Course: Pediatric Acute Intensive Care Unit Course Number: PED 1903

Department: Pediatrics

Faculty Coordinator: Leslie Garner, MD

Assistant Faculty Coordinators: N/A

UTSW Education Coordinator Contact: Anthony Lee (Anthony.Lee@UTSouthwestern.edu)

Hospital: (Location of rotation) Children's Medical Center

Periods Offered: Periods 1-12

Length: 4 weeks

Max # of Students: 2 (Post Clerkship Students)

First Day Contact: PICU Fellow (214-456-8597) or PICU Resident (214-456-8552)

First Contact Time: 7:00am

First Day Location: Children's Main Hospital PICU 12th Floor

Prerequisites: PED 1801 Pediatric Core Clerkship

I. Course Description

Students will be integral members of a team providing comprehensive pediatric care to critically ill neonates, infants, and children. Teams are typically composed of 2-3 pediatric residents, an outside rotating resident, an ICU fellow, and an ICU attending. Students will participate in the care of patients with heart disease, respiratory failure, neurological disease, infectious disease, and a variety of other illnesses. Each student is assigned 1-2 patients and will have the primary responsibility for these patients under the supervision of a PICU faculty member.

Goals	<u>Objectives</u>	Assessment Methods
Patient Care: Students, together with supervising faculty, must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	 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, physiologic monitors, laboratory data, scientific evidence, and clinical judgment. Examples: Patients with respiratory failure and shock. Together with the fellow and attending, communicate plan of care to parents. Examples: Plan of care for mechanical ventilation. Work with health care professionals, 	 Quality of Medical Records entries Skills evaluation from direct observation.

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	including those from other disciplines, to	
	provide patient-focused care, develop and	
	carry out patient management plans.	
	Examples: Respiratory care,	
	pharmacology, nursing, physical therapy.	
Medical Knowledge:	 Develop a pathophysiology based 	 Each student is required to
Students must demonstrate	understanding of common critical illnesses	create a case presentation
knowledge about established	affecting children, including but not	and to present it to the
biomedical and clinical sciences and	limited to:	faculty and fellows during the
the application of this knowledge to	 Status Asthmaticus 	rotation. It is recommended
patient care. They must understand	 Acute Respiratory Distress 	that students present an
the approach to establishing a	Syndrome	interesting case they
differential diagnosis in the sick	o Shock	encountered during their
neonate.	o Sepsis	rotation. However, they are
	 Diabetic ketoacidosis 	also permitted to present on
	 Congenital Heart Disease 	a topic of interest that relates
	 Status Epilepticus 	to pediatric NICU. The
	o Hypoxic Ischemic Brain Injury	presentation will be given in
	 Acute Renal Failure 	the designated department
	o Coma	conference room.
	 Recovery from Extensive Surgical 	
	Interventions	
	o Brain Death	
	 Learn the indications and physical 	
	assessment skills required for determining	
	the need for intensive care unit admission	
	and treatment.	
	 Develop the skill required to assimilate 	
	historical, physical, physiologic, and	
	laboratory data, and to present data in an	
	organized and prioritized manner.	
	 Be exposed to and gain a basic 	
	understanding of the emergency	
	treatment and stabilization of critically ill	
	children:	
	 Airway Obstruction 	
	 Respiratory Failure 	
	 Shock (cardiogenic, hypovolemic, 	
	anaphylactic, septic)	
	 Deteriorating Mental 	
	Status/Altered Sensorium	
	o Immunocompromise	
	 Uncontrolled Fever 	
	 Persistent Seizures 	
	 Deteriorating Homeostatic 	
	Control: severe electrolyte	
	abnormalities, progressive	
	acidosis, osmolar disturbances,	
	hepatic and renal insufficiency,	
	severe multi-system trauma	
	 Become familiar with standard ICU 	
	supportive care, including:	
	 Mechanical Ventilation 	
	o Inotropic Support	
	 Sedation and Pain Control 	

Interpersonal and Communication Skills: Students must be able to demonstrate interpersonal and communicate skills that result in effective information exchange to PICU team members and patient families.	 Nutritional Support Pharmacology Gain experience in dealing with the family, social, economic, and ethical issues related to common critical illness in childhood. Give clear, concise, well-organized case presentations, exchange patient information effectively with members of the team (e.g., nurses, residents, and fellow), work effectively with other members when indicated, and participate in rounds. Explain complex treatments to parents without medical jargon. Communicate effectively during rounds. 	Observations of faculty and staff.
Practice-Based Learning and Improvement: Medical students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Medical students are expected to develop skills and habits to be able to meet the following goals	 Locate and assimilate evidence from scientific studies related to their patients' health problems. Example: Randomized controlled trials of therapy for meningococcemia or asthma. Use information technology to manage information, access on-line medical information, and support one's own education. Example: Use electronic medical record to access laboratory and physiologic information. 	 Each student is required to create a case presentation and to present it to the faculty and fellows during the rotation. It is recommended that students present an interesting case they encountered during their rotation. However, they are also permitted to present on a topic of interest that relates to pediatric NICU. The presentation will be given in the designated department conference room. Critical review of a relevant article.
Professionalism: Medical students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	 Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and their families that supersedes 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" or their family's culture, age, gender and disabilities. 	Observations of faculty and staff.

II. Methods of Instruction

Didactic:

- Tuesday, 1:15-2:00pm: PICU Divisional conference (journal club, research presentations, morbidity/mortality conferences, quality meetings, etc), 11th floor Classroom
- Wednesday, 12:00-2:00pm: PICU Divisional conference (journal club, research presentations, morbidity/mortality conferences, quality meetings, etc), 11th floor classroom
- Monday/Thursday/Friday, 1:00-2:00pm: PICU Didactic Lectures on core ICU topics given by PICU faculty and fellows, 11th floor classroom

Clinical:

- Students are expected to arrive in time to pre-round on each of their patients in preparation for attending rounds at 8:30am.
- Afternoon rounds (AKA sign out rounds) generally occur at 4:00pm.
- Students are expected to stay one day per week on short call (*until 7:00pm*) and encouraged to take overnight call at least once during their 4 week rotation.

III. Overview of Student Responsibilities

- Evaluate patients, present to attending, and follow until discharge.
- Students are expected to take primary responsibility for their patients with supervision by the residents, fellows, and faculty members.

IV. Method of Evaluation of Students and Requirements

Pass-fail grades; there are no examinations. Evaluations of the student by the faculty will be based on achievement of the stated objectives of the course. This will be assessed by the student's preparation, fund of knowledge, participation in rounds, and participation on call.