedback from the Residency or Assistant Residency Director at least 2x/year. The written evaluation from this rotation will be specifically reviewed.

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3. More frequent evaluation and feedback will be done as needed on an individual basis.