Welcome to the Pediatric Emergency Medicine rotation at UNC Hospitals. We hope you will have an exciting and productive month!

The Pediatric Emergency Department is a 10 bed unit within the general Emergency Department at UNC. You will be expected to evaluate and treat patients from birth through age 18. The ED at UNC serves as a point of entry for approximately one-third of the admissions to NC Children's Hospital and patients present for our care from all over the state. Patient acuity and volume can vary widely, so you will gain experience not only managing multiple patients at once, but also distinguishing those patients who are seriously ill and injured from those whose problems are less acute.

Most of your time will be spent working one-on-one with faculty from the Division of Pediatric Emergency Medicine in the Pediatric Emergency Department. Upper Level residents will also work overnight shifts in the main Emergency Department under the supervision of an attending physician from the Department of Emergency Medicine.

If it is your first time rotating in the Pediatric ED (or if you have not been in the ED since the start of EPIC) we strongly encourage you to meet with a faculty member in the ED for a brief orientation before your first shift. This orientation will allow you to spend a little time getting familiar with the EPIC ED interface “ASAP” before you start working clinically. We have found this helps residents get off to a great start. You will also be able to take a brief tour and become familiar with the general layout of the ED, its exam rooms and location of key equipment. Within the next one to two weeks you will be contacted regarding potential meeting times. Please make every effort to attend a brief orientation – it is for your benefit and will help you get off to a great start.

**Regardless of whether or not you have rotated in the ED before, ALL residents are advised to review the attached document outlining the ED Resident Workflow in EPIC before their first shift. The document is updated regularly and some processes may have changed since a previous rotation.**

**Learning Goals and Objectives**

This rotation should allow you to accomplish the following goals and objectives:

1. Learn to care for acutely ill and injured children and adolescents.
2. Learn how to take a focused history and physical exam. (PC,MK)
3. Become comfortable making autonomous medical decisions including; developing a plan, writing orders and determining patient disposition.
   (PC,MK,SBP,PBLI)
4. Learn to manage multiple patients in an organized manner, developing skill in prioritizing patient care responsibilities and following through on tasks so that care is safe, effective and efficient. (MK, PC, PBLI, SBP, PROF)

5. Learn to consult with a focused clinical question (PROF).

In addition, you should have the opportunity to:

1. Become competent performing the following emergency department based procedural skills, including knowledge of the indications and risks involved with each: (PC)
   a. Laceration repair using simple interrupted sutures and tissue adhesive with appropriate local anesthesia and wound care
   b. Application of the following orthopedic splints:
      i. sugar-tong
      ii. ulnar gutter (boxer)
      iii. thumb spica
      iv. posterior elbow
      v. posterior short leg
   c. Reduction of nursemaid’s elbow
   d. Incision and drainage of superficial abscesses
   e. Lumbar puncture
   f. Foreign body removal from the skin, nose and ears
   g. Bladder catheterization (male and female)
   h. Moderate procedural sedation

2. Become competent in Emergency Department medical record documentation, including documenting an assessment statement, changes in Emergency Department course, and generating differential and final diagnoses. (SBP)

3. Become competent communicating and interacting effectively with patients, families and the variety of practitioners encountered in the Emergency Department. (PROF)

4. Improve teaching skills and inter-professional education though interaction with a variety of learners with differing levels of experience (4th year medical students, 3rd year medical students, preclinical medical students, PA students, pediatric dental residents, dental students, nursing students, and shadowers – typically college and high school students) (PBLI)

Teaching and Learning

During this rotation you will have the opportunity to work closely with faculty from the Division of Pediatric Emergency Medicine. Patients will be seen by both you and the attending on-duty. Cases are to be discussed and management plans formulated.
Faculty will provide you with immediate feedback on your initial diagnostic and management plans, interpretation of clinical data, prioritization of interventions and performance of clinical procedures. As adult learners we expect you to be proactive in your learning, requesting assistance and information as needed, but also seeking information from electronic and textbook sources as well. You have been provided with a reference list of select Pediatric Emergency Medicine topics to be used to either fill-in gaps in knowledge or strengthen your existing knowledge base. The attendings can provide direction about how to access additional resources and references.

After performing various procedures you are required to log the procedure in E*Value, even if unsuccessful. These will be reviewed with your class advisor twice a year. Many fellowship programs and potential employers will ask for documentation of your procedure experience so be sure to keep your documentation up to date. If clinical circumstances do not provide you with adequate opportunity to practice and demonstrate specific skills/procedures, then you can use some of your 'down time' to discuss and demonstrate the desired skills/procedures through simulation.

**Conferences**

In response to your survey feedback, we are in the process of redesigning our educational curriculum in the PED.

Starting this year, we will hold didactic/case conferences immediately followed by simulation sessions twice during each rotation. They will be held from 8 am until 10 am in the Pediatric ED Room 7. You will receive the schedule at the beginning of your rotation. Please make note of interesting cases so you can present them in this interactive forum.

All residents on their PEM rotation are expected to attend. We recognize that at times this may require you to come in early, stay late, or participate when you are not scheduled in the PED. Remember, this is for your learning and improvement.

As the year progresses, we hope to develop and add additional learning opportunities such as 10-15 minute computer based lectures that address topics you deem important. All this is exciting, but also means that we will need continued feedback on what you think works best. We look forward to hearing from you as we continue to improve the educational experience in the ED.

**Pediatric Noon Conferences**

Attendance at these conferences is at the discretion of the PED attending on duty and should be discussed with him/her at the start of the day. Priority will be given to interns if only one resident is able to leave.

07/10/2015
Faculty Rotation Advisor

Each month, one PEM division faculty member will serve as a rotation advisor. He or she will be available to discuss and help formulate individualized learning objectives for the rotation. **Please make contact with your faculty advisor during the first week of your rotation.** Since you may not actually work with him or her during a shift this contact should occur via email or phone. You will be provided with contact information before the rotation starts. Monthly rotation advisors are also responsible for identifying and providing timely feedback if concerns arise about your performance during the rotation. **If you want specific feedback about your performance during the rotation, contact your faculty advisor to set up a meeting mid-way through the rotation.**

The monthly rotation advisor will be responsible for collecting feedback on your performance during the rotation from all the PEM faculty and compiling it into one on-line evaluation submitted at the end of the rotation. All division faculty members are provided with a Guide to the Milestone Evaluation in order to standardize the evaluation process. You have also been provided with this document. Please take a look at which of the milestones have been included and take note of what faculty will be looking for when they provide you with feedback.

**Emergency Absences (illness, personal emergencies, etc)**

If a resident is unable be present for any or all of his/her ED shift because of illness or other personal emergency, then the resident must notify the Chief Residents so that coverage can be arranged.

**UNC Pediatric Emergency Department Top 10 Tips for Success**

1) Make sure you review the Epic ED environment (EMERG DEPT UNC) before your first shift
2) Review the orientation manual & contact your assigned attending
3) Notify someone (attending, upper level resident, nurse) *immediately* if you feel the patient is sick (i.e. “toxic appearing” and you want to start with “ABCs”)
4) Plan to spend no more than 10-15 minutes on the initial H&P
5) Synthesize the information gathered into a prioritized differential (and plan)
6) Consult with a specific question
7) Follow-up on ancillary studies (labs, xrays, etc.) and keep the attending, as well as the patient/family informed
8) Take time to have a clear disposition discussion with patients & families. Talk to the PCP if necessary. *Document* what you discussed.
9) Let your attending know of any specific learning objectives, concerns, etc.
10) Have and take an active role in your own learning!

PEM References:


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