Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency **Rotation Curriculum**

Pediatric Emergency Medicine (PGY2, PGY3) **Rotation:**

Children's Hospital Los Angeles (CHLA) Site:

> 4650 Sunset Boulevard Los Angeles, CA 90027

Rotation Director Contacts:

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Service Chief Robert Alder, MD

Program Coordinator

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http://amion.com/ Schedule:

> Enter "chlaedresident" for the password. Click on the "My Schedule" icon at the very top of the page (the icon with the little person). Select your name under the "UCLA EM" dropdown menu. Then select the month(s) you will be rotating and click on

the "Create Schedule" button to view your schedule.

Description of Rotation

CHLA is an academic, pediatric medical center affiliated with the Keck School of Medicine of the University of Southern California. The ED is a designated Level I Pediatric Trauma Center and a Pediatric Critical Care Center. The PGY2 and PGY3 rotations in the CHLA ED provide a concentrated pediatric emergency medicine experience, which helps residents to more rapidly achieve mastery of pediatric emergency medicine.

Rotation assignments:

PGY2 -2 weeks PGY3 – 4 weeks

Responsibilities

The major duty of EM residents is to see patients on a primary basis. EM residents are directly supervised by Pediatric EM faculty at all times. Residents are expected to be active participants in daily morning rounds at shift change.

Goals and Objectives:

GOALS/OBJECTIVES	COMPETENCIES ADDRESSED	PGY2	PGY3
Develop the ability to assess the seriously ill child, with an emphasis on recognizing early signs and symptoms before further deterioration can occur Take a focused history Perform an appropriate physical examination Formulate a differential diagnosis prioritizing serious diagnoses Order a focused diagnostic workup Begin critical interventions	Patient Care	Supervision	Moderate supervision
Master the resuscitation of the critically ill child • Perform a primary survey (ABCs) of the critically ill child • Manage the airway and breathing of the critically ill child • Obtain IV access of the critically ill child utilizing intraosseous access when appropriate • Perform a secondary survey of the critically ill child • Prioritize, order, supervise and interpret the diagnostic evaluation of the critically ill child • Perform the stabilization of the critically ill child • Effectively transition the care of the critically ill child to the admitting critical care service	Patient Care	Supervision and in the context of the resuscitation team	Moderate supervision
Develop an age specific approach to the diagnostic evaluation of abdominal pain • Demonstrate an abdominal pain focused history • Perform an a abdominal pain focused physical examination • Formulate a differential diagnosis prioritizing serious diagnoses • Order a focused diagnostic workup • Order critical interventions and manage symptoms effectively • Effectively transition the care of the critically ill child to the admitting service or • Arrange disposition and follow up for children presenting with abdominal pain not requiring admission	Patient Care	Moderate supervision	Limited supervision

Effectively evaluate and plan management of minor medical illness in the pediatric patient Demonstrate effective and timely management of • Upper respiratory illness • Mild to moderate asthma exacerbations • Gastrointestinal illness presenting with vomiting, diarrhea or constipation • Urinary tract infection	Patient Care	Moderate supervision	Limited supervision
Effectively evaluate and plan management of minor injury in the pediatric patient Demonstrate effective and timely management of • Minor wounds including lacerations and burns • Orthopedic injuries of the extremities • Minor closed head injury	Patient Care	Moderate supervision	Limited supervision
Learn the important differences between an adult and pediatric patient as a function of age Develop an understanding of the • Age specific physiological differences • Age related anatomical differences	Medical Knowledge		
Master an age appropriate approach to common pediatric ED complaints as a function of age including differential diagnosis and management Learn an age specific diagnostic and management approach of: • Abdominal pain • Dehydration and fluid replacement • Fever • Loss of consciousness • Orthopedic injury • Seizures • Shortness of breath • Crying infant	Medical Knowledge		

Develop an understanding of common medical conditions that present in the first 2 months of life Develop an understanding of the evaluation and management of • Neonatal jaundice • Congenital heart disease • Feeding difficulties • Umbilical cord complaints	Medical Knowledge
Learn the important differences in the resuscitation of the adult and pediatric patient as a function of age Learn an age specific management approach to: • Neonatal resuscitation • Pediatric resuscitation • Pediatric airway management • Pediatric vascular access • Pediatric trauma evaluation and management	Medical Knowledge
Access and read pertinent pediatric emergency medicine literature • Using available time while in the ED and during off-duty hours to read pertinent pediatric emergency medicine literature • Discuss relevant pediatric literature with the Pediatric EM attending to support medical management decisions	Practice-Based Learning and Improvement
Attend the Pediatric EM conferences • Attend the Pediatric EM conferences that are provided during assigned shifts	Practice-Based Learning and Improvement
The resident must conduct themselves in an ethical and professional manner at all times • Show up on time to shifts and work diligently until the end of the shift • Report any illness or absence in a timely manner to allow the pediatric ED to adjust for staffing needs • Maintain confidentiality of patient records and medical information in accordance with HIPAA regulations • The resident must examine patients in an area which is respectful to the patients' privacy and modesty • Treat everyone with appropriate respect	Professionalism

Demonstrate effective communication with the parents of pediatric ED patients • Make appropriate use of staff interpreters for languages other than English • Use parents to take the history of pediatric patients too young to communicate for themselves • Take the history of pediatric patients who are sufficiently mature to communicate for themselves • Explain diagnoses and communicate the plan of care to pediatric patients and their families • Identify and effectively address the anxieties of parents concerning their child in the Pediatric ED	Interpersonal and Communication Skills	Moderate supervision	Limited supervision
 Demonstrate effective communication with consultants Present cases requiring consultation accurately and succinctly Discuss completed consultations with the consultant and the ED attending so as to formulate an effective care plan 	Interpersonal and Communication Skills	Moderate supervision	Limited supervision
Demonstrate effective communication when transitioning the care of the pediatric ED patient to other care providers • At the completion of each shift, the resident signs out patients to an oncoming resident counterpart who will be assuming care	Interpersonal and Communication Skills	Moderate supervision	Limited supervision
Demonstrate effective communication with ED nursing staff • Be in constant communication with nursing staff about the plan of care	Interpersonal and Communication Skills	Moderate supervision	Limited supervision
Demonstrate effective communication with the pediatric and emergency medicine community • Serve as a liaison and representative of EM within the pediatric emergency medicine community by providing teaching to pediatric EM physicians about adult disorders and management	Interpersonal and Communication Skills		
 Demonstrate the ability to coordinate the care of the ill or injured child Coordinate with the patient's primary doctors Write referrals Work with physicians and clerical staff to arrange timely and appropriate follow up 	Systems-Based Practice	Moderate supervision	Limited supervision

Become familiar with pediatric EMS and triage systems	Systems-Based
• Discuss pediatric EMS and triage systems with EMS providers and the	Practice
pediatric EM attending while on duty in the ED	
Become familiar with county and public services which are available to	Systems-Based
uninsured and underinsured pediatric patients	Practice
• Discuss public services available to pediatric ED patients with pediatric	
social workers and the pediatric EM attending while on duty in the ED	
Demonstrate patient advocacy	Systems-Based
Advocate for the patient obtaining needed medical care	Practice
 Provide information to the patient and family to help them become 	
advocates for themselves	

Assessment

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

Multisource Assessment: end of rotation evaluation of resident performance with respect to the stated objectives by the rotation director. Input from faculty, other team resident members, students, and nursing staff informs the performance summary.