Residents spend time in block rotations totaling at least 4 months divided among each of the three years of residency training in the Emergency Department at Comer Children's Hospital throughout residency and La Rabida Children’s Hospital during the final year of residency. A detailed description of resident responsibilities is found on the Chief Resident website → emergency medicine → expectations for residents. The resident is expected to read this thoroughly before beginning the rotation.

A. Patient Care:

1. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, diagnostic/therapeutic procedures, and subspecialist consultation when appropriate.
2. With the assistance of the attending physician, make informed recommendations about preventative, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
3. Develop, negotiate and implement effective patient management plans and integration of patient care.
4. Discuss all evaluations and plans with the ED attending prior to the patient’s discharge.
5. Discuss or demonstrate basic skills in performing common ED procedures, e.g., suturing, splinting, incision and drainage of superficial abscesses, lumbar puncture, arterial and venipuncture.
6. Provide supervision for students and interns in basic skills performed in the emergency department.
7. Provide direct care for the severely ill and injured children in the emergency department.
8. Supervise and initiate care of the children with minor injuries and illnesses with interns and students.

B. Medical Knowledge:

1. Demonstrates ability to recognize a sick child vs. not sick child in any clinical situation.
   a. 100% of time resident is aware of vital signs and can identify concerning deviations for normal ranges.
   b. > 75% of time correctly identifies which patient should be admitted.
   c. > 75% of time is gathering essential information through history and physical.
   d. > 75% of time recognizes retractions, tachypnea, nasal flaring and grunting as signs of respiratory distress.
   e. > 75% of time recognizes poor capillary refill, decreased peripheral pulses, decreased skin turgor and altered mental status as signs of decreased end organ perfusion and concerning for sepsis, SIRS or cardiac shock.
   f. Can correctly calculate a Glasgow Coma Scale for < 2 years of age and > 2 years of age.
2. Demonstrates ability to stabilize a clinically unstable or decompensating pediatric patient.
   b. Uses evidence based practice or existing clinical guidelines to initiate management of asthmatics/bronchiolitis/pneumonia in severe respiratory distress.
   c. Uses evidenced based practice to quickly initiate therapy for pediatric patients presenting in septic shock or SIRS.
      i. Aware of septic shock pathway and order set.
   d. Knows and can appropriately order first line anti-epileptic medications.
   e. Knows and can appropriately order antiepileptic medications for patients resistant to first line therapy/ in status epilepticus.
f. Knows and can appropriately order / dose D10, D25 or D50 to reverse acute unstable hypoglycemia

g. Understands initial strategies for acute stabilization of pediatric patients in SVT

h. Knows medication necessary to treat hypertensive urgency and emergency

i. Can initiate therapy to stabilize patients in acute anaphylaxis

j. Can initiate therapy to stabilize patients in acute diabetic keto-acidosis

   i. Understands risk of cerebral edema with rapid changes in intravascular osmolarity / osmotic gradient

   ii. Understands principles of pseudohyponatremia and pseudohyperkalemia

   iii. Appropriately orders normal saline bolus, insulin drip and orders maintenance IVF at appropriate rate and with necessary electrolyte supplementation

k. Can initiate therapy to stabilize a pediatric patient after ingestion of known or unknown toxin.

   i. Knows when to administer activated charcoal

   ii. Understands how to evaluate for (Rumack-Matthew nomogram) and when to initiate therapy following ingestion of acetaminophen (N-acetylcysteine)

l. Aware of means to communicate with Illinois Poison Control

3. Demonstrates the ability to successfully perform a lumbar puncture, incision and drainage, laceration repair, splinting, foreign body removal, bag mask ventilation

4. Demonstrate the ability to successfully gather the necessary equipment to perform an endotracheal intubation or needle thoracentesis if certain circumstances arise when practicing independently in the community

5. Demonstrates ability to coordinate care among multiple services and health care providers

   a. > 75% of the time demonstrates knowledge of when to call a subspecialty consult and when to make an independent clinical decision

   b. > 75% of time uses consultant advice judiciously while still maintaining the role of primary care provider

   c. 100% of time knows how to isolate a clinical question

   d. > 75% of time able to appropriately describe the clinical situation so consultant can answer said clinical question

6. Demonstrates appropriate knowledge to diagnose, work up and treat the variety of lower acuity injuries and illness that present to the emergency department.

   a. Refers to clinical guidelines when appropriate and understands the pathology/pharmacology behind those guidelines.

   b. Actively fills knowledge gaps when revealed during interactions with attendings and fellows.

   c. Specifically demonstrates evidenced based understanding of the following cardinal emergency medicine and pediatric decision rules:

      i. Closed head injury and PECARN decision rules

      ii. Fever < 2 months of age with Boston, Rochester and Philadelphia Criteria

      iii. AAP recommendations on UTI and Hematuria

      iv. AAP recommendations on acute bacterial rhinosinusitis

      v. Septic Shock Collaborative

      vi. Ottawa Ankle Rules

   d. Demonstrates understanding of diagnosis and management of following common pediatric orthopedic injuries.

      i. Supracondylar Fractures ( Type 1, 2 and 3)

      ii. Buckle fracture

      iii. Greenstick fractures

      iv. Clavicle fractures

      v. Toddler’s fractures

      vi. Nursemaid’s elbow
e. Demonstrates ability to diagnose and treat pediatric patients with burns.
   i. Can differentiate 1st, 2nd and 3rd degree burns (i.e. partial vs full thickness burn)
   ii. Can correctly determine the percent body surface area affected.
   iii. Knows how to utilize the Parkland formula to appropriately rehydrate a patient with significant burns.
   iv. Appropriately addresses pain in the burned child
   v. Knows indicates for admission to a burn until vs. outpatient management.
   vi. Understands how to appropriately apply emollients and antibiotic ointment and how to dress a burn.

f. Demonstrates knowledge and understanding in diagnosing and managing patients with suspicion of physical abuse.
   i. Demonstrates an understanding of concerning pediatric injuries including but not limited to:
      - Loop marks
      - Bucket handle fractures
      - Posterior rib fractures
      - Spiral fractures in non-weight bearing children
      - Cigarette appearing burns
   ii. Has a strong knowledge of developmental milestones to determine if presenting injuries could possibly occur accidentally.
   iii. Understands role as a mandatory reporter
   iv. Is able to have a conversation with families under difficult social situations.
   v. Understands when appropriate and how to utilize social work consultation
   vi. Can communicate with DCFS to create safety plan for a child or children.

g. Demonstrates knowledge and understanding in diagnosing and managing patients with suspicion of sexual assault.
   i. Can obtain history in a manner that does not influence potential forensic testimony
   ii. Demonstrates sensitivity to an emotionally difficult situation
   iii. Understands the time frame appropriate for obtaining a forensic rape kit and how to perform the examination/sample collection.
   iv. Understands which sexually transmitted disease test to obtain (which to discuss with family) and how to treat empirically for potential infection.
   v. Understands the principles of protected health information and how to manage difficult issue of discussing with family.
   vi. Can communicate with DCFS / CPD

h. Demonstrates knowledge and understanding in diagnosing and managing patients with psychiatric/behavioral disorders.
   i. Understands role as a mandated reporter for suicidal or homicidal ideation.
   ii. Understands the principles of protected health information with regards to minors.
   iii. Understands the principles of chemical and physical restraints. In this knows the limitations and oversight necessary for the implementation of restraint.
   iv. Knows when to appropriately consult psychological / psychiatric experts.
   v. Knows when involuntary admission to psychiatric facility is warranted and how to take steps to place patient.
C. Practice-Based Learning and Improvement:

1. Follow up and record the outcomes of laboratory results and hospital course on all patients to whom you provide care to learn whether your impressions and plans were correct
2. Analyze practice experiences to continually improve the quality of patient practice
3. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
4. Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

D. Interpersonal and Communication Skills:

1. Commits to idea/understanding that the overriding goal of care is to help patients not simply find a way to discharge
   a. Commits to helping individuals regardless of presenting complaint
   b. Utilizes education rather than criticism in approach to patients presenting with less acute medical needs.
2. Demonstrates professional behavior with family, patients and care-givers.
   a. Knocks; provides privacy; communicates thought, diagnosis, plan, risks/benefits.
   b. Discuss role as an adult learner and concept of discussing issues with senior attending physician.
   c. Provides clear information on disposition or discharge instructions
3. Gathers accurate /essential information without rushing family members or making judgments of responses.
4. Demonstrates respect, compassion, integrity, sensitivity and responsiveness to cultural differences.
5. Understands when how and why to obtain informed consent.
6. Keeps family informed and updated of test results and treatment plans.
7. Respects parents' roles as the primary medical decision maker in the lexicon of shared medical decision making. Gives parents the necessary knowledge to make informed decision by providing risks and benefits.

E. Professionalism:

1. Demonstrate respect, compassion, integrity and altruism in relationships with patients, families, and colleagues
2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
4. Recognize and identify deficiencies in peer performance and give constructive feedback
5. Refrain from judging families who have chosen the ED as a care location in lieu of a clinic option, but instead re-educate them on the importance of a medical home

F. Systems-Based Practice:

1. Discuss the limitations and opportunities inherent in various insurance coverage and delivery systems, and develop strategies to optimize care for the individual patient
2. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
3. Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
4. Describe the necessary components of a comprehensive pediatric emergency room
5. Remain sensitive to the need to provide expeditious care to minimize the number of patients who leave without being seen
6. Describe the available options for insurance coverage determined follow up care
7. Determine the need for expedited patient care at peak times of patient volume and direct patient flow and care to optimize ER utilization
8. Notes are complete; reach 10 pertinent points in HPI, 11 points in review of system, family history, social history, past medical history, medications, allergies, vaccination records.
9. Able to carry multiple patients at the same time while continuing to establish disposition and move care forward on those individuals.
Residents spend time in block rotations totaling at least 4 months divided among each of the three years of residency training in the Emergency Department at Comer Children’s Hospital throughout residency and La Rabida Children’s Hospital during the final year of residency. A detailed description of resident responsibilities is found on the Chief Resident website → emergency medicine → expectations for residents. The resident is expected to read this thoroughly before beginning the rotation.

A. Patient Care:

1. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, diagnostic/therapeutic procedures, and subspecialist consultation when appropriate
2. With the assistance of the attending physician, make informed recommendations about preventative, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
3. Develop, negotiate and implement effective patient management plans and integration of patient care
4. Discuss all evaluations and plans with the ED attending prior to the patient’s discharge
5. Discuss or demonstrate basic skills in performing common ED procedures, e.g., suturing, splinting, incision and drainage of superficial abscesses, lumbar puncture, arterial and venipuncture
6. Provide supervision for students and interns in basic skills performed in the emergency department
7. Provide direct care for the severely ill and injured children in the emergency department
8. Supervise and initiate care of the children with minor injuries and illnesses with interns and students

B. Medical Knowledge:

1. Demonstrates ability to recognize a sick child vs. not sick child in any clinical situation.
   a. 100% of time resident is aware of vital signs and can identify concerning deviations from normal ranges
   b. > 75% of time correctly identifies which patient should be admitted
   c. > 75% of time is gathering essential information through history and physical
   d. > 75% of time recognizes retractions, tachypnea, nasal flaring and grunting as signs of respiratory distress
   e. > 75% of time recognizes poor capillary refill, decreased peripheral pulses, decreased skin turgor and altered mental status as signs of decreased end organ perfusion and concerning for sepsis, SIRS or cardiac shock
   f. Can correctly calculate a Glasgow Coma Scale for < 2 years of age and > 2 years of age
2. Demonstrates ability to stabilize a clinically unstable or decompensating pediatric patient.
   a. Can correctly identify and utilize PALS algorithm for resuscitation of patient in cardiopulmonary arrest
   b. Uses evidence based practice or existing clinical guidelines to initiate management of asthmatics/bronchiolitis/pneumonia in severe respiratory distress
   c. Uses evidenced based practice to quickly initiate therapy for pediatric patients presenting in septic shock or SIRS
      i. Aware of septic shock pathway and order set
   d. Knows and can appropriately order first line anti-epileptic medications
   e. Knows and can appropriately order antiepileptic medications for patients resistant to first line therapy/ in status epilepticus
f. Knows and can appropriately order / dose D10, D25 or D50 to reverse acute unstable hypoglycemia

g. Understands initial strategies for acute stabilization of pediatric patients in SVT

h. Knows medication necessary to treat hypertensive urgency and emergency

i. Can initiate therapy to stabilize patients in acute anaphylaxis

j. Can initiate therapy to stabilize patients in acute diabetic keto-acidosis

   i. Understands risk of cerebral edema with rapid changes in intravascular osmolarity / osmotic gradient
   ii. Understands principles of pseudohyponatremia and pseudohyperkalemia
   iii. Appropriately orders normal saline bolus, insulin drip and orders maintenance IVF at appropriate rate and with necessary electrolyte supplementation

k. Can initiate therapy to stabilize a pediatric patient after ingestion of known or unknown toxin.

   i. Knows when to administer activated charcoal
   ii. Understands how to evaluate for (Rumack-Matthew nomogram) and when to initiate therapy following ingestion of acetaminophen (N-acetylcysteine)

l. Aware of means to communicate with Illinois Poison Control

3. Demonstrates the ability to successfully perform a lumbar puncture, incision and drainage, laceration repair, splinting, foreign body removal, bag mask ventilation

4. Demonstrate the ability to successfully gather the necessary equipment to perform an endotracheal intubation or needle thoracentesis if certain circumstances arise when practicing independently in the community

5. Demonstrates ability to coordinate care among multiple services and health care providers

   a. > 75% of the time demonstrates knowledge of when to call a subspecialty consult and when to make an independent clinical decision
   b. > 75% of time uses consultant advice judiciously while still maintaining the role of primary care provider
   c. 100% of time knows how to isolate a clinical question
   d. > 75% of time able to appropriately describe the clinical situation so consultant can answer said clinical question

6. Demonstrates appropriate knowledge to diagnose, work up and treat the variety of lower acuity injuries and illness that present to the emergency department.

   a. Refers to clinical guidelines when appropriate and understands the pathology/pharmacology behind those guidelines.
   b. Actively fills knowledge gaps when revealed during interactions with attendings and fellows.
   c. Specifically demonstrates evidenced based understanding of the following cardinal emergency medicine and pediatric decision rules:

      i. Closed head injury and PECARN decision rules
      ii. Fever < 2 months of age with Boston, Rochester and Philadelphia Criteria
      iii. AAP recommendations on UTI and Hematuria
      iv. AAP recommendations on acute bacterial rhinosinusitis
      v. Septic Shock Collaborative
      vi. Ottawa Ankle Rules
   d. Demonstrates understanding of diagnosis and management of following common pediatric orthopedic injuries.

      i. Supracondylar Fractures (Type 1,2 and 3)
      ii. Buckle fracture
      iii. Greenstick fractures
      iv. Clavicle fractures
      v. Toddler’s fractures
      vi. Nursemaid’s elbow
e. Demonstrates ability to diagnose and treat pediatric patients with burns.
   i. Can differentiate 1st, 2nd and 3rd degree burns (i.e. partial vs full thickness burn)
   ii. Can correctly determine the percent body surface area affected.
   iii. Knows how to utilize the Parkland formula to appropriately rehydrate a patient with 
        significant burns.
   iv. Appropriately addresses pain in the burned child
   v. Knows indicates for admission to a burn until vs. outpatient management.
   vi. Understands how to appropriately apply emollients and antibiotic ointment and how 
       to dress a burn.

f. Demonstrates knowledge and understanding in diagnosing and managing patients with 
   suspicion of physical abuse.
   i. Demonstrates an understanding of concerning pediatric injuries including but not 
      limited to:
      • Loop marks
      • Bucket handle fractures
      • Posterior rib fractures
      • Spiral fractures in non-weight bearing children
      • Cigarette appearing burns
   ii. Has a strong knowledge of developmental milestones to determine if presenting 
       injuries could possibly occur accidentally.
   iii. Understands role as a mandatory reporter
   iv. Is able to have a conversation with families under difficult social situations.
   v. Understands when appropriate and how to utilize social work consultation
   vi. Can communicate with DCFS to create safety plan for a child or children.

g. Demonstrates knowledge and understanding in diagnosing and managing patients with 
   suspicion of sexual assault.
   i. Can obtain history in a manner that does not influence potential forensic testimony
   ii. Demonstrates sensitivity to an emotionally difficult situation
   iii. Understands the time frame appropriate for obtaining a forensic rape kit and how to 
        perform the examination /sample collection.
   iv. Understands which sexually transmitted disease test to obtain (which to discuss with 
       family) and how to treat empirically for potential infection.
   v. Understands the principles of protected health information and how to manage 
      difficult issue of discussing with family.
   vi. Can communicate with DCFS / CPD

h. Demonstrates knowledge and understanding in diagnosing and managing patients with 
   psychiatric/behavioral disorders.
   i. Understands role as a mandated reporter for suicidal or homicidal ideation.
   ii. Understands the principles of protected health information with regards to minors.
   iii. Understands the principles of chemical and physical restraints. In this knows the 
        limitations and oversight necessary for the implementation of restraint.
   iv. Knows when to appropriately consult psychological / psychiatric experts.
   v. Knows when involuntary admission to psychiatric facility is warranted and how to take 
      steps to place patient.
C. Practice-Based Learning and Improvement:

1. Follow up and record the outcomes of laboratory results and hospital course on all patients to whom you provide care to learn whether your impressions and plans were correct
2. Analyze practice experiences to continually improve the quality of patient practice
3. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
4. Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

D. Interpersonal and Communication Skills:

1. Commits to idea/understanding that the overriding goal of care is to help patients not simply find a way to discharge
   a. Commits to helping individuals regardless of presenting complaint
   b. Utilizes education rather than criticism in approach to patients presenting with less acute medical needs.
2. Demonstrates professional behavior with family, patients and care-givers.
   a. Knocks; provides privacy; communicates thought, diagnosis, plan, risks/benefits.
   b. Discuss role as an adult learner and concept of discussing issues with senior attending physician.
   c. Provides clear information on disposition or discharge instructions
3. Gathers accurate/essential information without rushing family members or making judgments of responses.
4. Demonstrates respect, compassion, integrity, sensitivity and responsiveness to cultural differences.
5. Understands when how and why to obtain informed consent.
6. Keeps family informed and updated of test results and treatment plans.
7. Respects parents’ roles as the primary medical decision maker in the lexicon of shared medical decision making. Gives parents the necessary knowledge to make informed decision by providing risks and benefits.

E. Professionalism:

1. Demonstrate respect, compassion, integrity and altruism in relationships with patients, families, and colleagues
2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
4. Recognize and identify deficiencies in peer performance and give constructive feedback
5. Refrain from judging families who have chosen the ED as a care location in lieu of a clinic option, but instead re-educate them on the importance of a medical home

F. Systems-Based Practice:

1. Discuss the limitations and opportunities inherent in various insurance coverage and delivery systems, and develop strategies to optimize care for the individual patient
2. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
3. Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
4. Describe the necessary components of a comprehensive pediatric emergency room
5. Remain sensitive to the need to provide expeditious care to minimize the number of patients who leave without being seen
6. Describe the available options for insurance coverage determined follow up care
7. Determine the need for expedited patient care at peak times of patient volume and direct patient flow and care to optimize ER utilization
8. Notes are complete; reach 10 pertinent points in HPI, 11 points in review of system, family history, social history, past medical history, medications, allergies, vaccination records.
9. Able to carry multiple patients at the same time while continuing to establish disposition and move care forward on those individuals.
Residents spend time in block rotations totaling at least 4 months divided among each of the three years of residency training in the Emergency Department at Comer Children’s Hospital throughout residency and La Rabida Children’s Hospital during the final year of residency. A detailed description of resident responsibilities is found on the Chief Resident website → emergency medicine → expectations for residents. The resident is expected to read this thoroughly before beginning the rotation.

A. Patient Care:

1. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, diagnostic/therapeutic procedures, and subspecialist consultation when appropriate.
2. With the assistance of the attending physician, make informed recommendations about preventative, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
3. Develop, negotiate and implement effective patient management plans and integration of patient care.
4. Discuss all evaluations and plans with the ED attending prior to the patient’s discharge.
5. Discuss or demonstrate basic skills in performing common ED procedures, e.g., suturing, splinting, incision and drainage of superficial abscesses, lumbar puncture, arterial and venipuncture.
6. Provide supervision for students and interns in basic skills performed in the emergency department.
7. Provide direct care for the severely ill and injured children in the emergency department.
8. Supervise and initiate care of the children with minor injuries and illnesses with interns and students.

B. Medical Knowledge:

1. Demonstrates ability to recognize a sick child vs. not sick child in any clinical situation.
   a. 100% of time resident is aware of vital signs and can identify concerning deviations for normal ranges.
   b. > 75% of time correctly identifies which patient should be admitted.
   c. > 75% of time is gathering essential information through history and physical.
   d. > 75% of time recognizes retractions, tachypnea, nasal flaring and grunting as signs of respiratory distress.
   e. > 75% of time recognizes poor capillary refill, decreased peripheral pulses, decreased skin turgor and altered mental status as signs of decreased end organ perfusion and concerning for sepsis, SIRS or cardiac shock.
   f. Can correctly calculate a Glasgow Coma Scale for < 2 years of age and > 2 years of age.
2. Demonstrates ability to stabilize a clinically unstable or decompensating pediatric patient.
   b. Uses evidence based practice or existing clinical guidelines to initiate initiate management of asthmatics/bronchiolitis/pneumonia in severe respiratory distress.
   c. Uses evidenced based practice to quickly initiate therapy for pediatric patients presenting in septic shock or SIRS.
      i. Aware of septic shock pathway and order set.
   d. Knows and can appropriately order first line anti-epileptic medications.
   e. Knows and can appropriately order antiepileptic medications for patients resistant to first line therapy/ in status epilepticus.
f. Knows and can appropriately order / dose D10, D25 or D50 to reverse acute unstable hypoglycemia

g. Understands initial strategies for acute stabilization of pediatric patients in SVT

h. Knows medication necessary to treat hypertensive urgency and emergency

i. Can initiate therapy to stabilize patients in acute anaphylaxis

j. Can initiate therapy to stabilize patients in acute diabetic keto-acidosis

i. Understands risk of cerebral edema with rapid changes in intravascular osmolarity / osmotic gradient

ii. Understands principles of pseudohyponatremia and pseudohyperkalemia

iii. Appropriately orders normal saline bolus, insulin drip and orders maintenance IVF at appropriate rate and with necessary electrolyte supplementation

k. Can initiate therapy to stabilize a pediatric patient after ingestion of known or unknown toxin.

i. Knows when to administer activated charcoal

ii. Understands how to evaluate for (Rumack-Matthew nomogram) and when to initiate therapy following ingestion of acetaminophen (N-acetylcysteine)

l. Aware of means to communicate with Illinois Poison Control

3. Demonstrates the ability to successfully perform a lumbar puncture, incision and drainage, laceration repair, splinting, foreign body removal, bag mask ventilation

4. Demonstrate the ability to successfully gather the necessary equipment to perform an endotracheal intubation or needle thoracentesis if certain circumstances arise when practicing independently in the community

5. Demonstrates ability to coordinate care among multiple services and health care providers

a. > 75% of the time demonstrates knowledge of when to call a subspecialty consult and when to make an independent clinical decision

b. > 75% of time uses consultant advice judiciously while still maintaining the role of primary care provider

c. 100% of time knows how to isolate a clinical question

d. > 75% of time able to appropriately describe the clinical situation so consultant can answer said clinical question

6. Demonstrates appropriate knowledge to diagnose, work up and treat the variety of lower acuity injuries and illness that present to the emergency department.

a. Refers to clinical guidelines when appropriate and understands the pathology/pharmacology behind those guidelines.

b. Actively fills knowledge gaps when revealed during interactions with attendings and fellows.

c. Specifically demonstrates evidenced based understanding of the following cardinal emergency medicine and pediatric decision rules:

   i. Closed head injury and PECARN decision rules

   ii. Fever < 2 months of age with Boston, Rochester and Philadelphia Criteria

   iii. AAP recommendations on UTI and Hematuria

   iv. AAP recommendations on acute bacterial rhinosinusitis

   v. Septic Shock Collaborative

   vi. Ottawa Ankle Rules

   d. Demonstrates understanding of diagnosis and management of following common pediatric orthopedic injuries.

   i. Supracondylar Fractures (Type 1, 2 and 3)

   ii. Buckle fracture

   iii. Greenstick fractures

   iv. Clavicle fractures

   v. Toddler’s fractures

   vi. Nursemaid’s elbow
e. Demonstrates ability to diagnose and treat pediatric patients with burns.
   i. Can differentiate 1st, 2nd and 3rd degree burns (i.e. partial vs full thickness burn)
   ii. Can correctly determine the percent body surface area affected.
   iii. Knows how to utilize the Parkland formula to appropriately rehydrate a patient with
        significant burns.
   iv. Appropriately addresses pain in the burned child
   v. Knows indicates for admission to a burn unit vs. outpatient management.
   vi. Understands how to appropriately apply emollients and antibiotic ointment and how to
       dress a burn.

f. Demonstrates knowledge and understanding in diagnosing and managing patients with
   suspicion of physical abuse.
   i. Demonstrates an understanding of concerning pediatric injuries including but not
      limited to:
      • Loop marks
      • Bucket handle fractures
      • Posterior rib fractures
      • Spiral fractures in non-weight bearing children
      • Cigarette appearing burns
   ii. Has a strong knowledge of developmental milestones to determine if presenting
       injuries could possibly occur accidentally.
   iii. Understands role as a mandatory reporter
   iv. Is able to have a conversation with families under difficult social situations.
   v. Understands when appropriate and how to utilize social work consultation
   vi. Can communicate with DCFS to create safety plan for a child or children.

g. Demonstrates knowledge and understanding in diagnosing and managing patients with
   suspicion of sexual assault.
   i. Can obtain history in a manner that does not influence potential forensic testimony
   ii. Demonstrates sensitivity to an emotionally difficult situation
   iii. Understands the time frame appropriate for obtaining a forensic rape kit and how to
       perform the examination /sample collection.
   iv. Understands which sexually transmitted disease test to obtain (which to discuss with
       family) and how to treat empirically for potential infection.
   v. Understands the principles of protected health information and how to manage
c     difficult issue of discussing with family.
   vi. Can communicate with DCFS / CPD

h. Demonstrates knowledge and understanding in diagnosing and managing patients with
   psychiatric/behavioral disorders.
   i. Understands role as a mandated reporter for suicidal or homicidal ideation.
   ii. Understands the principles of protected health information with regards to minors.
   iii. Understands the principles of chemical and physical restraints. In this knows the
       limitations and oversight necessary for the implementation of restraint.
   iv. Knows when to appropriately consult psychological / psychiatric experts.
   v. Knows when involuntary admission to psychiatric facility is warranted and how to take
      steps to place patient.
C. Practice-Based Learning and Improvement:

1. Follow up and record the outcomes of laboratory results and hospital course on all patients to whom you provide care to learn whether your impressions and plans were correct
2. Analyze practice experiences to continually improve the quality of patient practice
3. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
4. Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

D. Interpersonal and Communication Skills:

1. Commits to idea/understanding that the overriding goal of care is to help patients not simply find a way to discharge
   a. Commits to helping individuals regardless of presenting complaint
   b. Utilizes education rather than criticism in approach to patients presenting with less acute medical needs.
2. Demonstrates professional behavior with family, patients and care-givers.
   a. Knocks; provides privacy; communicates thought, diagnosis, plan, risks/benefits.
   b. Discuss role as an adult learner and concept of discussing issues with senior attending physician.
   c. Provides clear information on disposition or discharge instructions
3. Gathers accurate/essential information without rushing family members or making judgments of responses.
4. Demonstrates respect, compassion, integrity, sensitivity and responsiveness to cultural differences.
5. Understands when how and why to obtain informed consent.
6. Keeps family informed and updated of test results and treatment plans.
7. Respects parents' roles as the primary medical decision maker in the lexicon of shared medical decision making. Gives parents the necessary knowledge to make informed decision by providing risks and benefits.

E. Professionalism:

1. Demonstrate respect, compassion, integrity and altruism in relationships with patients, families, and colleagues
2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
4. Recognize and identify deficiencies in peer performance and give constructive feedback
5. Refrain from judging families who have chosen the ED as a care location in lieu of a clinic option, but instead re-educate them on the importance of a medical home

F. Systems-Based Practice:

1. Discuss the limitations and opportunities inherent in various insurance coverage and delivery systems, and develop strategies to optimize care for the individual patient
2. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
3. Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
4. Describe the necessary components of a comprehensive pediatric emergency room
5. Remain sensitive to the need to provide expeditious care to minimize the number of patients who leave without being seen
6. Describe the available options for insurance coverage determined follow up care
7. Determine the need for expedited patient care at peak times of patient volume and direct patient flow and care to optimize ER utilization
8. Notes are complete; reach 10 pertinent points in HPI, 11 points in review of system, family history, social history, past medical history, medications, allergies, vaccination records.
9. Able to carry multiple patients at the same time while continuing to establish disposition and move care forward on those individuals.