

# State University of New York at Buffalo Pediatric Emergency Medicine Fellowship

## Rotation Survival Guide

{Most recent update: June, 2025}

*This fellowship is your opportunity to improve your PEM knowledge! You need to be responsible for attaining your own educational needs—be proactive, assertive, helpful and respectful. (Ditto for obtaining procedures)*

Program Mission – Provide fellows with the tools to ensure they are prepared for and will excel in caring for sick and critically ill children who present to the emergency department.

- You have to opportunity to continually evaluate and improve the program – take advantage and be an active member at PEC meetings.

## Pediatric ED/OCH

### The Basics:

1. At the start of each shift ALL fellows should check supplies.
  - Code room – check airway supplies (blades, tubes, stylets, is the CMAC working, where is the ultrasound machine, etc) –
  - Often times blades and tubes are missing – if so let the attending or charge nurse know.
2. Pick up an ASCOM phone – they are located in the breakroom
  - Add your phone number next to your name on First net – once you log in
3. Always sign up for a patient you are going to see....
  - See the more acute ones first! (1 > 2 > 3 > 4 > 5)
  - If there are multiple patients with on the board with the same triage color, look at the length of stay (LOS) column to determine who is the longest waiting patient of that triage color and please see them first
  - Do not sign up for multiple patients at one time
4. Briefly review the patient's chart prior to evaluating the patient
  - Look at chief complaint, patient vitals, and other prior ED notes
5. If you think the child is sick – come find someone (attending, charge nurse) for help. DO NOT wait until after you talk to them, examine them, write your note, grab a coffee, etc, you get the point!
6. After writing your note, PLEASE send it to the attending you presented the case to. If you finish notes later, I suggest you write down which attending you worked with so you don't forget and send the note to the appropriate attending. (there is an area mid -way through the note that says "case presented to" this may help remind you)
  - Complete all admitted patient notes by the end of your shift
  - You MUST complete PICU notes immediately
  - Ideally try to complete discharged patient notes by the end of your shift but definitely within 24 hours
7. If you are not sure of something (i.e. how to order a med, how to calculate doses, whatever...) please ask! We are here to help you
8. Most medications can be rounded up – instead of 323.5 mg or mL– round it to 325, especially with IV fluids... you will score major points with the nurses!!
9. Please remember **to keep the family updated!** It is nice to give the family an expected time frame to complete the initial plan (labs, studies, etc). This should include summarizing what studies, consults, etc we plan to do on the (Dry Erase) "Communication Boards" in the patient room.
  - When results come back

- If another test/procedure needs to be done
  - If another consulting service is coming
  - At time of discharge
  - If you are unclear about how long something should take - ask the attending before setting (what could be) an unrealistic expectation with the family.
10. Food and drinks should be placed in the breakroom or “hydration station” areas. Please avoid placing food and drinks on the desktop.

**Expects:**

Every so often the secretary will ask you to take an *expect*.

This means a PMD is calling to let us know about a patient they are sending into the ER.

PLEASE FOLLOW THIS PROTOCOL

1. Answer the call –
  - a. When you are looking at First Net in the upper left hand corner – drop box – click on prearrival — this is where you type your expect
    - i. Always fill in the name of the patient, age and why they are coming
      1. If the patient is over 21 – place on hold and notify the attending
    - ii. Ask who is calling, which doctor office – and a number we can call them back at
    - iii. Write a brief summary of what is going on
    - iv. If there is anything in particular the PMD wants us to do
    - v. ASK if the patient is admitted to they use the hospitalist service
2. Residents are ALWAYS expected to mention the expect to an attending/fellow
  - a. As the fellow a resident may run an expect by you – if you are concerned or have questions discuss with the attending

If it is NOT a PMD but instead an URGENT CARE OR OTHER HOSPITAL, these calls should be directed to the transfer center. Put the call on hold, ask a clerk to transfer the call to transfer center. Fellow’s phone then will ring for you to discuss transfers. Please mention all the transfers to attending.

**Transfers:**

-These calls are patients being transferred from an outside hospital or Urgent Care

-If calls are from the transfer center, they will come directly to your phone

- 1.) On FirstNet prearrivals are in purple at the bottom of the patient list – click on the name of the patient being transferred
- 2.) Transfer center should have already completed location of call, transferring provider name, and phone number of referring site
- 3.) Discuss all transfers with attendings and charge nurse (may need to make decisions about sending the STAT team to pick up the patient, activating trauma protocol, reserving rooms, etc.)
- 4.) Remember to ask for vitals, weight and other valuable information

**How to admit a patient:**

When the decision is made to admit a patient it is a complicated process but stick to these steps:

1. Determine what kind of admission this is.
  - There are 4 kinds of admissions – medical, subspecialty, PICU, surgical
  - **Medical and Subspecialty**
    1. Check if the PMD admits privately or to hospitalist service –
      - You can look this up on “PCP Admissions – Relationship look up” located on the Kaleidoscope main page
    2. Decide if patients meets criteria for observation or inpatient admission
      - You can enlist the help of the discharge planner for this or ask the attending you are working with.

3. Request a bed – There are 2 order you need to place for admissions
  - click on “ED Bed Request for observation status” or “ED Bed Request for inpatient status”
  - Also click on → Admit to [inpatient] or [observation] status”
  - For both, the “admitting provider” is the on-call/admitting attending DO NOT put in the supervising provider is the ED attending
4. **\*\*Contact the patients PMD. (Order: Request PMD.)**
  - Let them know that the patient will be admitted, what we have done for the child, any lab results and what floor they are going to.
  - *All PMDs should be contacted upon admission to the hospital – even if they are admitted to the Hospitalist service*
5. Look for the floor assignment – will be listed in the comments in firstnet
6. Once a floor is assigned a resident will come down to the ED for sign-out
7. Once the patient is signed out and ready to go up – click the MD ADMIT COMPLETE - right clicking in the ‘TO DO’ area on firstnet
  - This is a way of telling the nurses that you have done everything for this admission and they are ready to go to the floor.

**When you sign out a patient** – use I PASS

**I: Introduction** - Individuals involved in the handoff identify themselves, their roles and jobs

**P: Patient** - Communicate the patient name, identifies, age, sex, and location

**A: Assessment** - Present the patient's chief complaint, vital signs, symptoms and diagnosis

**S: Situation** - Communicate the current status and circumstances, including code status, level of certainty or uncertainty, recent changes and response to treatment

**S: Safety Concerns** - What are the critical lab values and reports? Any socioeconomic factors to be aware of? Any allergies or alerts (ex: risk for falls)?

- You must always sign out a medical and subspecialty admits to the resident on the floor assigned!
- For surgical admits (general surgery, ENT, urology, Neurosurgery) or PICU you do not need to sign out to the floor resident if they are admitted to the that service – Just launch a bed and place the MD Admit complete
  - Occasionally a surgical patient may be admitted to the hospital service – you should clarify this with the surgical resident.
  - Patients being taken to the OR (appy, T&A, etc) will be admitted in obs status

**\*\*An attending or senior fellow will walk you through putting in all of these orders your first couple of times\*\***

**Discharging a patient:** Please discuss the discharge with attending and family then:

- Fill out the discharge instruction using the depart icon on FirstNET
  - a. Please make sure the discharge attending listed on the document is the same as the one you worked with for the patient
  - b. ALWAYS fill in “return if symptoms worsen” box on the discharge instructions
- 1. Go into patient room and discuss discharge with patient.
  - a. Be sure you have the correct pharmacy
  - b. Do they need Tylenol or Motrin?
  - c. Do they need any notes for work/school?
  - d. Anything else they might need?
- 2. Complete discharge and print
- 3. Once printed the nurse will bring paperwork into the room for discharge (and IV removal)

## Medical Students

- All Fellows (including 1st years) will be staffing/charting/seeing the 4th year medical student patients.
- Student will see the patient first then present to the fellow
- Fellow will then help the student with a differential and plan
- Fellow will then see the patient and present to the attending.
  
- Notes with the student – the fellow should be writing a note for these patients (can write teaching note or provider note)

## Other Helpful Stuff:

- If you need to order an ultrasound (or MRI) after hours you must page the tech
  - If you are not sure when after hours are – just ask (hours are different for weekends, weekdays, holidays, full moons, etc...)
- If you order a respiratory treatment you also need to contact the respiratory therapist by calling 323-3361– and tell them you need - ex racemic epinephrine, albuterol, oxygen, hi- flow
- There are certain hours in the early morning and on Thursdays that the chief residents cover the residents on the floor.
  - If you have an admission during those times the chief will likely come to the ED for the admission
- **THE RED PHONE** – When you hear the red phone ring – Answer it!
  - It is out medical direction phone – **only attendings and fellows can answer**
  - Please ask for help from an attending while taking these calls
  - Always ask the transferring hospital if they need the stat team - if the STAT team is requested:
    - **Activate the team** – use the e-paging system on Kaleida scope
    - Also call the STAT team to answer any questions
    - Make sure to get a good set of vitals
    - Be sure to get the weight of the patient

### **For when you receive medical direction calls from EMS with a trauma patient: Trauma Center Age (in Years) Guidelines**

0-14 years - OCH

15-17 years - Closest Facility (ECMC or OCH)

18+ years - ECMC

Note: Pregnancy Status in a trauma patient does **NOT** impact the destination decision

**ED Medical Code and Trauma Code Activation Application** (i.e. when the ED would like to “page out” a medical or trauma resuscitation).

**Trauma Activation e-page** – Traumas need to be entered into the e paging system

Click on the trauma e-paging

Be sure to fill out the level of trauma activation (1, 2 or consult)

Be sure to include vitals

An experienced fellow or attending will help you with this initially

## QPATH

- Sign into QPath via kaleidahealth.qpath.cloud
- Your sign-in is the same as Cerner username and password.
- Under Home, click on OCH
- Find your patient, Click on that row and complete the worksheet. You will choose from the drop down options in the blue box on the right side of screen. Click on the small boxes as appropriate for this scan to complete the worksheet and click “sign” at the bottom.
- Document in your note that you completed a bedside US with indications and your findings.

## Note tips:

Please follow these tips so that we don't have to send your note back to you!

1. Always click the date and time you first evaluated the patient
2. Write a concise HPI – if using dragon PLEASE re-read... the dragon can make for some interesting stories...
3. Please remember to refresh your notes in the lab and imaging sections so those transfer over.
4. Diagnosis – please make sure it is included in the note (not just the discharge instructions)
5. It is nice to give a summary of care at the end of the note – remember these notes are sent to the patients primary pediatrician.
  - For example – Suzie is a 15 month old who presented with a fever without a source. Her urine was positive for leuks and nitrates – we sent a urine culture and treated her for a UTI. She was given one dose of ceftriaxone 50mg/kg prior to discharge and was sent home with a prescription for cefzil for 10 days. She looked well at the time of discharge – her fever resolved and her tachycardia improved with Motrin.

## PEM Fellow Pretending Info

Start the shift by identifying roles with the PEM attending you are working with

- 1) Carry the 1<sup>st</sup> attending ASCOM phone (3180)
  - a. You will be taking calls from outlying facilities. Please make sure you complete the transfer form with vitals and weight. Always offer the STAT team as patients can be sicker than they sound and there may be transportation issues.
- 2) Precept all residents (you can decide with the PEM attending you are working with that day who will precept the NP patients)
- 3) Run the ED
- 4) Write a brief note on all patients you manage.

Things to remember:

- 1) Be an **active leader** - in the trauma/resuscitation room and around the ED.
- 2) Be an **active teacher**. Help all residents with the management of cases and procedures.

To place your name in the attending column, make sure you change your “provider role” to ED Attending. You will sign up the attending first then add your name as if you are taking over the patient.

# Outside Rotations –

## General Instructions:

Email the contact person/people at least 2 months prior to the start of each rotation to discuss your schedule, any start-up instructions, and any days you know you will be absent for lectures, shifts, vacation, staff meeting presentations, PEM|CoR, etc.;

## Research:

Brian Wrotniak; phone: 323 -0056 Email: [bwrotniak@upa.chob.edu](mailto:bwrotniak@upa.chob.edu)

- You are required to meet with Brian at least 3 times during each research month
- Calendar link for scheduling meetings:
  - a. <https://calendly.com/bwrotniak/ed-research-meeting>
- Goals should be set up at the beginning of each month for each project
- Goals should be met as well as expectations set in Scholarly Activity Expectations policy.

See Scholarly Activity Expectations sheet in Orientation packet

## Radiology/OB/NICU/CAC/Ross

Radiology → Coordinator: LaRuche, Susan; Email: [SLaRuche@KaleidaHealth.org](mailto:SLaRuche@KaleidaHealth.org)

If difficulty contacting – can email Dr Thomas - [RThomas@KaleidaHealth.org](mailto:RThomas@KaleidaHealth.org)

- Self-Study:
  - Over the course of the month, review and take notes on each of the 7 volumes of Pediatric Emergency Medicine Radiology cases from the University of Hawaii (132 cases in total).
- <http://www.hawaii.edu/medicine/pediatrics/pemxray/pemxray.html>
- Clinical Experience:
  - Mornings: (Mon→Fri) @ 815 A: meet in the radiology suite 2<sup>nd</sup> floor in the back – they will direct you where to go for the day... Typically start in the PICU radiology Rounds
  - After PICU rounds – meet with the Radiologists in the reading rooms on the 2<sup>nd</sup> floor of OCH
    - Best Radiologist to read with are ones looking at x-rays and CT scans – they will review imaging done from overnight
- Also be sure to check the Interventional Radiology schedule for the day
  - You can observe and preform these procedures with the radiologist
  - Your goal is to observe at least one of each of the following:
    - Upper GI
    - Air Contrast Enema
    - Ultrasound (testicular/ovarian torsion, fetal, intussus., gall bladder)
    - CT (Head, Chest, Abdomen, Pelvis)
    - CT Angio (Head, Neck, Chest)
    - MRI (Head, Extremity)
    - Flexion-Extension X-rays
    - Interventional Radiology (G-tube placement; G-D/J-tube placement)
- Make your own notes as to the following information for each of the above studies:
  - Indications for this type of study (i.e. purpose of this study?)
  - Contraindications to the study?
  - When/why would contrast be used?
  - Amount of radiation the patient is exposed to for the study?

**OB** will be a one week rotation

- Primary contact → Amy Bumbaco = (she is the department scheduler)
  - [abumbaco@buffalo.edu](mailto:abumbaco@buffalo.edu)
- \*\*\* Dr Wiese contact for MFS – [sarah.wiese@audubonwomens.com](mailto:sarah.wiese@audubonwomens.com)
  - if no response can email Matt – [mlwies10@gmail.com](mailto:mlwies10@gmail.com)
  - You can set up one or two days a during the week to work with her – this can be done over email.
  - She will let you know when are where to meet

Clinical experience – for OCH:

- Reports to OB L&D (3<sup>rd</sup> floor, resident office, behind nursing station) at OCH at 7 am
- Notify the chief resident of your presence
- OB signout is 7am in the morning and 6pm at night
- Feel free to bring your own laptop to get some work done if there is downtime
- Try and follow your own patients, so when they go to deliver there is no doubt that you are the one in the room at the time of delivery
- There are other rotators there as well including EM, family medicine, and 3<sup>rd</sup> year students

- **The final week during this rotation is a combination of NICU procedures –CAC- Ross**

**NICU STAT** – Contact – Sara Montgomery [smontgomery@kaleidahealth.org](mailto:smontgomery@kaleidahealth.org) and Michelle Derenda [MDerenda@KaleidaHealth.org](mailto:MDerenda@KaleidaHealth.org) ---- Call NICU ASCOM on arrival: 323-3210

- From 8 am to 12 pm you should report the NICU stat team (4<sup>th</sup> floor, close to staff elevators, before nursing station)– let them know you are on the schedule
  - You can email ahead of time to confirm schedule – but if no response – don’t worry you can confirm the schedule on your first day.
- Stat team hangs in the same area as RT
- You will be responsible to go to deliveries and do NICU procedures

**Child Advocacy Center** - Contact → Kelly Smith (NP) [KSmith3@kaleidahealth.org](mailto:KSmith3@kaleidahealth.org) – best contact

- ~~Dr Iram’s email – [iashraf@upa.chob.edu](mailto:iashraf@upa.chob.edu)~~ – good idea to confirm your week of call with her!
  - 3 afternoons during this week you will report to the child advocacy center: 556 Franklin St, Buffalo, NY 14202
    - Monday, Thursday and Friday
  - Please arrive at 1 pm, usually done by 4pm
  - Try and see a forensic interview
- Prioritize consults with her over days at the CAC because watching her do these in depth exams is super valuable.

**Ross** – Contact – Dr Fernando [smfernando17@gmail.com](mailto:smfernando17@gmail.com) = MD

- Elaine Taylor -[etaylor@buffalo.edu](mailto:etaylor@buffalo.edu) = secretary – BEST to email her first!
  - Contact both 1 month prior
- Tuesday and Wednesday of this week
- Please arrive at 1 pm
- Goals: get comfortable with the slit lamp exam, potentially see hyphema, ocular ultrasounds
- Dr. Reynolds is the pediatric ophthalmologist (peds clinic is on the second floor, adults are on the first)

## PICU

Supervisor: Dr. Breuer Email: [rbreuer@upa.chob.edu](mailto:rbreuer@upa.chob.edu) <mailto:oalibrahim@upa.chob.edu>

- Email about 4 weeks prior to the start of the rotation to let them know you will be working with them – Ask them to put you on the schedule for 2 weeks of days and 2 weeks of nights – also give schedule requests:
  - Please include all PEM meetings on your schedule request – including fellow teaching, PEMCORE, and journal clubs (you may have to miss these if on nights...)
- Get PICU survival guide and any other orientation material prior to start of rotation
- There are PICU call rooms as well as Lounge – you should already have access with your badge
- Schedule Days:
  - 8A-5P Mon→ You may be scheduled for a weekend shift; If you give advanced notice, you can still attend our staff lectures.
  - During days be available to go on transports with the stat team
  - Also you will be giving informal lectures to the residents and medical students.
- Schedule Nights:
  - Arrive at 3:30 pm for Fellow Sign – when on call with PICU attending
  - \*\*On days you are working with PICU fellow – come in for 7:30pm for sign out
- Whether you are on DAYS or NIGHT you should be considered the consult fellows – you should be the first call on all consults from the ED and floor
  - Please let Dr Territo know if this is not happening

## Anesthesia

Supervisor: Dayle Cotter at [dcotter@greatlakesanes.com](mailto:dcotter@greatlakesanes.com)

- 2 weeks prior to the rotation, meet with Megan Roemer; Phone: 323-6570; Email: [Mroemer@kaleidahealth.org](mailto:Mroemer@kaleidahealth.org) (Anesthesia Coordinator) and give her the standard information about expected absences
  - Also ask to be placed on the email list – list of assigned for the day
  - Request to be in ENT, and Dental procedures; ask to avoid GI, Minor Procedures, and Neurosurgery Procedures
  - Can request for the baby intubations – typically the first cases of the day
  - Usually have free lunch – go get some!
- Your day starts at 7 am
  - Can use Surginet to check OR schedule for the day remotely and verify first case time
  - Getting there on time is very important—start at the OR desk to make sure they know you are there; the more you help the anesthesiologist and staff, the more they will allow you to do—again, be assertive, helpful, and respectful always!
  - Megan will typically assign you to your “room” for the day – you can check the board upon arrival
    - If no room is assigned – sign up for a free room
- For Scrub access - Email Megan Roemer [Mroemer@kaleidahealth.org](mailto:Mroemer@kaleidahealth.org) (Anesthesia Coordinator) with your Pass ID from your Kaleida badge (back of badge) for scrub access.
  - Do this before starting
- You are not assigned a locker in the OR area, but can use any open OR locker or you can use you ED locker
- Thursdays start later at 8A-9A (ask the day before)
- Touch base with the anesthesia resident and fellow in your room

## Ultrasound

Please contact both attendings listed below to discuss your schedule, required US conferences, and expectations. Dr. Brian Monaco will coordinate your adult US experience and Dr. Emborsky will coordinate your pediatric US experience. **The requirement is to achieve 250 approved ultrasound exams.** (This means you will likely need to come in every day to get these numbers) **\*\*Avoid vacation during this month to be able to complete all scans**

- Dr. Brian Monaco [bamonaco61@gmail.com](mailto:bamonaco61@gmail.com)
- Dr. Mary Emborsky: [memborsky@upa.chob.edu](mailto:memborsky@upa.chob.edu)
  - Can also reach out to Dr Mirsch for scheduling but your first contacts should be Drs Monaco and Emborsky ([dan.mirsch@gmail.com](mailto:dan.mirsch@gmail.com))
- Schedule:
  - Mandatory Mondays – you will review scans with US group
    - It would be best not to work in the ED on Mondays - Put in your schedule requests for the month so you do not miss these meetings
  - Tuesday – Friday - you will be scanning patients on your own or sign up for scan shifts with attendings and US fellows.
  - You will also be expected to give a presentation to Dr Monaco and the US group on a pediatric US topic.
  - Keep track of you scans and send those signed off to MedHub
  - Expect to be tested at the end of the rotation
  - Check out this link prior to your rotation:
    - <https://docs.google.com/document/d/17s11FB7ZHpqjFsrklzFBdgiyJ8KyIPktZof2EDTpKpg/edit?form=MY01SV&OCID=MY01SV>

**\*\*Ultrasounds are logged into QPath – Logging should be done during your shift (preferably right after performing the ultrasound)**

## Ortho

### Ortho

- Contact(s): For lectures: Gayle Zulewski-Dalton(NP); Email: [GZulewski-Dalton@kaleidahealth.org](mailto:GZulewski-Dalton@kaleidahealth.org)
- For ED call shifts: Senior Ortho resident(s): Hypercare to find out who is on call during your rotation
- When: contact above 2 weeks before start of rotation
- Outline:
  - Home call shifts between 2pm and Midnight 3 times a week.
  - Called into the ED for orthopedic emergencies (reductions)
  - Can provide sedation for these reductions if ED is otherwise busy
  - Unlike a regular ED shift, with the ortho residents:
    - Review Xrays with resident and discuss issues that would alter management
    - For example: angulation, growth plates, differences in location on bone for fracture
- Can offer to go to ortho clinic a few times – but if they are busy not needed
- Lectures
- Contact Galye about lecture schedule and location.

**Sports Med** – during the ortho rotation you will work in the sports med clinic with Dr Suffoletto and Fodero

- Best contact for Dr Fodero – [Jessefod@buffalo.edu](mailto:Jessefod@buffalo.edu) – if no response can text @ 716-712-6435-
- Dr Suffoletto - [hnarins@buffalo.edu](mailto:hnarins@buffalo.edu)

- Email both ahead of time for good dates to come – ask for best days for peds related cases and procedures
- Can also ask to go to training room with Dr Fodero
- Good to ask Dr Fodero for an invite to the Google Calendar where fellows and residents can sign up for sidelines coverage.
- Need to attend at least one clinic per week

## ECMC

Liana Dypka; Email: [LDypka@ecmc.edu](mailto:LDypka@ecmc.edu)

- Contact the EM chief residents >2 months prior to start; Email: [ubemchiefs@gmail.com](mailto:ubemchiefs@gmail.com)
  - Also copy Liana in that email
  - Ask about an ECMC Orientation
- 15 twelve-hour shifts
- Grand Rounds (required) are Wednesdays from 8:30A-12:30P
- Make sure you request off for the overnight before PEM|CoR and our ED staff meeting/Journal Club
  - Ok to make request for personal reasons – allowed 4 personal requests
- Confirm with Liana that you have parking access 2 months prior to starting
- 2 months prior to starting ECMC please do the following :
  - 1) New York State mandates that all prescriptions be transmitted electronically (EPrescribe or eRx)  
To ensure your account is set up prior to your start date at ECMC, we will need the following information from you
    - A. Download the Symantec VIP Access app to your smartphone
    - B. Open the App and email Dawn Juliano ([djuliano@ecmc.edu](mailto:djuliano@ecmc.edu)) the Credentialing ID at the top of the window (usually starts with VSMT)
    - C. Your information will be uploaded to Dr. First and you will receive an invitation email. You are not complete until you register your account. Instructions on step 2 are found at <http://www.ecmc.edu/wp-content/uploads/2016/04/eRX-STEP-2.pdf>
    - D. If you have any questions regarding this step please call the ECMC EMR hotline at (716)-898-5601 Option 1

2) Prior to obtaining your ECMC badge, you will need to fill out an online form. The form can be accessed from the onboarding page at the link below.

<http://www.ecmc.edu/about-ecmc/onboarding-resources/>

- Badges can be obtained from the HR office – now open 24/7

HealthLINK comes in really handy during this orientation. Make sure you have the access.

## GVI/Buffalo General

EM Chief Residents; Email: [ubemchiefs@gmail.com](mailto:ubemchiefs@gmail.com)

Christine Kolek; Access to Resident Room: 859-2460

- Contact EM chiefs 2 months prior to your rotation
  - Ask about Orientation
  - Make sure you request off for the overnight before PEM|CoR and ED staff meeting/Journal Club
    - Ok to make request for personal reasons – allowed 4 personal requests
  - You will be scheduled for 14 twelve-hour shifts

- The chiefs will add you to their schedule on a website called W2W or whentowork.com and that has your schedule and the Pod (green/purple) you'll be working in
- Grand Rounds (required) are Wednesdays from 8:30A-12:30P

## Suburban Hospital

Contact – John McNamara: [painoman511@gmail.com](mailto:painoman511@gmail.com)

Contact Dr McNamara 2 months prior to the start of your rotation

- Be sure to request off for PEM|CORE, ED meeting and journal clubs (if possible) and personal days
- Ask about Orientation
- 17 TEN hour shifts.

## Toxicology

UB tox - Eric Kaczor 716-435-8858 [erickacz@buffalo.edu](mailto:erickacz@buffalo.edu)

Jeanna Marraffa (Pharm D. at Upstate New York Poison Center); Phone: 315-464-7076; Email:

[marraffj@upstate.edu](mailto:marraffj@upstate.edu) or Christine Stork [StorkC@upstate.edu](mailto:StorkC@upstate.edu)

Schedule

- UB in-person didactic days with Dr Kazor
  - Tuesdays and Thursdays there will be in person toxicology didactics.
  - 8am-2pm on Tuesdays
  - 12pm-4pm on Thursdays
  - Location - EM offices at the Goodell Street building.
  - Fellows need to attend all sessions in-person unless on vacation
- Syracuse and NYC Poison Centers; Web-Based conferences
  - Toxicology Fellow rounds - M-W-F 9:30 AM-11 AM
  - Toxicology Case Conference: Web-Based Conference Thursdays: 1:30PM-3:30PM (If not with Dr Kaczor)
- Fellows will also complete the following Self Study Materials:
  - link here: <https://redcap.link/tox>
- Presentation: Each resident is expected to make a 20-30 minute presentation on a toxicology topic of their choice.

## EMS

Target the summer months for this and when there is a paramedic training lab

Supervisor Dr. Jo Inness - [johannainnes@gmail.com](mailto:johannainnes@gmail.com) and Michael O'Brien - [mco6@buffalo.edu](mailto:mco6@buffalo.edu)

Email weekly meeting schedule.

### Required Activities

These activities represent the core of the EMS rotation. You are required to complete 1 day at MERS, 2 AMR shifts, 1 rescue ride along, 1 day at Mercy Flight, go to meetings and grand rounds, complete online modules and chapter questions, give an EMS presentation at EMS lecture, as well as any other additional activities that may come up during the module. All activities are explained below.

### Important Contacts/radio call-sign:

MD-1	Joseph Bart	(716) 870-7189 <sup>[L]</sup> <sub>[SEP]</sub>
MD-3	Jason Borton	(716) 807-8452
MD-4	Kevin McGee	(716) 957-6658
MD-5	Brian Clemency	(716) 604-7554 <sup>[L]</sup> <sub>[SEP]</sub>

MD-6	Joshua Lynch	(716) 308-6649
MD-7	Johanna Innes	(803) 917-9870
MD-8	Will Rivers	(843) 708-7337
MD-9	Charlotte Crowley	(859) 319-0043
MD-10	Michael Waldrop	(716) 430-6952
MC8	Greg Gill	(716) 253-4863 Deputy Commissioner
MC10	Ken Peterson	(716) 270-3506 ALS coordinator

**MERS dispatch – (716) 898-3696**

### Review EMS Protocols

It is important to understand the protocols and limitations of the various levels of care. In New York State the Basic Life support protocol is developed by the State. The Advanced Life Support Protocol is developed by the Regional Medical Advisory Council.

BLS Protocol: <http://www.health.state.ny.us/nysdoh/ems/protocolsnew.htm>

ALS Protocol: <http://www.wremac.com>

### ADI/MERS Observation(Ambulance Dispatch and Inspection/Medical Emergency Radio System)

Observe EMS call interrogation and dispatch by Ambulance Dispatch / 911 calls in MERS (4 hours).

Contact: Dean Seyler at [Dean.Seyler@erie.gov](mailto:Dean.Seyler@erie.gov)

Location: 45 Elm Street, Buffalo, NY. Non-SMART cars need to park on the street in Eagle with best luck

Call MERS 898-3696 and someone will come and let you in.

### AMR Shifts

Residents perform ride along with AMR Medics. Please wear a scrub top and a pair of dark pants (or scrub pants) and shoes/boots. NO SNEAKERS, NO JEANS. Required shifts are 6 hours long. You may do 2 shifts back to back (12 hours at once).

Contact: Eric Dievendorf(paramedic supervisor) at [Eric.Dievendorf@amr.net](mailto:Eric.Dievendorf@amr.net) or 716-359-6558

Location: AMR - 481 William L. Gaiter Parkway, Buffalo(plenty parking in front)

### Rescue 1 Ride-along

One 6 hour ride along with Rescue 1 in the City of Buffalo to observe rescue activities.

Contact: Dr. Bart at [jbart@bfdny.org](mailto:jbart@bfdny.org)

Location: 1229 Jefferson Ave. (at Kingsley), Buffalo(plenty parking in front)

Day shift 8am-5pm with lunch at 12 pm(\$5)

Night shift 5pm-8am with dinner at 7pm(\$10)

### Mercy Flight

If you choose not to fly you may do a 3<sup>rd</sup> AMR shift. Mercy Flight of Western New York provides Helicopter Emergency Medical Services to Western New York out of 3 bases. You are replacing the nurse on these flights, as a result you may not cancel or take SMART calls during your shifts. Residents fly out of the Buffalo Base only. Please review the Flight Duty Requirements prior to scheduling your shifts. Helicopter shifts are 100% optional.

Contact: Don Trzepacz at 864-4036 or [dtrzepacz@mercyflight.org](mailto:dtrzepacz@mercyflight.org)

[jcrotty@mercyflight.org](mailto:jcrotty@mercyflight.org)

Location: 100 Amherst Villa Road, Buffalo (East side of the airport off of Aero Drive)

There is a monthly medical directors meeting for mercy flight that you should plan on attending. These dates are set monthly, please check to see what date during your module that meeting will occur.

### WREMAC Meetings

The Western Regional Emergency Medical Advisory Committee is the committee of physicians who create the protocols for the 3 regions (8 counties) of Western New York. Meetings are held the 3<sup>rd</sup> Wed in odd months. Location to be determined. at the Erie County Fire Academy.

### Buffalo Bills Games (seasonal only)

Residents provide medical support for the stadium “ER’s”, under the supervision of UEMS attending. Plan to be at the stadium 1 hour prior to kick off, and stay 1 hour after the end of the game. You will need to get an ID and parking credentials prior to the game. The contact for the schedule and obtaining the required parking permit is Michele Sheehan at ECMC, 898-5230 or [MSheehan@ecmc.edu](mailto:MSheehan@ecmc.edu)  
Go to the stadium prior to the game to receive a badge. Coordinate a carpool with a resident on EMS for parking pass.

#### Concerts

In addition to the seasonal Bills games, there are concerts over the summer that fellows will be required to cover. There can be 2-3 in one week and are a whole afternoon/evening commitment (ex. 2pm-11pm).

#### Grand Rounds

You will be asked to attend EM grand rounds during your rotation

#### Presentation

You will create and present a Pediatric EMS lecture.

#### Program Specific Requirements

1. PEM EMS On-Line Module: <http://www.moodlemedce.com/pem-education/login/index.php>
2. Study Board Review Notes: EMS & Transport
3. Complete EMS questions on Challenger
4. Read Chapter 6 in F&L

#### Additional Activities/Special Events/SMART Calls

The EMS month, like emergency services in general is highly variable. From months to month additional projects, and other activities shall arise. While we strive to be equitable to all residents, there WILL be variations in these activities among different residents in different months. Many of these activities, although variable, will be required.

You can shadow the EMS fellows for SMART calls.

### **Common Electives:**

#### **Dental:**

Mary Beth Dunn; office: 633-8170;

Office address: 2733 Wehrle Drive; Williamsville, NY 14221

- Last rotator not good exposure with dental blocks – maybe ask ahead of time?

#### **ED Common Procedures:**

Linda Bush; Email: [lbushnp@aol.com](mailto:lbushnp@aol.com)

#### **OCH Cardiology:**

Kathy Rygg – Email [krygg@upa.chob.edu](mailto:krygg@upa.chob.edu)

#### **STAT Team:**

Mary Emborsky – [memborsky@upa.chob.edu](mailto:memborsky@upa.chob.edu)

#### **Advanced Ultrasound:**

Brian Monaco - [bamonaco61@gmail.com](mailto:bamonaco61@gmail.com)

Mary Emborsky - [memborsky@upa.chob.edu](mailto:memborsky@upa.chob.edu)

#### **Plastics experience:**

Dr Perry – [rperry@kaleidahealth.org](mailto:rperry@kaleidahealth.org)

#### **Other possibilities:**

Surgery/Trauma

Ophthalmology

ENT

Sports Med

Psych

Derm

Advanced EMS

‘Make your own’

## **Other important stuff** –

### **Meetings:**

All fellows are required to make all ED staff meetings as well as PEMCORE meetings and Journal Clubs.

### **Journal Clubs:**

Free access to Medical Journals can be found at the UB library - <https://library.buffalo.edu/>

Please reach out to the Journal Club advisory Committee for help with choosing an article and general medical questions at least 4 weeks prior to scheduled JC presentation

- Committee members emails – [hterrito@buffalo](mailto:hterrito@buffalo), [jkillion@kaleidahealth.org](mailto:jkillion@kaleidahealth.org), [kunalchadha32@gmail.com](mailto:kunalchadha32@gmail.com), [smbouton1@yahoo.com](mailto:smbouton1@yahoo.com), [mlwies10@gmail.com](mailto:mlwies10@gmail.com)
- Plan a meeting with Brain at least 2 weeks prior to JC presentation for review statistics

### **Wellbeing:**

Residents/Fellows and faculty members are provided access to tools for self-screening.

<https://www.admboard.org/addiction-mental-health-self-screening.aspx>

Other helpful resources

## **Concern About Immediate Harm**

### **Crisis Services 24-hour hotline: 716-834-3131**

This service offers a 24/7 response to concerns in the area of emergency mental health services. It offers a local resource for treating and assisting people in emotional crisis through a variety of therapeutic services. Calls can be for information, referral or immediate assistance.

### **National Suicide Prevention Lifeline (toll-free) 1-800-273-TALK**

## **UB Employee Assistance Program (EAP)**

Counselors can meet with residents on all UB campuses. Submit the form via the website or by calling 716-645-4461 or email [ub-eap@buffalo.edu](mailto:ub-eap@buffalo.edu).

- Neal – EPA – 716-645-4458

## **Center for Occupational and Environmental Medicine (COEM)**

COEM is the provider for resident and fellow employee health requirements.

### **COEM Social Worker**

Contact [Carrie Wieder](#), social worker, by email or call 716-898-4967 for support and resources.

### **ECMC Help Center**

The Help Center provides outpatient evaluations for individuals who have the desire to link with mental health services, as well as provide short-term intervention for those who may be experiencing a crisis or feeling distressed. To access, call 716-898-HOPE (4673), press option #3 (psychiatry), then press option #4 (Psychiatric Help Center).

## **Fitness for Duty Concern**

Program directors may contact the **Lead Physician for Resident Employee Health**, [Kenyani Davis, MD](#), if they are concerned about a resident or fellow's fitness for duty.

## **Resources for Mental Well-Being During Distressing Times**

*Updated April 10, 2020*

- [Building Resiliency Training Video](#)
- [CALM App - Free Content](#)
- [COVID-Focused Communication Strategies](#)
- [Crisis Text Line](#)
- [Down Dog App - Also Containing Apps for HIIT, Barre Exercise and a 7-Minute Workout](#)
- [Fitness Blender - Free Workouts](#)
- [Headspace Premium - Now Free to Healthcare Providers By Entering Your NPI.](#)
- [Mindful Practice - Gold Humanism Society](#)
- [National Academy of Medicine Health and Well-Being Strategies and Resources](#)
- [Nike Training Club](#)
- [Peleton - Free 90-day Trial](#)
- [Resources for Psychological Health - Osmosis.org](#)
- [Ten Percent Happier](#)
- [Tone It Up - Free 30-day Trial](#)
- [UB Step Challenge - April 1-30, 2020!](#)
- [UCLA Mindful Meditations](#)

Resources can be found at

<https://medicine.buffalo.edu/offices/gme/residents/resident-well-being.html>