PROGRAM LETTER OF AGREEMENT
ATTACHMENT O to the MASTER AFFILIATION AGREEMENT
Between UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (Facility) and the
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION
on behalf of the
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE (School)
concerning the
COMMITMENT TO THE PEDIATRIC EMERGENCY MEDICINE FELLOWSHIP
PROGRAM

FOR THE PERIOD FEBRUARY 15, 2011 - JUNE 30, 2014

A. Officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the fellows.

1. It is agreed that Jay Fisher, M.D. shall serve as fellowship program director. Dr. Fisher will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME’s Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility’s Chief Executive Officer and the School’s Dean.

2. Dr. Jay Fisher shall have administrative, educational and/or supervisory responsibility for fellows at the Facility during rotations to the Facility and all UMC Care and Quick Care Centers.

3. All teaching staff participating in the clinical training of fellows at Facility must have faculty appointments in a Department of the School and must have clinical privileges at the Facility. Participation in fellow teaching also requires the concurrence of the residency program director. Faculty are appointed following Board of Regents of the Nevada System of Higher Education Handbook. Facility policies control the granting of clinical privileges at the Facility.

B. Educational goals and objectives to be attained within the participating institution.

1. Facility will provide the educational setting in which the goals and objectives of the curricular elements of Pediatric Emergency Medicine are accomplished as set forth in Exhibit A attached hereto and incorporated herein by this reference.

C. Period of assignment of the fellows to the Facility.

1. Fellows' assignments for the academic year will be as set forth in Exhibit A attached hereto and incorporated herein by this reference.

D. Financial Arrangements, insurance and benefits.

1. All fellows will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the fellows as well as State Industrial Insurance.

E. Facility's responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.
1. Facility agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program’s Residents Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program’s Resident Handbook, the Facility’s Fellow Supervision Policy and the ACGME accreditation requirements.

F. Policies and procedures that govern the fellows’ education while rotating to Facility.

1. Policies and procedures that govern the fellows’ education while rotating to Facility are stated in the Facility’s Bylaws, Rules and Regulations, and Fellow Supervision Policy, in the ACGME Program Requirements, the Program’s Fellow Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

G. Special Program Requirements.

1. Duties and patient care responsibilities of fellows during their rotations are as specified in the program’s Resident Handbook.
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Recommended:
By: [Signature]
Jay Fisher, MD
Program Director, Pediatric Emergency Medicine

By: [Signature]
Miriam Bar-on, MD
Associate Dean of Graduate Medical Education

Approved:
By: [Signature]
Cheryl Hug-English, MD, MPH
Dean, School of Medicine

By: [Signature]
Marc Johnson, Interim President
University of Nevada, Reno

By: [Signature]
Daniel Klaich
Chancellor, NSHE

Date: 4/5/11
Date: 3/16/11
Date: 6/2/11

By: [Signature]
Kathleen Silver, CEO

Date: 4/5/11

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EXHIBIT A

Pediatric Pulmonology Rotation – Goals and Objectives
Duration – one month

Competency 1. Patient Care
1. Diagnose, explain and provide the initial management of the following pediatric pulmonary
conditions: ALTE (apparent life-threatening event), acute asthma, acute bronchiolitis, acute
pneumonia, pleural effusion, spontaneous pneumothorax, pneumomediastinum, airway obstruction
due to foreign body or infection, respiratory failure, cystic fibrosis, chronic lung disease (CLD) of
prematurity, congenital lung malformations such as congenital adenomatoid malformation and
diaphragmatic hernia. Demonstrate knowledge of when to refer these patients to a pediatric
pulmonologist.
2. Order and interpret the following tests: arterial and venous blood gas, chest radiograph, chest CT,
soft tissue neck radiograph.
3. Recognize the indications for needle thoracostomy, emergent tube thoracostomy, and emergent
rigid bronchoscopy by a thoracic surgeon.
4. Create a strategy to determine which patients with the following symptoms require referral to a
pulmonologist: chronic cough, refractory wheezing, chest pain, apnea, tachypnea, dyspnea,
exercise intolerance.

Competency 2. Knowledge
1. Describe normal rates and patterns of breathing, including normal variations with in children with
anxiety, and fever.
2. Describe abnormal rates and patterns of breathing in patients with acute respiratory impairment such as
status asthmaticus, pneumonia, or increased intracranial pressure.
3. Differentiate normal variations in chest wall anatomy (e.g., pectus excavatum) from those which impair
ventilation (e.g., scoliosis).
4. Explain the findings on clinical history and examination that suggest pulmonary disease that requires
further evaluation and treatment.
5. Identify indications and limitations of clinical and laboratory tests used to identify pulmonary-based
disease and respiratory failure.
6. Create a strategy to determine if the following signs and symptoms are caused by an abnormality of the
respiratory system and determine if the patient needs treatment or referral.
   • Cough, both acute and chronic
   • Wheezing
   • Tachypnea
   • Shortness of breath/dyspnea
   • Exercise intolerance
   • Recurrent pneumonia
   • Failure to thrive
   • Chest pain
   • Apnea
   • Noisy breathing (e.g., stridor or snoring)
   • Digital clubbing
   • Hemoptyis
   • Cyanosis
   • Sleep disturbances
7. Identify the role and general scope of practice of pulmonology; recognize situations where children
benefit from the skills of specialists trained in caring for children; and work effectively with these
professionals to care for children with pulmonary disorders.
8. Identify indicators that signify a worsening pulmonary condition in a child with CLD and may require a
pulmonary referral and re-evaluation.
9. Discuss the medications used in the treatment of CLD, including indications, side effects, monitoring,
and age and weight adjusted dosing.
10. Discuss the presenting signs and symptoms of cystic fibrosis and refer the patient for appropriate
confirmatory testing, education, and treatment. Discussion should include high risk populations.
associated symptoms, treatment options and expected course of the disease.

11. Identify indicators that signify an exacerbation of pulmonary symptoms. Provide appropriate initial treatment and referral to a specialty center for further evaluation and treatment.

12. Recognize desaturation that requires intervention and know the indications for use of appropriate oxygen delivery devices (e.g., simple nasal cannula, simple O2 mask, Venturi mask, partial rebreather and non-rebreather masks).

13. Describe the following diseases and explain why they are defined as chronic conditions.
   - Allergic rhinitis
   - Asthma
   - Atopic dermatitis
   - Cystic fibrosis
   - Sickle cell diseases and other hemoglobinopathies
   - Obesity

14. Understand the psychosocial impact of chronic illness and disability in children with pulmonary disorders.

Competency 3. Communication Skills

1. Maintain effective communication with parents, care providers, and therapists to assure coordinated, continuous care for patient.

2. Demonstrate appropriate documentation of the patient’s visit, including chief complaint, medication changes, and aggravating or alleviating factors in the patient’s condition.

3. Talk to family members about sensitive issues that relate to a patient’s illness, e.g., coping with the child’s altered needs in his/her home setting.

4. Communicate effectively with physicians, other health professionals, and health related agencies to create and sustain information exchange and team work for patient care.

Competency 4. Practice-based learning

1. Identify standardized guidelines for diagnosis and treatment of acute pulmonary disorders and learn the rationale for adaptations that optimize treatment.

2. Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing data acquisition if appropriate.

3. Throughout the pulmonary rotation, take the initiative to evaluate your performance from the perspective of patients, staff, and colleagues; ask for input as needed to complete your self-audit.

Competency 5. Professionalism

1. Demonstrate personal accountability to the well being of all patients, even when other physicians are primarily responsible for their care, for example, by carefully reviewing all patient lab data, documenting in detail, seeking answers to difficult patient care questions, and communicating with primary care physicians.

2. Reflect on one’s own biases toward particular illnesses or patient groups, and take steps to assure that these biases don’t interfere with the care delivered.

3. Appreciate the psychosocial impact of diseases commonly seen by the pneumologist (e.g., on the child, family, parents’ work, school).

4. Respect the confidentiality and privacy of patients who have sensitive diagnoses and describe the laws protecting them from disclosures to parents (in the case of adolescents), extended family members, schools, church representatives, or health care staff (without a need to know).

Competency 6. Systems-based practice

1. Understand the pediatric emergency physician’s role in assisting with the coordination of services for children with chronic illness and special health care needs.

2. When errors occur, objectively evaluate their causes and consider contributing factors (attributable to yourself, your colleagues, and the system as a whole).
Pediatric Cardiology Rotation – Duration one month
Goals and Objectives

Competency 1. Patient Care
1) Perform a complete cardiac examination on infants, children and adolescents, describing findings and understanding their origin.

2) Perform a complete cardiac history, asking appropriate questions of the family of the child’s behavior, signs, symptoms and concerns.

3) Order appropriate imaging and other diagnostic tests for a child with a potential cardiac problem.

4) Interpret clinical and laboratory tests to identify cardiovascular disease, including: pulse and blood pressure monitoring, chest x-ray interpretation, pulse oximetry, hyperoxia test, electrocardiography, ECG monitoring reports, and echocardiography reports.

5) Apply the well documented principles of outpatient management for children with repaired congenital heart disease with specific attention to detail with regards to the patient’s and family’s compliance with prescribed medication regimens and close follow-up.

6) Learn the fundamentals of outpatient management for children with the acute presentation of complications of left heart failure, dysrhythmia, pulmonary hypertension and cardiomyopathy.

Competency 2. Medical Knowledge
1) Learn an organized and algorithmic approach to the interpretation of pediatric EKGs.

2) Understand the clinical presentation and management of congenital heart disease, specifically those with left to right shunts, obstructed pulmonary blood flow and obstructed systemic blood flow.

3) Understand the clinical presentation and management of pediatric dysrhythmias.

4) Understand the clinical presentation and management of pediatric cardiomyopathy, myocarditis, pericarditis and pericardial effusion.

Create a strategy to determine if the following presenting signs and symptoms are caused by a cardiovascular disease process and determine if the patient should be treated or needs referral to a subspecialist.

- Shortness of breath
- Chest pain
- Cyanosis
- Syncope
- Wheezing
- Apparent life threatening event
- Failure to thrive
- Exercise intolerance
- Unexplained tachypnea, dyspnea
- Palpitations
- Abnormal heart sounds

Competency 3. Communication
1. Participate in the delivery of complex medical information in a sensitive and caring manner to patients and families in the acute care setting
2. Participate in the delivery of “bad news” to a family
3. Learn to maintain comprehensive, timely documentation of the patient’s presentation and course of treatment
Competency 4. Practice Based Learning
   1. Utilize UNSOM internet library to investigate the clinical implications of specific cardiologic diagnoses, specifically as it pertains to potential Emergency Department presentations.
   2. Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing data acquisition if appropriate.
   3. Deliver an educational presentation to the UNSOM Emergency Medicine resident staff on the ED presentation of a patient with undiagnosed pediatric cardiac disease.

Competency 5. Systems Based Practice
   1. Understand the potential for complications and side effects of the medical interventions necessary to manage pediatric cardiac disease; specifically the side effects of pharmacologic agents used in the emergency management of dysrrhythmias, left heart failure and hypertension, and the use of cardioversion and defibrillation.
   2. Participate in the development of systems that limit the potential for diagnostic and therapeutic error in the pediatric cardiology patient.

Competency 6. Professionalism
   1. Practice good judgment when delivering advice to families of children with congenital heart disease recognizing the that these families are often receiving such information from a multitude of sources such as their cardio-thoracic surgeon, primary care physician, family members and others in their community.
   2. Reflect on your own biases toward particular illnesses or patient groups, and take steps to assure that these biases don't interfere with the care you deliver.
   3. Appreciate the psychosocial impact of cardiovascular disease on the child, family, parents' work, school.
   4. Respect your patients'/parents' privacy, autonomy and need to maintain a positive self-concept, irrespective of age, gender, or health belief system, and regardless of acuity of disease.
Pediatric Critical Care Rotation – Duration one month
Goals and Objectives

Competency 1. Patient Care

1. Obtain a good history and physical examination and utilize diagnostic studies and medical records to gather essential and accurate information in a critically ill patient.

2. Integrate data obtained from the history, physical, and laboratory to construct a problem list, develop a prioritized, differential diagnosis along with therapeutic, diagnostic, and patient education plans for a critically ill child.

3. Initiate a plan to implement the next level of care on patients requiring transition from the emergency department to the pediatric intensive care unit.

4. Describe and perform medical procedures that are integral to the care of intensive care unit patients.

5. Recognize and provide appropriate initial therapies for emergencies and life-threatening situations in the ICU setting.

6. Counsel patients and families in a supportive manner so they can understand their child’s illness or injury and its treatment, share in decision-making, and give informed consent.

7. Provide effective preventive health care and anticipatory guidance to patients and families as indicated in the ICU setting.

Competency 2. Medical Knowledge

1. Demonstrate the knowledge base needed for effective initial care of critically ill children utilizing available resources (e.g., information on the web, in the literature, textbooks, or PDAs) and understand when consultation with intensive care specialists is required.

2. Recognize the limits of one’s knowledge and expertise by seeking information needed to answer clinical questions and using consultants and referrals appropriately. Use this process to guide life-long learning plans.

3. Know oxygen delivery systems, indications for/types of artificial airways.

4. Define respiratory failure/potential failure; demonstrates how to adjust ventilator parameters and know extubation criteria; noninvasive interventions (BiPAP, heliox and NO)

5. Know indications for/demonstrates expertise of parenteral/enteral nutrition, transfusion of blood products, renal replacement therapies.

6. Manage respiratory compromise (positioning, oral/nasal/airways, oxygen, bronchodilators, when/how to intubate), increased intracranial pressure, status epilepticus/seizures, circulatory insufficiency.

7. Know evaluation/differential of altered mental status; appropriate assessment/interventions; indications for pain/sedative/paralytic; different classes of analgesics/sedative risk/benefits

8. Recognize cardiovascular Insufficiency by evaluating pulses, refill, dysrhythmia, blood pressure; knows interventions and methods of monitoring

Competency 3. Communication

1. Communicate effectively in a developmentally appropriate manner with critically ill patients and their families to create and sustain a professional and therapeutic relationship across the broad range of socioeconomic, religious and cultural backgrounds.

2. In cases of serious and life-threatening disease, counsel the patient's family with sensitivity to their beliefs related to advanced life support or withholding of care considering quality of life issues.

3. Communicate effectively with physicians, other healthcare professionals, and health-related agencies about patients in the ICU setting.

4. Develop effective approaches for teaching students, colleagues, other professionals, and lay groups about critically ill children and potential outcomes.

5. Provide effective consultation to other physicians (surgeons, subspecialists) and health professionals involved in the care of the ICU patient.

6. Maintain comprehensive, timely, and legible medical records with clear management plan

Competency 4. Practice Based Learning

1. Identify and use resources, including the application of technology to obtain up-to-date information that alters one's practice in the care of pediatric ICU patients.

2. Locate, appraise, and assimilate evidence from scientific studies related to health problems of one's patients in the ICU.

3. Analyze one's practice experience to recognize one's strengths, deficiencies and limits in knowledge and expertise in the care of critically ill or injured patients.

Competency 5. System Based Practice

1. Practice cost-effective health care and resource allocation in the ICU setting that does not compromise quality of care.

2. Interface appropriately with established plans of care for chronically ill children in the ICU.

3. Coordinate plans with the multiple consultants involved in the care of the critically ill or injured patient.


5. Demonstrate ability to work with health care, managers/discharge planners, nurse specialists, rehabilitation specialists (OT, PT, speech) in the ICU to assess, coordinate, and improve patient care.
Competency 6. Professionalism

1. Demonstrate respect for confidentiality, commitment, responsibility, accountability for patient care, including continuity of care.

2. Demonstrate honesty and integrity in one's professional duties in the ICU.

3. Consistently use compassion and empathy in one's role as a physician. Maintain professional boundaries in one's dealings with patients, family, staff and professional colleagues in the ICU setting.

4. Work collaboratively, as a member of a healthcare team, including nurses, dietitians, social service workers, and other personnel in providing pediatric critical care services.

5. Advocate the interests of patients over personal interests while developing an appropriate balance between personal and professional beliefs and obligations during a rotation in the ICU.

6. Recognize the limits of one's knowledge, skills, and tolerance for fatigue and stress by asking for help as needed.
Pediatric Neonatology Rotation – Year 2
Duration – one month
Goals and Objectives

Competency 1. Patient Care:
1. Understand the importance of prenatal care and prenatal screening, specifically as it relates to the presentation of ill pediatric patients in the first year of life.
2. Understand the importance of the birth and neonatal history, specifically as it pertains to the presentation of ill pediatric patients in the first month of life.
3. Learn to provide compassionate, thorough and organized clinical care to neonates of all gestational ages.
4. Recognize the importance of the maternal and perinatal history as it relates to the transition of the neonate from the prenatal to the postnatal physiology.
5. Understand the importance of the maternal-child and paternal-child bond in the clinical management of neonates.

Competency 2. Medical Knowledge
1. Understand the rapidly changing physiology of the term and pre-term neonate.
2. Learn the principles and subtleties of neonatal resuscitation in and out of the delivery room.
3. Learn the clinical management of the common complications of prematurity such as surfactant deficiency, sepsis, metabolic homeostasis, intraventricular hemorrhage, gastroesophageal reflux, hypoxic-ischemic encephalopathy and hyperbilirubinemia.
4. Understand the spectrum of congenital disease, particularly as it pertains to the cardiovascular, genitourinary, gastrointestinal, pulmonary and neurologic systems.
5. Demonstrate a definitive knowledge base on the initial management and stabilization of the critically ill neonate.

Competency 3. Communication
1. Participate in the delivery of complex medical information in a sensitive and caring manner to patients and families in the acute care setting
2. Participate in the delivery of “bad news” to a family who has a child with a worsening or unstable condition in the neonatal intensive care unit.
3. Learn the importance of keeping parents informed and up to date on the condition of their baby at all times during the hospital stay.
4. Learn to maintain comprehensive, timely documentation of the patient’s presentation and course of treatment.
5. Recognize the fundamental role of communication between providers during the resuscitation of the critically ill neonate.

Competency 4. Professionalism
1. Appreciate the psychosocial stressors that are inherent in the arrival of newborn to a family and reflect on the additional stress that occurs as result of illness during this important transition.
2. Respect the need for privacy needed for families and breast-feeding mothers within the context of the hospital setting.
3. Exhibit a professional and caring demeanor at all times during the care of young families in the neonatal intensive care setting.
Competency 5. Practice based learning

1. Analyze recent emergency medicine research which is pertinent to the subsequent management of premature infants and infants with congenital and acquired disorders of the newborn.
2. Utilize available pediatric emergency textbooks and online research databases to administer the most up to date and evidence based therapy to neonatal patients presenting to the pediatric emergency department.
3. Demonstrate the ability to lead a team of medical providers during the resuscitation of newborn infants.

Competency 6. Systems based practice

2. Deliver an educational presentation to the UNSOM Emergency Medicine resident staff on a neonatology topic that contains erudition on a current topic of research in this clinical area.
3. Understand the importance of multi-disciplinary teams in the management of neonates with congenital and acquired disease such as occupational therapy, physical therapy, speech therapy, social services, breast-feeding support.
4. Participate in the planning and execution of a discharge plan for a premature neonate you have cared for during the neonatal ICU rotation, integrating the need for follow-up with pediatric primary care, pediatric subspecialty care.
Pediatric Hematology-Oncology Rotation

Competency 1. Patient Care
1. Learn the signs and symptoms, stabilization, and emergency management of acute, new onset, pediatric hematologic and oncologic disease - specifically sickle cell disease, hemophilia, thrombocytopenia, acute lymphoblastic leukemia, lymphoma, central nervous system tumors, and neuroblastoma.

2. Learn the diagnostic evaluation necessary in the evaluation of children who potentially have undiagnosed hematologic or oncologic disease.

3. Learn the indications for admission in patients with abnormal hematologic parameters.

4. Understand the management priorities for patients undergoing chemotherapy or status post bone marrow transplant presenting with fever and neutropenia.

5. Understand the indications for, steps for the initiation of, and complications of transfusion of blood and blood products in the pediatric emergency patient.

Competency 2. Medical Knowledge
1. Acquire an understanding of the pathophysiology and natural history of common pediatric hematologic and oncologic disease.

2. Learn the indications for bone marrow aspiration in patients with presenting features consistent with leukemia.

3. Learn the indications for emergent consultation and referral with a pediatric hematologist/oncologist

Competency 3. Practice based learning
4. Analyze recent emergency medicine research which is pertinent to the subsequent management of patients with acute or chronic hematologic or oncologic disease.

5. Utilize available pediatric emergency textbooks and online research databases to administer the most up to date and evidence based therapy to hematology/oncology patients presenting to the pediatric emergency department.

Competency 4. Communication
1. Understand the importance of delivering medically complex information in an age appropriate fashion to patients in language that is compassionate and clear.

2. Encourage questions to be asked by patient and family regarding the diagnosis, treatment options, potential complications of therapy, potential outcomes and time course of the disease process. Anticipate that questions will often have to be asked and answered multiple times in order for patients and families to gain an understanding of the illness and the impact it will have on the patient and family.

Competency 5. Professionalism
1. Understand the importance of patient privacy and confidentiality as it pertains to the management of acute and chronic hematology in the busy emergency department setting.
2. Recognize the importance and complexity of the patient/family – physician relationship. Understand the difficulties inherent in providing compassionate care while simultaneously maintaining proper boundaries.

Systems based practice

5. Deliver an educational presentation to the UNSOM Emergency Medicine resident staff on a neonatology topic that contains a review of recent emergency medicine research in this clinical area.

6. Understand the potential complications and side effects incurred during the management of acute pediatric hematologic and oncologic disease.
Pediatric Radiology Rotation
Duration – one month
Goals and Objectives

Competency 1. Patient Care:
1. Understand the clinical indications for the use of plain radiography, ultrasonography, computed tomography, ultrasonography, magnetic resonance imaging, nuclear scanning, and angiography.

2. Provide patient care that incorporates the need to limit the radiation dose in children associated with plain radiographs and computed tomography. Understand the theoretical implications of the radiation doses associated with standard plain radiographs and CT.

3. Observe the radiographic techniques employed in the assessment and treatment of intussusception.

4. Understand the indications and utility of pediatric ultrasonography particularly as it pertains to the evaluation of children being evaluated for pyloric stenosis, intussusception and appendicitis.

Competency 2. Medical Knowledge
1. Acquire knowledge on the systematic interpretation of pediatric chest, cervical spine, abdominal, airway and long bone radiographs specifically as it pertains to acute trauma and emergent medical disease in the pediatric population.

2. Acquire the ability to generate a differential diagnosis on the basis of the radiographic interpretations delineated above.

Competency 3. Communication

1. Maintain effective communication with children and families of children undergoing radiographic studies recognizing that these individuals may not understand whether these interventions are invasive or non-invasive, diagnostic or therapeutic.

2. Deliver the results of diagnostic imaging to patients and families in a manner that recognizes that these images represent only one piece of diagnostic information and that they must be interpreted in the context of other clinical or diagnostic circumstances.

Competency 4. Practice based learning

7. Utilize UNSOM internet library to investigate the clinical implications of specific radiologic diagnoses made on your patients.

8. Deliver an educational presentation to the UNSOM Emergency Medicine resident staff on a pediatric radiology topic that contains erudition on a current topic of research in this clinical area.

Competency 5. Systems Based Practice

1. Understand the financial implications of the use of radiographic evaluations in the ED setting.

2. Understand the potential for complications associated with the use of radiologic evaluations—specifically allergic reaction to intravenous contrast, intestinal perforation with the performance of barium or air enema evaluation for intussusceptions, and acquired malignancy associated with the use of accumulative doses of diagnostic radiation.

Competency 6. Professionalism

1. Respect the patient’s and family’s privacy and modesty before, during and after the radiologic procedure being performed.

2. Recognize that the images produced during radiologic evaluation represent a very personal and private piece of health care information.
Overall education goals:

1) Develop ABEM eligible or certified candidates into pediatric emergency physicians of the highest quality through a training program that emphasizes excellence in clinical care, scholarship in the field, and a family and child focused approach to patient care.

2) Train prospective pediatric emergency physicians to carefully assess acutely ill and injured pediatric patients, to emergently initiate life-saving interventions to those who need it, quickly develop a differential diagnosis, obtain diagnostic studies to aid in the patient's evaluation, obtain subspecialty consultations when necessary, and to formulate a disposition and treatment plan.

3) Educate fellows on the dramatic and constantly evolving physiologic differences in the pediatric population, and the impact these differences make on the emergent treatment of acutely ill and injured patients in this population.

4) Provide training in pediatric sub-specialties with which pediatric emergency physicians frequently consult such as pediatric intensive care, neonatal intensive care, pediatric pulmonology, pediatric cardiology, pediatric gastroenterology, pediatric radiology and pediatric hematology/oncology.

5) Develop independence from supervision in the care of pediatric emergency patients and the ability to independently oversee the function of the entire department.

6) Educate fellows on the unique developmental and psychosocial issues facing pediatric patients and their families.

7) Establish in the fellow a pattern of study, self-reflection and critical analysis that results in a commitment and dedication to continuous education in the field of pediatric emergency medicine.

8) Develop procedural competency in areas specific to the pediatric emergency population including, but not limited to – G-tube reinsertion, ear and nasal foreign body removal, fracture reduction, procedural sedation in the pediatric population, umbilical vein catheterization, intra-osseous needle placement, and pediatric fracture reduction.

9) Establish in the fellow a commitment to the community through involvement in the Southern Nevada Health District EMS system.

10) Develop in the fellow a passion for teaching other trainees the complexities of pediatric emergency medicine through their involvement in the teaching and supervision of pediatric, emergency medicine, and family practice residents in the University of Nevada School of Medicine system.

11) Create in the fellow an understanding of the importance of teamwork between disciplines through involvement in multi-disciplinary activities involving pre-hospital providers, nursing staff, and clinicians from patient care units such as intensive care, trauma, anesthesia and pediatrics.

12) Provide training in the analysis and interpretation of clinical research in the field of pediatric emergency medicine and encourage participation in original research and comprehensive reviews of pediatric emergency medicine topics.

13) Understand the medico-legal implications of your clinical role as it pertains to informed consent, medical decision-making, and documentation and as well as your duty to practice within the parameters established by the EMTALA and HIPPA legislation.
Didactic Sessions

Every Wednesday – Morning Report – Review of cases and topic review: Two hours

Second Tuesday of Every Month – Pediatric Emergency Medicine Peer Review and Discussion: One hour

Second Tuesday of Every Month – Pediatric Emergency Medicine Board Preparation: One hour

Second Wednesday of Every Month – Pediatric Trauma Peer Review and Discussion: One hour.

First Friday of Every Month – Pediatric Grand Rounds: One hour

First Wednesday of every month – Pediatric Emergency Resuscitation/ Critical Care Review: Two hours

ACGME Competencies

Competency 1. Patient Care
1. Learn the signs and symptoms, clinical assessment skills, methods of stabilization, and emergency management of acute pediatric illness and injury.

2. Learn the signs and symptoms, clinical assessment skills, methods of stabilization, and emergency management of exacerbations of chronic pediatric illness and delayed complications of prior injury.

3. Learn the indications for admission to the hospital in patients with respiratory or cardiovascular compromise, new onset or worsening chronic neurologic disease, acute or chronic pain disorders, unexplained paroxysmal events, gastrointestinal disorders, urologic disease, toxicologic exposures, metabolic and endocrinologic disease, immunologic diseases, dermatologic disorders, complications of infectious diseases, acute or chronic psychiatric disorders, hematologic or oncologic disease, single system or multi-system trauma, child abuse and neglect.

4. Understand the management priorities for patients presenting with life-threatening respiratory, cardiovascular or neurologic compromise.

5. Understand the indications for, and appropriate performance of, the following procedures:
   - abscess incision and drainage
   - arterial catheterization
   - arthrocentesis
   - artificial ventilation
   - cardiopulmonary resuscitation for adult and pediatric medical and trauma patients of all age groups
   - cardioversion/defibrillation
   - central venous catheterization
   - closed reduction/ splinting of extremity fractures
   - closed reduction of radial head subluxation
   - closed reduction of dislocated shoulder, elbow, knee, hip, ankle, MCPJ and IPJ.
   - conversion of supraventricular tachycardia
   - deep sedation
   - cricothyrotomy. Translaryngeal ventilation
   - endotracheal intubation
   - foreign body removal- airway, ear, nasal, eye, subcutaneous
   - gastrostomy tube replacement
• intraosseous access
• laceration repair
• manual reduction of paraphimosis
• nasal packing
• ocular migration using Morgan lens
• pericardiocentesis
• rapid sequence intubation/use of paralytic agents
• slit lamp examination
• tracheostomy tube replacement
• tube thoracostomy
• umbilical vessel catheterization
• vaginal delivery

Competency 2. Medical Knowledge

1. Acquire a comprehensive knowledge of the clinical presentation, pathophysiology and natural history of the full spectrum of acute pediatric illness and injury presenting to the pediatric emergency department.

2. Learn the indications for medical and surgical intervention on the full spectrum of acute pediatric illness and injury presenting to the pediatric emergency department.

3. Appreciate the spectrum of treatment options available in the management of acute pediatric illness and injury and respect the wisdom of the concept of 'primum non nocere'.

4. Learn the indications for emergent medical and surgical consultation and referral of patients presenting to the pediatric emergency department.

5. Understand the importance of the rapidly changing physiology of the growing child particularly as it pertains to the presentation of acute pediatric illness and injury.

6. Learn the progressive neurologic and behavioral development of the growing pediatric patient and its importance in the child presenting to the pediatric emergency department.

7. Understand the indications for procuring the involvement of law enforcement in the investigation of child maltreatment or neglect and the protection of the victims of child maltreatment.

Competency 3. Practice based learning

1. Read and analyze emergency medicine research which is pertinent to the optimal management of acute pediatric illness and injury.

2. Recognize the importance of maximizing each learning opportunity that presents itself in the clinical setting, acknowledging that the epidemiology of pediatric disease is such that significant time can pass between similar cases.

3. Utilize available pediatric emergency textbooks and online research databases to administer the most up to date and evidence based therapy.

4. Motivate the fellow to maintain a continuous and progressive approach to their study of the field of pediatric emergency medicine by requiring the fellow to study educational material before and after didactic sessions.
5. Empower the fellow with a hunger for knowledge that results in a commitment to lifelong study and self-reflection on their role as a pediatric emergency provider, teacher, and scholar.

Competency 4. Communication

1. Understand the importance of delivering medically complex information in an appropriate fashion to patients and families in language that is compassionate, clear, and easy to understand.

2. Recognize the importance of using interpretation services in with families who do not use English as their primary language. Respect the potentially devastating consequences of missing important clinical information due to language barriers in the emergency department setting.

3. Encourage questions to be asked by patient and family regarding the diagnosis, treatment options, potential complications of therapy, potential outcomes and time course of the disease process. Anticipate that questions will often have to be asked and answered multiple times in order for patients and families to gain an understanding of the illness and the impact it will have on the patient and family.

4. Initiate and encourage the appropriate exchange of clinical information with nursing staff other medical professionals involved in your patient's care.

5. Understand the importance of keeping families abreast of the patient's clinical condition, laboratory and radiograph results, and treatment plan as often as possible while they are in the emergency department.

6. Educate the family and patient about the clinical condition at hand using visual prompts such as diagrams, pictures, and other visual materials.

7. Review the results of radiologic studies by showing the patient and family their studies.

8. Provide patients and their families with comprehensive and easily understood discharge instructions in a manner that optimizes patient outcomes.

9. Understand the power of the physician's spoken words – deliver opinions with the knowledge that not all is known or knowable about a patient's condition or prognosis.

Competency 5. Professionalism

1. Understand the importance of patient privacy and confidentiality as it pertains to the management and record keeping of acute pediatric illness and injury in the busy emergency department setting.

2. Recognize the importance and complexity of the patient/family – physician relationship. Understand the difficulties inherent in providing compassionate care while simultaneously maintaining proper boundaries.

3. Participate in telephone follow-up of patients to ensure proper follow-up and optimal outcomes.

4. Respects and integrates the contributions of all members of the health care team to maximize the level of care provided to all patients.
5. Acknowledge errors, analyze their route causes and impact, and commit to creating prevention strategies and reducing error as much as possible in the clinical setting.

6. Completes records in a timely fashion such that optimal patient information is available to the healthcare team at all times.

7. Arrives to work on time and maintains a demeanor and character that is representative of medical profession at all times.

Systems based practice

1. Understands the importance of utilizing multiple systems to provide medical care that is sensitive to the patient and family’s needs, resources, and cultural background.

2. Assesses the strength of support systems available to patients and works to maximize the effectiveness of these systems.

3. Deliver educational presentations to pediatric emergency faculty that contain a review of recent emergency medicine research pertinent to the topic.

4. Understand the potential complications and side effects incurred during the management of acute pediatric illness and injury.

5. Participate in hospital committees that strengthen and improve the continuum of care for pediatric emergency patients.

6. Practice pediatric emergency care in a manner that demonstrates an understanding of resource stewardship in the health care setting.