

PEDIATRIC EMERGENCY MEDICINE

Department Of Pediatrics

SCOPE OF PRACTICE

PGY-4 – PGY-6

The Fellowship in Pediatric Emergency Medicine (PEM), accredited through the American Board of Pediatrics and ACGME, is a three year specialized training program designed to provide and refine knowledge and skills regarding the care of acutely ill and injured children. Candidates must complete a three-year residency in General Pediatrics or Emergency Medicine to be eligible.

The fellowship is intended for physicians to acquire particular expertise and skills in clinical practice, teaching, investigative research and administrative functions related to the field of pediatric emergency medicine. The clinical information and skills acquired during residency training will be sharpened and focused as the fellow gains new knowledge and experience pertinent to the emergency management of seriously ill and injured children. The fellow will participate in teaching of both medical and lay personnel on topics related to pediatric emergency medicine in a variety of formats. An understanding of clinical research will be fostered through course study in research design and the development and execution of a research project. In addition, exposure to the administrative aspects of managing an emergency department will be afforded the fellow during the years of training.

PGY-4

Goals:

- Gain experience in managing Pediatric Emergency Department patients.
- Learn to provide care to ill and injured children of all levels of acuity.
- Learn to prioritize and simultaneously care of multiple patients.
- Learn to be an effective team member who works efficiently with nurses, ancillary services and consulting physician groups.
- Assume bedside teaching role for junior residents and medical students.
- Be exposed to the many administrative tasks related to providing Pediatric Emergency care (scheduling, billing, patient satisfaction, quality improvement and implementing research projects).

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Patient Care:

- Provide state of the art pediatric emergency management of common pediatric emergencies and urgencies, including, but not limited to: respiratory distress, seizures, cardiac arrhythmias, allergic reactions, toxic ingestions, hypoglycemia, diabetic ketoacidosis, meningitis, appendicitis, pelvic inflammatory disease, intussusception, volvulus, febrile neonate and infant, fever and neutropenia, and testicular torsion.
- Perform common pediatric procedures including, but not limited to: lumbar puncture, simple and complex laceration repair, reduction of commonly dislocated joints, esophageal bougienage, hernia reduction, splinting, intravenous, intraosseous and central venous line placement, tracheal intubation with and without rapid sequence induction/intubation, chest tube placement, cardioversion and procedural sedation.

Medical Knowledge:

- Acquire knowledge regarding the etiology and natural history of common pediatric emergencies and urgencies.
- Know potential complications of common pediatric procedures.

Interpersonal and Communication skills:

- Communicate effectively with patients, families, nursing staff, Emergency Medical Service personnel, ancillary service personnel, referring physicians and consultants.
- Complete in a timely matter and provide legible and comprehensive medical record documentation.

Professionalism:

- Follow the standards of behavior established by the Medical University of South Carolina.
- Adhere to the dress code established by the Medical University of South Carolina.

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- Acknowledge the needs of cultural diverse patient populations.

Practice-based learning and improvement:

- Focus self education activities on diagnosis and initial management of pediatric problems presenting to the emergency department.
- Participate in educational activities of the Pediatric Emergency Medicine faculty (didactic lectures, case reviews, Journal Club, simulation lab, Pediatric Emergency Medicine portal and Pediatric Advanced Life Support courses).
- Become familiar with Pediatric Emergency Department quality improvement activities.
- Use Pediatric Emergency Medicine faculty as a source for references, information, experience and style.

Systems-based practice:

- Document patient information to promote seamless patient care, accurate billing and a medico-legally sound record.
- Become familiar with Patient Safety (systems analysis) activities of the Pediatric Emergency Department.
- Provide situation and age-appropriate injury prevention information and available community injury prevention resources.
- Provide follow-up communication with referring physicians to gain knowledge in regard to practice types, delivery systems, available resources and the cost and quality of these practice types and systems.
- Become familiar with the coordination process necessary to implement a research project involving Pediatric Emergency Department patients.

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PGY-5

Goals:

- Assume more of a leadership role in managing Pediatric Emergency Department patients.
- Provide care to ill and injured children of higher acuity.
- Prioritize and begin to simultaneously care for multiple patients.
- Be an effective team member who works efficiently with nurses, ancillary services and consulting physician groups.
- Supervise and provide bedside teaching to junior residents and medical students.
- Participate in one or more administrative tasks related to providing Pediatric Emergency care (scheduling, billing, patient satisfaction, quality improvement and implementing research projects).

Patient Care:

- Improve ability to independently provide state of the art pediatric emergency management of common pediatric emergencies and urgencies, including, but not limited to: respiratory distress, seizures, cardiac arrhythmias, allergic reactions, toxic ingestions, hypoglycemia, diabetic ketoacidosis, meningitis, appendicitis, pelvic inflammatory disease, intussusception, volvulus, febrile neonate and infant, fever and neutropenia, and testicular torsion.
- Improve ability to independently perform and supervise common pediatric procedures including, but not limited to: lumbar puncture, simple and complex laceration repair, reduction of commonly dislocated joints, esophageal bougienage, hernia reduction, splinting, intravenous, intraosseous and central venous line placement, tracheal intubation with and without rapid sequence induction/intubation, chest tube placement, cardioversion and procedural sedation.

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PGY-4 – PGY-6

Medical Knowledge:

- Expand knowledge regarding the etiology and natural history of common pediatric emergencies and urgencies.
- Know alternative methods to common pediatric procedures and the benefits and complications of each so as to be capable of tailoring procedures to the needs of individual patients.
- Establish self-education habits that assure continued state of the art practice of Pediatric Emergency Medicine.

Interpersonal and Communication skills:

- Communicate effectively with patients, families, nursing staff, Emergency Medical Service personnel, ancillary service personnel, referring physicians and consultants.
- Complete in a timely matter and provide legible and comprehensive medical record documentation.

Professionalism:

- Follow the standards of behavior established by the Medical University of South Carolina.
- Adhere to the dress code established by the Medical University of South Carolina.
- Acknowledge the needs of cultural diverse patient populations.
- Set an example to junior residents and medical students in regard to professionalism.

Practice-based learning and improvement:

- Expand self education activities on diagnosis and initial management of pediatric problems presenting to the emergency department.

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- Organize, lead and improve educational activities of the Pediatric Emergency Medicine faculty (didactic lectures, case reviews, Journal Club, simulation lab, Pediatric Emergency Medicine portal and Pediatric Advanced Life Support courses).
- Initiate and participate in Pediatric Emergency Department quality improvement activities.
- Use Pediatric Emergency Medicine faculty as a source for references, information, experience and style.

Systems-based practice:

- Look for opportunities of improving documentation of patient information to promote seamless patient care, accurate billing and a medico-legally sound record.
- Participate in Patient Safety (systems analysis) activities of the Pediatric Emergency Department.
- Look for opportunities to improve situation and age-appropriate injury prevention information and making patients aware of available community injury prevention resources.
- Provide follow-up communication with referring physicians to gain knowledge in regard to practice types, delivery systems, available resources and the cost and quality of these practice types and systems.
- Participate in the coordination process necessary to implement a research project involving Pediatric Emergency Department patients.

PGY-6

Goals:

- Assume leadership role in managing Pediatric Emergency Department patients.
- Provide care to ill and injured children of all levels of acuity.

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- Prioritize and simultaneously care of multiple patients.
- Be an effective team member who works efficiently with nurses, ancillary services and consulting physician groups.
- Supervise and provide bedside teaching to junior residents and medical students.
- Participate in one or more administrative tasks related to providing Pediatric Emergency care (scheduling, billing, patient satisfaction, quality improvement and implementing research projects).

Patient Care:

- Progress to independently providing state of the art pediatric emergency management of common pediatric emergencies and urgencies, including, but not limited to: respiratory distress, seizures, cardiac arrhythmias, allergic reactions, toxic ingestions, hypoglycemia, diabetic ketoacidosis, meningitis, appendicitis, pelvic inflammatory disease, intussusception, volvulus, febrile neonate and infant, fever and neutropenia, and testicular torsion.
- Progress to independently performing and supervising common pediatric procedures including, but not limited to: lumbar puncture, simple and complex laceration repair, reduction of commonly dislocated joints, esophageal bougienage, hernia reduction, splinting, intravenous, intraosseous and central venous line placement, tracheal intubation with and without rapid sequence induction/intubation, chest tube placement, cardioversion and procedural sedation.

Medical Knowledge:

- Expand knowledge regarding the etiology and natural history of common pediatric emergencies and urgencies.

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- Know alternative methods to common pediatric procedures and the benefits and complications of each so as to be capable of tailoring procedures to the needs of individual patients.
- Establish self-education habits that assure continued state of the art practice of Pediatric Emergency Medicine.

Interpersonal and Communication skills:

- Communicate effectively with patients, families, nursing staff, Emergency Medical Service personnel, ancillary service personnel, referring physicians and consultants.
- Complete in a timely matter and provide legible and comprehensive medical record documentation.
- Learn communication skills needed to be effective with administrative, media and political leaders.

Professionalism:

- Follow the standards of behavior established by the Medical University of South Carolina.
- Adhere to the dress code established by the Medical University of South Carolina.
- Acknowledge the needs of cultural diverse patient populations.
- Set an example to junior residents and medical students in regard to professionalism.

Practice-based learning and improvement:

- Expand self education activities on diagnosis and initial management of pediatric problems presenting to the emergency department.

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Systems-based practice:

- Look for opportunities of improving documentation of patient information to promote seamless patient care, accurate billing and a medico-legally sound record.
- Participate in Patient Safety (systems analysis) activities of the Pediatric Emergency Department.
- Look for opportunities to improve situation and age-appropriate injury prevention information and making patients aware of available community injury prevention resources.
- Provide follow-up communication with referring physicians to gain knowledge in regard to practice types, delivery systems, available resources and the cost and quality of these practice types and systems.
- Participate in the coordination process necessary to implement a research project involving Pediatric Emergency Department patients.