I. Course Objectives:

To provide a concentrated experience in the assessment and management of the acutely ill child.

II. Course Goals and Objectives: (based upon ACGME competencies for resident education and modified for medical student education)

**Patient Care**

Students, together with supervising faculty, must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Objectives:** Students are expected to

- Gather essential and accurate information about their patients. *Examples: history, intercurrent problems, physical examination and results of pertinent laboratory tests and physiologic monitors.*

- Make informed recommendations about diagnostic and therapeutic interventions based on physical examination, laboratory data, scientific evidence, and clinical judgment. *Examples: Patients with fever without a source.*

- Together with the fellow and attending, communicate plan of care to parents. *Examples: plan of care for status asthmaticus: intravenous steroids, beta-agonist aerosols, maintenance intravenous fluids, portable chest radiograph, and in-patient admission.*

- Work with health care professionals, including those from other disciplines, to provide patient-focused care, develop and carry out patient management plans. *Examples: respiratory care, nursing, and emergency room technicians.*
Medical Knowledge

Students must demonstrate knowledge about established biomedical and clinical sciences and the application of this knowledge to patient care.

Objectives: Students are expected to

• Develop an understanding of common illness affecting children which require emergency room care, including but not limited to: Status asthmaticus, shock, sepsis, diabetic ketoacidosis, congenital heart disease, trauma, toxic ingestions, status epilepticus.

• Learn the indications and physical assessment skills required for determining the need for inpatient admission and treatment.

• Develop the skills required to assimilate historical, physical, physiologic, and laboratory data, and to present these data in an organized and prioritized manner.

• Gain experience in dealing with the family, social, economic, and ethical issues related to common emergencies in childhood.

Practice-Base Learning and Improvement

Students must be able to assimilate scientific evidence to improve their patient care practices.

Objectives: Students are expected to

• Locate and assimilate evidence from scientific studies related to their patients’ health problems. Example: randomized controlled trials of management of fever without a source.

• Use information technology to manage information, access on-line medical information; and support their own education.

Interpersonal and Communication Skills

Students must be able to demonstrate interpersonal and communicate skills that result in effective information exchange to Emergency Department team members and patient families.

Objectives: Students are expected to

• Give clear, concise, well-organized case presentations, exchange patient information effectively with members of the team (e.g., nurses, residents, fellow), and work effectively with other members when indicated.
• Explain complex treatments to parents without medical jargon.

**Professionalism**

Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**Objectives:** Students are expected to

• Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and their families that superseded self-interest; accountability to patients and the profession; and a commitment to excellence and on-going professional development. *Example: willingness to seek additional patients for evaluation.*

• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care and confidentiality of patient information.

• Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**III. Methods of Instruction:**

**A) Didactic** (schedule, topic, faculty)

• During rotations in Emergency Center
• Recommended conferences:
  • Pediatric Grand Rounds, Wednesdays 0800, CMC Moore Auditorium
  • Trauma Morbidity and Mortality, 2nd Thursdays 1600, CMC – Room B336
  • REACH Grand Rounds – 1st Friday, Doctor’s Dining Room
  • Noon conferences for housestaff, weekdays 1215 - 1300, Doctor’s Dining Room

**B) Clinical** (schedule, faculty teaching, housestaff teachings)

• 13 shifts per rotation, 4-5 on weekends
• Shifts are 10a-6p and 6p-2a (Scheduled by students at beginning of rotation)
• Work as subintern in the EC under the supervision of the EC attending, fellow and senior housestaff.
• The students will be given a list of complaints/symptoms to be evaluated and procedures to be performed during the rotation.

**C) Student responsibilities** (and to whom responsible)

• Complete the above experience with support from the attending assigned to the EC, thereby fulfilling the role of subintern.
• Maintain a log of patients seen with diagnoses seen and managed as well as procedures performed.
• Student will participate in Simulation Center Workshop that will review common pediatric life support procedures and give the student a hands-on experience in dealing with the critically ill or injured child.
• Any absence, except for illness, must be approved in advance. ALL absences must be called to Dr. Julia McDonald, 214/456-2014.

IV. Method of Evaluation of Students:

The student will be directly responsible to Dr. McDonald for his/her activities and learning. Taking into account information received from fellows and other faculty, she will judge the student’s performance – pass or fail. Students will be evaluated on the achievement of the objectives of the course.