

**Division of Pediatric Emergency Medicine
BC Children's Hospital
Department of Pediatrics, UBC**

**BCCH PEM
Orientation for Trainees**

Update July 2012

Residents Email

Educational Assistant:
Christine Carriere
ccarriere@cw.bc.ca

Students Email

Undergrad Education Program Assistant
Alejandro Huerta Rodas (MSIY3)
ahuertarodas@cw.bc.ca
Dale Rodas (MSIY4)
Dale.Rodas@cw.bc.ca

**We are committed to providing you
the Best Possible Rotation in
Pediatric Emergency Medicine,
and a Lifetime Experience!**

W elcome

The rotation at Children's ED is designed for YOU. We strive to provide the best teaching environment to allow you to gain skills for your career. The rotation is designed based on feedback of hundreds of previous trainees and is meant to give you a rewarding and educational experience.

The Emergency is where you will see the largest variety of pediatric conditions and have the opportunity to improve your diagnostic and management skills. Despite high variability of pediatric illness due to seasonality, you will likely see the most common pediatric illnesses at any time of the year, during your rotation.

Please read all the information presented in this booklet to maximize your experience on this rotation and to help you provide the best care to your patients. We look forward to working with you and hope you enjoy your rotation.



Orientation

Orientation sessions @ 8:30 – 9:30 and your Attendance is mandatory; unless your rotation starts before the BLK begins or much later. You will be orientated on the system in emergency @ this session. The location of the sessions may vary due to availability of rooms please see list of BLK's, dates and locations below.

2012

BLK1 – Tuesday July3 - 8:30 – 9:30 / C-311

BLK2 – July 30 - 8:30 – 9:30 / C-311

BLK3 - Aug 27 – 8:30 – 9:30 / Emergency Urgent Care

BLK4 - Sept 24 – 8:30 – 9:30 / C-311

BLK5 - Oct 22 – 8:30 – 9:30 / C-311

BLK6 - Nov 19 – 8:30 – 9:30 / Emergency Urgent Care

BLK7 - Dec 17 – 8:30 – 9:30 / C-311

2013

BLK8 - Jan 14 – 8:30 – 9:30 / Emergency Urgent Care

BLK9 - Feb 11 – 8:30 – 9:30 / Emergency Urgent Care

BLK10 - Mar 11 – 8:30 – 9:30 / Emergency Urgent Care

BLK 11 - April 8 - 8:30 – 9:30 / Emergency Urgent Care

BLK12 - May 6 – 8:30 – 9:30 / Emergency Urgent Care

BLK13 - June 3 – 8:30 – 9:30 / Emergency Urgent Care

Formal Teaching

Thursday 8-12:30 is our weekly academic half-day. We expect you to be there every Thursday of your rotation except if you are expected to be at your specialty specific academic day. Attendance in these rounds is required even if you have worked the evening or overnight shift the night before. In order to allow

you to participate in our Subspecialty rounds, those trainees scheduled on a Thursday morning shift (ACUTE 8am-4 pm & URGENT CARE 10am – 6pm or 11 am to 6 pm) will complete their shift following rounds at noon.

Please make sure to sign your name on the attendance list, as this will serve in your final evaluation.

Residents that will attend our academic half day will present as a group literature review. One of the senior fellows will supervise and will guide you through this. Each resident will have approximately 20 minutes to present. The session will be part of your end of rotation summary that will be sent to your program. If you will be away on vacation / course you will be scheduled to present on another day during the rotation

Simulator Sessions

We are pleased to welcome you to our high fidelity simulator program.

The simulator sessions are very popular and give you an opportunity to practice resuscitation scenarios in a supportive team setting. If your schedule allows, you will be scheduled for one or two simulator sessions over the course of your rotation. You are more than welcome to attend more than one session if your schedule permits. Please let Chris Carriere know if you are unable to attend your scheduled session. Our sessions are held in **E619 Shaughnessy building every Thursday 1-3 p.m.**

Evaluations

End-of-Shift Trainee Evaluation Form:

At the end of your shifts, please provide the attending staff with an 'End-of-Shift Evaluation Form'. Please record any procedures you performed in the space provided on the form. These can be obtained from the cupboard next to the 'Evaluation Board' in the ED doctors

work room. **It is your responsibility to give an evaluation form to your staff every shift.** It is a good idea also to ask your staff for verbal feedback on your performance toward the end of the shift. The education director will review the collection of forms at the end of the rotation in order to complete your end of rotation evaluation.

You will be evaluated on your professionalism, clinical skills, communication skills, knowledge, judgment, team work, use of evidence based medicine as well as your attendance at half day and your presentation (if applicable). More senior residents will also be evaluated on their teaching skills and their ability to manage the department.

End-of-Rotation Evaluation Form:

At the end of your rotation your program will receive an end of rotation summary for shifts and academic half day presentation if applicable. You will be asked to provide an email contact so we can send the end of rotation summary to your program.

Rotation Evaluation by Residents:

We would also appreciate it if you would complete end of shift evaluation forms for the attending staff. Your feedback allows us to keep improving our teaching!

Scheduling

Emergency medicine is different from other specialties that work primarily during weekday office hours with on call for evenings and weekends. We run 24 hours/day, 7 days/week, and 365 days/year. There are 5 shifts per 24 hour period, with double coverage from 10:00am-1:00 am. Your schedule is structured to provide you with an exposure to all types of shifts (day/ night/ acute/ fast-track) so that you get a true Emergency medicine experience!

We are a very popular program with eight to ten residents from 5-6 residency programs and 4-8 medical students in phase IV or V from UBC rotating through our program each month. In order to provide all learners with the best schedule possible, we use a specially developed computer scheduling program. We do our best to accommodate the other subspecialties' academic days and shift requests from you.

The schedule is made several months in advance to allow you to plan your ED rotation at Children's. During a four week rotation, you will be scheduled for 14-16 shifts, of which at least 4 will be weekend shifts, and up to 3-4 will be overnight shifts. Thursday a.m. is our mandatory academic half day.

U BC Year 2/3 Continuity Clinic

To avoid any scheduling conflicts residents will be required to advise PEM call scheduling well in advance of the dates they will attend this clinic.

In order to accommodate your requests during your rotation, you will have to submit them several months before the rotation. Ms. Carriere will advise you of the deadline. No further requests for time off will be accepted after that time.

Once the draft schedule is made, you will receive an electronic copy to ensure that there are no errors in that draft. Due to the complexity of the schedule we will receive no new requests and only errors will be dealt with. You will then receive the FINAL schedule.

PLEASE NOTE: Any shift swaps **MUST** be equitable (i.e. a weekend for a weekend, evening for an evening and between the same level of training). Changes to the schedule will only be approved by Ms. Carriere and in advance. If this is a last minute swap and Ms. Carriere is unavailable, you must receive approval from the responsible staff physician in the Emergency (604-875-2045). If this was approved, please leave a VOICE message (no e-mail) for Ms. Carriere 604-875-2000 ext 5435.

Similarly, **when you are sick** or can not make it to the shift, please notify us as soon as you can, so we can get organized for a possible replacement. **You must call Ms. Carriere or speak directly with the responsible Staff physician in the Emergency (604-875-2045) – do not leave him/her messages.**

For medical students, please contact Alejandro Huerto Rodas at ahuertorodas@cw.bc.ca and the staff Emergency Physician.

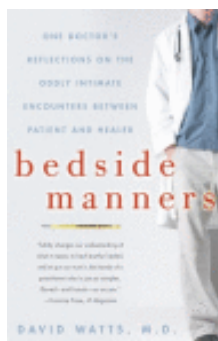
You may be required to make up some missed shifts in order to complete your rotation.



Survival Tips on shift

1. **Please wear your hospital identification at all times in order to be recognized.** It is a good idea to introduce yourself to your attending and the charge nurse at the start of your shift.
2. **Communicate** with the senior trainees or Staff physician in order to make sure excellent and timely care is provided to the patients, and that you are able to receive feedback and learn quickly from one shift to the next.
3. We pride ourselves on outstanding patient care, and the children we treat are the focus of our work. Sharpen your bed-side manners before your rotation, and be open to constructive feedback around this topic.
4. During your rotation, you will be exposed to a large number of children with infectious processes. Look after yourself. Wash your hands, wear gloves (and masks where applicable), and keep your stethoscopes clean. If you have not had chicken pox, you are excused from seeing patients with chicken pox.
5. While you will generally see patients after the nurse evaluated them in the room, you may be able to see the patient earlier if the nursing team is busy. Make sure to let the Charge Nurse know if you will be going to the examination room before the nurse. Make sure you keep the nurse responsible to the patient updated regarding all patient management plans. No patient should be discharged without a full set of vital signs documented.
6. Make sure to **work in a team** with all other trainees and health care providers in the department.

Good bedside manners not only improve interactions with patients, but also advance health professionals' careers. Evidence suggests those who have strong relationships with their patients not only provide better care but are less likely to get sued, and may be more likely to move up the professional ranks. Consider reading: **Bedside Manners** by David Watts, M.D. (Three Rivers Press)



or if their condition is deteriorating. While you are encouraged to participate, the Staff physician or PEM fellow should respond immediately to all critically ill patients in order to provide optimal and timely care.

More information on our Canadian **Pediatric Triage and Acuity Scale** can be found at "Implementation Guidelines for Emergency Departments" – Canadian Journal of Emergency Medicine 2001.

<http://caep.ca/template.asp?id=73A22E40F89D41FA9CB85D938611B8C0>

7. Orders for medications should first be cleared with the attending staff, written in a dose/Kg and total dose format, and then given to the nursing staff (not the unit clerk).
8. All shifts begin and end with HAND-OVER. In general you will participate in this process. If the department is extremely busy and patients wait a very long time, you may be asked to see your first patient rather than participate in handover. Before you leave your shift, it is essential that all patients you have managed and followed-up be handed-over in detail. The Staff physician you worked with should be updated and you should be part of the hand-over process.
9. All patients are assessed and scored (CTAS score) by the triage nurse to determine their acuity of illness and how urgently specific management is required.
 - Level 1 – resuscitation, immediate attention**
 - Level 2 – emergent, treatment within 15 minutes**
 - Level 3 – urgent, treatment within 30 minutes**
 - Level 4 – semi-urgent, treatment within 60 minutes**
 - Level 5 – non-urgent, treatment within 120 minutes**
10. When you initially assess a patient, determine the level of acuity and need for treatment before getting too involved in the details of the history. Let the Staff physician or PEM Fellow know if patients need immediate treatment (e.g. pain relief, inhalation meds, other)

11. In the ED, the patients need a FOCUSED history and physical examination. The ED forms allow you to organize your history and physical exams. Ensure your notes are legible and succinct. Treatments and investigations should be clearly written. You should write follow-up notes when you reassess a patient. Documentation of discharge advice is critical. Please be sure to complete the discharge form and have parents sign it.
12. Follow your patients when they have procedures done. You will be able to participate in many procedures over the course of your rotation (e.g. casting, suturing, LP's, etc.).

13. Enjoy your rotation!!

Want to learn more about handover?

'Emergency department patient handovers should be a seamless process, both for the patient and physicians. Read more at: Singer and Jase. Pediatric Emergency Care. 1996;22(10):751.



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Reading

We recommend:

'Handbook of Pediatric Emergencies' as a start. This is a 'local' book written by the Children Hospital staff and edited by Dr. Greg Baldwin.

'The Textbook of Pediatric Emergency Medicine' by Fleisher et al is a great resource. The first third of the book is complaint based. You can use it to read up on cases as you see them:

Textbook of Pediatric Emergency Medicine,

Gary R Fleisher, Stephen Ludwig, Fred M Henretig, and Richard M Ruddy

'Tarascon Pediatric Emergency Pocketbook',

Steven G. Rothrock

Clinical Manual of Emergency Pediatrics Value Pack

Ellen F. Crain and Jeffrey C. Gershel

Pediatric Emergency Medicine

Jill M. Baren, Steven G. Rothrock, John Brennan, and Lance Brown

Other learning resources in the ED include

'Just in Time' tutorials

and

the tablet computers for **pediatric X-rays**.

Websites

Here are some recommended sites that may be helpful during your rotation in Pediatric Emergency Medicine:

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PEM-Database: database of useful websites, clinical practice guidelines and updated literature
<http://www.pemdatabase.org/>

Canadian Pediatric Society: excellent source of patient handouts and clinical practice guidelines
<http://www.cps.ca>

Radiology Cases in Pediatric Emergency Medicine: great case-based tutorials on approach to pediatric X-rays.
www.hawaii.edu/medicine/pediatrics/pemxray/pemxray.html

American Academy of Pediatrics - Emergency Medicine
http://pediatrics.aappublications.org/cgi/collection/emergency_medicine

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS
WWW.CAEP.CA

Educational Goals and Objectives for the Medical Student

Medical Expert

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care and education.

The student *should know*:

- Growth and development milestones of children
- Immunization: timing, efficacy and side effects
- Clinical measurements of dehydration/volume depletion
- Causes and pathophysiology of fluid and electrolyte disorders
- Calculation for correction of acid/base abnormalities
- Pathophysiology of acute pediatric disorders by body system
- Pathophysiology and pharmacokinetics of toxicological syndromes
- Pathophysiology of infectious disorders
- Presentation of common malignancies
- Access to social agencies for psychosocial disorders
- Risk factors for child abuse/deprivation/family dysfunction
- Reporting responsibilities of the Child Protection Act

The student *should be able to*:

- Perform a clinical assessment and collect all appropriate information on an ill/injured child
- Recognize and measure normal and abnormal vital signs
- Develop differential diagnoses of specific clinical presentations in the infant/child
- Choose the laboratory and radiological investigations appropriate

to the immediate need of the critically ill/injured child

- Initiate management of acute disorders of body systems, toxicological syndromes, and infectious disorders
- Initiate management of child abuse/deprivation/family dysfunction

Techniques:

Observe:

- Chest decompression
- CPR/airway management
- Fracture reduction and immobilization
- Gastric lavage
- Intraosseous access

Perform:

- Lumbar puncture
- Venous access
- Wound management
- Simple suturing
- Casting

Communicator

- Communicate effectively and compassionately with the patient and family
- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Discuss appropriate information with patients/families and the health care team.

Collaborator

- Understand the importance of a multidisciplinary team and interact effectively with physicians, nurses, and other health professionals
- Consult effectively with other physicians and health care professionals.

Health advocate

- Identify the important determinants of health affecting patients.
- Contribute effectively to improved health of patients and communities.
- Understand various approaches to health care advocacy and policy change

- Recognize and respond to those issues where advocacy is appropriate.

Scholar

- Apply best practice to patient care decisions based on critical appraisal of relevant literature.
- Contribute to development of new knowledge.
- Demonstrate the skills of self-assessment and self-directed learning by identifying their own areas of improvement and addressing them with resources available.
- Develop, implement and monitor a personal continuing education strategy.
- Facilitate learning of patients, medical trainees/students and other health professionals.

Professional

- Deliver highest quality care with integrity, honesty and compassion.
- Demonstrate the maturity and responsibility expected of all professionals
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice medicine ethically consistent with obligations of a physician.

Manager

- Allocate finite health care resources wisely.
- Understand the basic principles of quality assurance/risk management issues
- Utilize information technology to optimize patient care and life-long learning
- Utilize resources effectively to balance patient care, learning needs, and outside activities.
- Work effectively and efficiently in a health care organization.

A dress code gives us a standard for our professional appearance to clients, co-workers and the community. As an organization, it is important to strive for a balance between the need for professionalism and the desire for comfort, cleanliness and self-expression. The following guidelines are established for all medical trainees working in the BCCCH Emergency Department and will help you determine what is appropriate to wear to work.

- All clothing must be clean and appropriate for the work area. Scrubs are the preferred attire for work in the clinical setting.
- Pants that are similar to Dockers and/or nice looking dress pants are acceptable. Inappropriate pants include **jeans (of any kind)**, sweatpants, caprice, exercise pants, shorts of any kind, leggings and any spandex or other form-fitting pants.
- Inappropriate tops include tank tops, mid-riff, halter, sleeveless, sheer, halter tops, tops with bare shoulders or spaghetti straps.
- When involved with direct patient care, jewelry should be kept to a minimum. For effective hand washing, rings and watches must be removed. Rings often harbor more than an acceptable level of bacteria after hand washing. Rings also put staff and patients at risk for blood borne infections, as they have the potential to scratch and cause holes in gloves.
- Nails should be short, clean, healthy, and free of nail polish. Chipped nail polish and false nails can harbor microorganisms. Nail enhancements such as artificial nails, wraps, tips, acrylics, and gels are not to be worn by health care workers providing direct patient care or handling patient care products. Numerous studies have shown that HCP with nail enhancements have more bacteria on their nails both before and even after hand washing.
- Footwear should be clean, in good repair, and have non-skid soles. HCP involved in direct patient care should wear shoes with a closed toe and a closed heel.

Dress Code Guidelines