

Pediatrics PL-2 Welcome to Pediatric Emergency Department Rotation

Introduction

Welcome back to the Pedi ED. I will be acting as your orienting faculty member and as the liaison for anything that arises during your rotation with us. I'd like to point out a few key things that allow you to have the most fruitful experience with us.

For those of you who are new seniors, we anticipate that you will take an active leadership role in the ED. We want you to focus on your growth and experience both as a clinician and a teacher, helping medical students and junior residents whenever possible. The emergency department offers a terrific opportunity to hone your teaching skills and be a role model for interns and students.

We would like you to have a sense of what it is like to manage flow in the Pedi ED and to prioritize the competing needs of our patients, staff, and consultants. This includes keeping an eye out for ambulances, monitoring CMED calls, and targeting the sicker patients for your immediate involvement. Although we expect you to see more patients that you would have as an intern, keep in mind that you are here to learn and are not expected to carry the entire board.

We want to make sure you learn as much as possible during your month, so please ask us questions at any time. Even as seniors, we know much of this environment can be new, and we very much want you to feel comfortable using the faculty as resources and asking questions. Focus on at least one medical problem that came up and try to read something during and after each shift. We also recommend you keep a list of interesting cases from your rotation. Emergency department cases can often be written up and published as case reports, which can look great on a CV and teach you a lot about medical writing. Also, interesting cases are expected to be brought to pediatrics noon conference the following month.

Schedule

- You are expected to be on-time, professionally dressed, and ready to work at the start of your shift
- Please let the attending know as soon as possible if you are going to be late for a shift or have a legitimate conflict
- Speak with the attending and advocate for yourself during a shift if you are past the time you were supposed to leave. Barring a major disaster, you are not expected to stay late.

Patient Care Success

Trying to do the right thing for your patients should always be the first guiding principle. Here are some tips for success:

- Please read the attached document "Behaviors that Help Increase Patient Satisfaction in the Emergency Department."
- Familiarize yourself with and use the pediatric dosing card
- Use order sets whenever possible, they minimize errors
- Communicate with nurses verbally when placing orders on a patient
- Frequently check in with the patient on whether studies have been done, meds have been given, and to reassess their condition
- Have the attending double check outpatient prescriptions for errors, especially on medications you do not frequently prescribe. Outpatient prescriptions are not subject to the same stringent double-checks of ED electronic orders.
- Try to follow up on your patients after discharge. This is an important aspect of emergency medicine. Parents are extremely appreciative of follow up phone calls. These calls can be documented as an addendum to the visit note or as a separate ED follow up note in EPIC. If you have questions, ask the pediatric attending on call in the ED or get in touch with the attending of record for the patient.

Documentation

- Documentation should never take priority over patient care during shifts, but should be completed as quickly as possible

- Notes must be completed and finalized within **24 hours for admitted patients** and **48 hours for discharged patients**. If extenuating circumstances prevent you from completing timely documentation, it is your responsibility to communicate with the attending of record for the patient.
- Please complete all sections of the chart, most importantly medical decision-making (MDM) and reassessments.
- Bring into the note lab and radiology results from the ED visit only.
- Document the time of the specialty consultation as well as the name of the specialist you spoke with and the recommendations

Discharge

In anticipation of discharge, a patient needs:

- Normal vital signs (or documented explanation of abnormal vital signs)
- Attending approval
- DCI with 1. Summary of visit and test results 2. Follow up plan and phone numbers 3. Clear reasons to return
- Outpatient prescriptions, if necessary. These should be triple-checked ideally by the attending for dosing errors.
- School note (will save you time if you anticipate this need)
- Disposition order

Resources

- Our division website < http://libraryguides.umassmed.edu/pedi_em > is an excellent resource for pediatric ED both in general and specifically to our institution
- Fleisher and Ludwig *Textbook of Pediatric Emergency Medicine*, which is available in the Pedi ED and online through the UMass library.
- Pediatric Emergency Medicine Share Drive contains many useful articles, practice guidelines, and pediatric order sets on the Pediatric Emergency Medicine share drive.
- Uptodate.com

Expectations of us for your learning

- Residency can only teach you what you have been exposed to and we all have knowledge gaps. Please always feel comfortable asking us any question no matter how small. We all love to teach and patient care is always enhanced by communication.
- Feel free to question management decisions. While we do have the ultimate say, it can be helpful for everyone to discuss potential management options. In the ED, you are exposed to different attending styles and have the opportunity to begin to pick and choose what you like to form your own approach.
- If the ED is not busy (usually the morning) please advocate for going to conferences. Similarly, please ask us for a lecture or discussion on a topic of interest during downtime.

I hope you enjoy your month with us. If you have any problems, please don't hesitate to let me or any of the other attendings know. I will try to touch base with you mid-month to see how things are going.

We all look forward to your time with us.

Regards,

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Pediatric Emergency Medicine Goals and Objectives

Novice = Perform with supervision

Proficient = Able to perform alone

Expert = Able to supervise others

| Patient Care | | | |
|--|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Demonstrates proficiency in taking a thorough history pertinent to the acute illness as well as PMH and FHx that are relevant to the current problem. | N | P | E |
| 2. Demonstrates proficiency in performing an accurate physical exam with a focus that supports findings consistent with diagnosing the acute injury/illness. | N | P | E |
| 3. Synthesizes the information from the patient encounter, (using the Hx, PE, medical knowledge and medical decision making), and formulates a differential diagnosis and management plan that addresses the current problem. | N | P | E |
| 4. Provides compassionate care by listening to the patients and parents in the acute setting and formulates a supportive relationship being diligent about communication regarding labs, work up, support, and guidance through the process. | P | P | P |
| 5. Discusses need for procedures with parents, explaining the background, necessity of test, and associated risks. Then consents for the procedure. | N | P | E |
| 6. Performs procedures in the PED with increasing competence and independence. | N | P | E |
| 7. Able to determine when the need for a consultant arises in the ED and appropriately contacts the consultant with ample hx and PE. | N | P | E |
| 8. Selects appropriate diagnostic advanced radiologic studies to assist with diagnosis: U/S, CT, MRI. | N | P | E |
| 9. Determines acuity of illness and appropriate disposition of the patient, i.e.: inpatient floor admission vs ICA or ICU admission. | N | P | E |

| Medical Knowledge | | | |
|--|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Demonstrates knowledge of basic trauma and injury, the pathogenesis and treatment of these problems, such as: closed head injury, abdominal trauma, and sprains of joints, laceration repair, and fractures. | N | P | E |
| 2. Demonstrates knowledge and treatment of many common and basic medical/surgical problems that present to the ED such as asthma, bronchiolitis, AGE, appendicitis, sore throat, pneumoniae, F&N, limp, fever, respiratory distress (upper and lower tract disease), toxicology, shock, seizures, child abuse, | N | P | E |

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| rashes, DKA, hyperglycemia, bone and joint infections. | | | |
| 3. Demonstrates knowledge and treatment of complex medical patients such as former premature infants, patients with MRCP and seizure disorder and is aware of issues involved in managing and coordinating care in the ED. | N | P | E |

| Practice-Based Learning | | | |
|--|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Participates in active discussions regarding patient care diagnosis and management. | N | P | E |
| 2. Actively reads independently about diseases and surgical conditions encountered in the ED. | N | P | P |
| 3. Practices self-assessment of performance, learns from mistakes and improves technical skills over time. | N | P | E |
| 4. Performs literature searches on controversial management topics to determine best treatment options. | N | E | E |

| Interpersonal and Communication Skills | | | |
|--|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Explain to families, pathogenesis of disease state, treatment options, side effects of medications, and type of follow up needed. | N | P | E |
| 2. Is respectful and sensitive of family backgrounds, religious issues, and ethnicity/cultural diversity when assessing patients. | N | P | P |
| 3. Communicates well with all members of the team taking care of the patient: PED Attending, Nurses, and support staff (resp therapy, phlebotomy, consultants, etc). | N | P-E | E |
| 4. Documents the history and physical clearly and concisely in the chart with all relevant information. Always writes procedure note for any procedure in the PED. | N | P | E |
| 5. Contacts primary care providers with update regarding diagnosis and management, and disposition. | N | P | E |
| 6. Demonstrates ability to coordinate care with consultants and provide leadership in that role. | N | P | E |
| 7. Provides bedside teaching with medical students during the 3 rd year rotation. | | | |

| Professionalism | | | |
|---|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Demonstrates respect, integrity, compassion, and honesty with patients, parents, and colleagues in the PED. | P | P | P |
| 2. Accepts constructive feedback in non-defensive manner from members of the PED team. | N | P | P |
| 3. Adheres to HIPPA guidelines. | N | P | P |
| 4. Models responsible and ethical behavior. | P | P | P |
| 5. Treats all patients and families with respect and understanding, and sensitivity to children of diverse ages and background. | N | P | E |

| Systems-Based Practice | | | |
|---|-------------|-------------|-------------|
| | PL-1 | PL-2 | PL-3 |
| 1. Provides high quality cost effective care – related to antibiotic costs, use of diagnostic tests, need for inpatient vs outpatient care. | N | P | P |
| 2. Identifies systems errors in the PED. | N | P | P |