

UNIVERSITY OF MICHIGAN HEALTH SYSTEM · DEPARTMENT OF EMERGENCY MEDICINE
PEDIATRIC EMERGENCY MEDICINE FELLOWSHIP PROGRAM

Rotation:	Ambulatory Pediatrics
Institution:	University of Michigan Pediatric Ambulatory Clinics
Duration:	One (1) Month
Fellow Training Year:	EM trained PEM fellows (Year 1)
Supervising Faculty:	Heather Burrows M.D. PhD.

EDUCATIONAL GOALS:

1. PEM fellows will learn to perform a comprehensive assessment of children in the ambulatory setting of care including history, examination and development. *Competencies: MK, PC*
2. PEM fellows will learn the principles of anticipatory guidance offered to children and families in an ambulatory community setting. *Competencies: MK, PC*
3. PEM fellows will learn age appropriate methods to interact with healthy children as well as those with complex disease processes and /or developmental disabilities. *Competencies: MK, PC, IC*
4. PEM fellows will learn to communicate effectively with both children and their care givers in a culturally sensitive manner as they discuss health related issues and preventative care. *Competencies: MK, PC, IC, P*
5. PEM Fellows will learn the concept of a “medical” home for children in the outpatient setting, and especially for children with special needs. *Competencies: MK, PC, SBP*
6. PEM fellows will understand the role of the primary pediatrician in the coordination of anticipatory, ongoing and acute follow up care of pediatric patients. *Competencies: PC, SBP*

EDUCATIONAL OBJECTIVES:

1. Demonstrate competence in gathering essential and accurate information in medical interviews, including relevant illness, past medical, family, social, diet, and developmental history. *Competencies: MK, PC, IC*
2. Demonstrate competence in performing a complete and accurate physical exam, including growth charting and developmental assessments when appropriate. *Competencies: MK, PC*
3. Demonstrate competence in presenting information in concise oral presentations and in timely and complete notes, and by completing concise and timely dictations. *Competencies: MK, PC*
4. Demonstrate competence in appropriately ordering and interpreting labs and studies commonly used in inpatient pediatrics, taking into account age-related normal values. (Refer to Harriet Lane Handbook) *Competencies: MK, PC*
5. Demonstrate competence in clinical decision making, by basing decisions on patient data, current scientific evidence and appropriate judgement. *Competencies: MK, PC*
6. Demonstrate competence in developing and implementing patient care management plans that are appropriate, efficient and cost-effective. *Competencies: MK, PC, SBP*
7. Demonstrate competence in counseling patients and families, specifically by:
 - Sharing information about illness and treatment
 - Encouraging involvement in patient care and clinical decisions
 - Preparing them for discharge
8. Interpreting and utilizing appropriate resources that assist in educating patients and families *Competencies: MK, PC, P, IC, SBP*
9. Demonstrate competence recognizing, providing an age appropriate differential diagnosis, and providing a rational inpatient approach to diagnosis and treatment for each of the following common signs and symptoms in general inpatient pediatrics:
 - General: failure to thrive, weight loss, fever without localizing signs

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- Cardiovascular: hypotension, hypertension
 - Dermatologic: rashes, petechiae, purpura, ecchymoses, urticaria, edema
 - Endocrine: polyuria, polydipsia
 - GI/Nutrition/Fluids: diarrhea, vomiting, dehydration, abdominal pain, abdominal masses, hematemesis, hematochezia, jaundice
 - GU/Renal: hematuria, edema, decreased urine output, dysuria
 - Musculoskeletal: arthritis/arthralgia
 - Neurologic: seizure, headache, altered mental status, developmental delay
 - Psychiatric: depression, suicide attempt, child abuse or neglect
 - Respiratory: tachypnea, increased work of breathing, apnea, cyanosis, stridor, wheezing, cough, respiratory failure.
 - **Competencies: MK, PC**
10. Demonstrate competence in communicating with parents/caregivers/families by establishing rapport, inspiring confidence and trust and keeping them informed and involved in clinical care decisions. **Competencies: PC, IC, P**
 11. Demonstrate cultural competence by showing respect for patient's and families beliefs, religion, ethnicity and culture. **Competencies: PC, P, IC**
 12. Demonstrate competence in communicating effectively in difficult situations, such as with an angry parent, with a parent who wishes to leave AMA, or in cases of suspected child abuse or neglect. **Competencies: PC, P, IC**
 13. Demonstrate competence in promoting continuity of care, by keeping primary care physicians updated. **Competencies: PC, SBP, IC**
 14. Demonstrate competence in being an effective team member, by promoting a collegial environment with fellow physicians, students, nurses and all ancillary colleagues. **Competencies: IC, P, SBP**
 15. Demonstrate competence in regularly making evidence-based decisions in patient care by:
 - Formulating pertinent clinical questions
 - Retrieving and critically appraising relevant up-to-date information
 - Applying that information to inform clinical decisions
 - **Competencies: PC, PBLI**
 16. Demonstrate competence as a Resident Teacher, by:
 - Supervising M3's: observe and provide feedback about history, exam and oral presentation skills, discuss case seen together, teach topics (see resources below)
 - Supervising residents
 - **Competencies: PC, PBLI**
 17. Demonstrate competence in self-improvement, by seeking out and applying constructive feedback that can improve your skills as a physician. **Competencies: MK, PC**
 18. Demonstrate competence in understanding cost-effective inpatient care by discussing issues of cost and access when relevant to individual patient situations. **Competencies: PC, SBP, PBLI,**

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P, IC

DESCRIPTION OF CLINICAL EXPERIENCE:

Fellows contact Dr. Burrows one month in advance of rotation to confirm clinical schedule and clinic site. Fellows are released to attend Pediatric Emergency Medicine conferences on Wednesday (and/or Tuesday/Thursday to attend track programs as determined by schedule timing/track assignment. Fellows may work some evening clinic hours, but do not take call.

DESCRIPTION OF DIDACTIC EXPERIENCE:

Fellows are referred to the internal website below for access to didactic materials:

UM Clinical Guidelines (UMHS Home Page) <http://www.med.umich.edu/clinical/index.html>

- Hyperkalemia
- DKA
- Asthma
- Pain Management
- MD Consult for Nelson's Textbook of Pediatrics
- Red Book
- Harriet Lane Handbook
- Books Evidence Based Medicine
- Zitelli's Atlas of Pediatric Physical Diagnosis

Resources for Teaching/Education:

- Student Inpatient Curriculum
- Cases
- Test Questions
- Brief Structured Observation
- Recommended Reading List covering pediatric core curriculum.

FEEDBACK MECHANISMS:

Specific problems or notations of excellence identified through verbal or written communication regarding the fellow are immediately brought to the attention of the involved fellow. Fellows receiving an overall poor performance grade (less than satisfactory evaluation for rotation) are notified immediately and meet with the PD. Fellows who receive notation for improvement in some areas (but pass the overall rotation) are given a work plan for educational intervention with specific timeline for completion and reevaluation. Fellows who do not pass this overall rotation will meet with the PD for remediation work plan, including timetable for reevaluation, UMHS notifications as required by GME and repeat the rotation. Monthly evaluations are placed in the fellow's file and are available for review at any time by the fellow, but are also reviewed during quarterly meetings with the PD. Fellows are encouraged to review their evaluations online regularly and at least monthly.

Accreditation Council for Graduate Medical Education (ACGME) Core Competency Key:

PC = Patient Care; MK = Medical Knowledge; PBLI = Practice-Based Learning and Improvement; IC = Interpersonal and Communication Skills; P = Professionalism; SBP = Systems-Based Practice

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Reviewed		11/2006		06/30/2009	05/2011		
Revised	06/2005		11/2008		05/2011		
Initial(s)	MN	MN	MN	MN	MN		