

University at Buffalo Pediatric Emergency Medicine Fellowship

Radiology/OB/NICU Procedure/Ross/CAC Rotation – This Rotation takes place in the PGY 5th or 6th year of the PEM Fellowship Program, and is one calendar month in duration.

Schedule

2 weeks → Radiology - Fellows will report to Radiology department Monday –Friday starting from 8 am to 5 pm.

1 week → OB – Fellows will report to L&D at OCH at 7 am Monday -Friday

- Can schedule days with Dr Wiese

1 week → Procedures – every morning fellows with report to the NICU STAT team from 8 am to 12pm

- Afternoons will alternate with CAC – M, W, F and Ross Eye Tues, Thurs – report at 1p
- CAC currently work in progress reach out to Dr Territo for current recommendations 1 month prior to rotation

The PEM Fellow is scheduled for three 10 hour clinical shifts in the PED during the month. These scheduled clinical shifts should not conflict with the rotation schedule and are in compliance with ACGME duty hour regulations.

Attendance at PEM Thursday conferences is required

Faculty Mentor:

Radiology - Richard Thomas, MD Email: RThomas@KaleidaHealth.org

OB – Dr Ablove - tablove@buffalo.edu or Amy Bumbaco; email – abumbaco@buffalo.edu or

Dr Wiese contact for MFS – sarah.wiese@audubonwomens.com

NICU – Katy Perry (kperry8616@gmail.com) - Call NICU ASCOM on arrival: 323-3210

Ross – Elaine Taylor – etaylor@buffalo.edu or Dr Fernando smfernando17@gmail.com

CAC – Kelly Smith Smith, Kelly NP KSmith3@KaleidaHealth.Org or

Goals:

Develop skills in basic image interpretation and indications for use of specific diagnostic modalities.

Develop skills in management of uncomplicated and complicated labor and delivery.

Develop skills in performing perinatal and neonatal resuscitations.

Develop skills in identifying and assessing ophthalmic emergencies

Develop skills in identifying and treatment children with concerns for abuse

Objectives:

Radiology - At the conclusion of the rotation, the Fellow will:

1. Demonstrate the ability to interpret radiological examinations including:
 - a. Chest and abdominal plain radiography

- b. Extremity radiography
- 2. Demonstrate improved skills with interpretation of more complicated plain radiography:
 - a. skeletal survey
- 3. Demonstrate improved skills with interpretation of more complicated radiological studies
 - a. Ultrasounds
 - b. CT scans
 - c. MRI's (CS)
- 4. Explain the indications, appropriate techniques, risks, limitations and alternatives for commonly ordered diagnostic modalities: plain radiography, ultrasounds, CT scans and MRI's. (MK)
- 5. Explain the indications, appropriate techniques, risk, limitations and alternatives for common interventional radiological procedures including (but not limited to):
 - a. G tubes
 - b. Central lines/PICC lines
 - c. Abscess drainage
 - d. LPs
 - e. Joint aspirations
- 6. Review challenging cases to identify better patient care management strategies. (CIS)

OB – at the conclusion of the rotation the fellow will be able to:

1. Discuss the normal stages of labor and the time course for each. (MK)
2. Demonstrate ability to perform uncomplicated full-term deliveries. (PC)
3. Discuss the diagnosis and treatment of complicated labor including premature rupture of membranes, premature labor, failure to progress, fetal distress, and ruptured uterus. (MK)
4. Describe the management of complicated deliveries, including prolapsed cord, uncommon presentations, dystocia, uterine inversion, multiple births and stillbirth. (MK)
5. Demonstrate ability to diagnose and manage postpartum complications including retained products, endometritis and mastitis. (PC)

NICU procedures – at the conclusion of the rotation the fellow will be able to:

1. Identify neonates requiring resuscitation (PC)
2. Describe standards for neonatal resuscitation (MK)
3. Prescribe initial management of the neonate's condition (MK)
4. Demonstrate the ability to perform peripheral intravenous access (PC)
5. Demonstrate the ability to perform umbilical artery/vein cannulation (PC)
6. Demonstrate the ability to perform neonatal airway management, including suctioning, bag and mask ventilation and intubation (PC)

Ross – at the conclusion of the rotation the fellow will be able to:

1. Develop a systematic approach to examination of the eye (PC)
2. Develop competence with slit lamp examination (PC)
3. Demonstrate ability assess of the anterior chamber (PC)
4. Develop understanding of examination of intraocular pressures, including the significance of abnormal measurements as well as contraindications to measuring (PC)
5. Develop differential diagnoses of common ophthalmologic presentations (MK)

CAC –

1. Demonstrate improved skills in recognizing and interviewing families and children at risk for abuse. (PC)
2. Perform a medical evaluation of a physically abused child and a sexually abuse child or adolescent. (PC)
3. Obtain exposure to forensic evidence collection in acute sexual assault cases. (PC)
4. Demonstrate sensitivity, compassion and respect for patients, families, staff and other colleagues.(P)
5. Develop greater appreciation and understanding of the complexity of child protective services, child welfare system and criminal justice system. (SB)

Evaluation:

- End of rotation evaluation submitted to MedHub by Faculty Mentor
- End of rotation evaluation of rotation by Fellow submitted to MedHUB for Program Director's review.

Our PEM Curriculum is extrapolated from the American Board of Pediatrics Content Outline for Pediatric Emergency Medicine:

<https://www.abp.org/abpwebsite/takeexam/subspecialtycertifyingexam/contentpdfs/emerg2011.pdf>

It is a competency-based curriculum.

The Competencies:

- **Patient Care (PC):** Resident must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge (MK):** Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, and the application of this knowledge to patient care.
- **Professionalism (P):** Residents must demonstrate a commitment to carry out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
- **Communication and Interpersonal Skills (CIS):** Resident must demonstrate effective information exchange and teaming with patients, their families, and other health care professionals.
- **Practice-Based Learning and Improvement (PBL):** Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices.
- **Systems-Based Practice (SP):** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on the system resources to provide care that is of optimal value.