Goals and Objectives for Pediatrics Rotation for Residents in Emergency Medicine

The Pediatric rotation in PGY1 is intended to give residents a broad experience in Pediatrics and to help them become comfortable dealing with all aspects of Pediatric care. It is particularly important for them to develop skills in assessing children and dealing with their families. They will begin to learn and perform procedural skills in Pediatrics.

MEDICAL EXPERT

1. The resident should have an understanding of the applied anatomy and physiology with respect to the problems and conditions found on the wards.

2. Demonstrate the unique communication skills necessary to obtain thorough, focused neonatal and pediatric histories from children, parents or other caregivers.

3. Elicit key physical signs in children despite potential poor compliance.

4. The pediatric resident should be able to:
   a. Recognize the unique natural history of neonatal and pediatric diseases.
   b. Recognize the heat regulation problems in infants and the need for careful environmental control during evaluation.
   c. Recognize limited host resistance and high risk of nosocomial infections in newborns.
   d. Recognize the need to individualize drug dosage and fluid administration on the basis of weight, and be able to calculate expediently nutritional and fluid and electrolyte requirements using standard formulas.
   e. Recognize and accommodate for the altered physiological drug administration.
   f. Recognize the normal range and wide variation with respect to diagnostic tests involving infants and children of different ages.
   g. Recognize the unique needs of the complex patient with chronic conditions.

5. Be able to diagnose and manage a variety of medical conditions including:
   a. Newborn illnesses – including jaundice, sepsis, seizures, feeding problems, failure to thrive, hypoglycemia, respiratory distress syndrome, TTN, neonatal resuscitation, prematurity and developmental concerns.
b. Respiratory illnesses – including asthma, croup, bronchiolitis, cystic fibrosis and pneumonia.

c. Cardiac disease – including innocent and pathologic murmurs, congenital heart disease, arrhythmias, congestive heart failure and Kawasaki disease.

d. CNS disease – including seizures, headaches, acquired brain injury and specific diseases affecting development (e.g. cerebral palsy).

e. Gastrointestinal diseases – including gastroenteritis and dehydration, and constipation.

f. Infectious diseases – including all common viral and bacterial infections.

g. Dermatology – including eczema, urticaria, newborn and erythematous rashes.

h. Hematology – including anemia and thrombocytopenia.

i. Child neglect and maltreatment – including skeletal injuries, skin lesions, sexual abuse and shaken baby syndrome.

j. Emergency management of issues around the complex patient with chronic conditions.

6. Demonstrate aseptic technique in performing medial procedures including:
   • Lumbar puncture
   • Bladder catheterization
   • Arterial and venous blood sampling
   • Intraosseous Line placement
   • Insertion of umbilical venous and arterial lines

7. Demonstrate proficiency in insertion of naso gastric feeding tubes.

COMMUNICATOR

1. Convey pertinent information on the neonatal and pediatric inpatients in different circumstances (over the phone, during ward rounds and case conferences).

2. Provide accurate and concise written information to other health professionals by means of dictated summaries and consultation notes.

3. Appreciate the importance of communicating not only with the child, but also the child’s parents and other family members.

4. Understand the crucial role the patient’s primary care physician plays not only during the hospitalization, but also after discharge, and communicates with them on a regular basis.
COLLABORATOR

1. Involve pediatric sub-specialists in diagnosing and managing children with multisystem complex medical issues.

2. Work together with fellow residents and medical students to ensure sharing of responsibility and workload in a pleasant and collegial working environment.

3. Recognize the key role the ward nursing and other staff play in ensuring optimal care for infants and children in hospital.

MANAGER

1. Appreciate the issues surrounding informed consent and refusal of treatment in children and adolescents and the right of adolescents to confidentiality.

2. Understand the costs and cost effectiveness of treatments and interventions for infants and children in a hospital setting.

HEALTH ADVOCATE

1. The resident should be an injury prevention and preventative health advocate which includes:
   a. Giving accurate information with respect to immunizations.
   b. Promoting safety in the home and on the street.
   c. Counseling re smoking and substance abuse.

SCHOLAR

1. Recognize the importance of self-assessment, self-directed learning and personal continuing education combined with integrated patient care.

2. Be able to critically appraise medical literature and apply these skills in practicing evidence-based medicine.

PROFESSIONAL

1. Appreciate the particular emotional and ethical issues surrounding the care of a sick infant or child and the need to involve parents, children’s advocates and other caregivers in providing support in difficult situations and circumstances.
2. Be aware of the life-long significance of serious or chronic illnesses in children and their impact on quality of life.

3. Demonstrate appropriate attitudes with respect to gender, culture and ethnicity.