

Clinical Rotation Summary

Rotation	Pediatric Emergency Medicine							
Institution	Children's Hospitals and Clinics-St. Paul				Duration: variable			
Year of training	EM1		EM2	✓	EM3	✓	EM4	
Liaison:	Marydee Chamberlain, MD marydee.chamberlain@childrensmn.org				Contact: Heather.Pomeroy@childrensmn.org 651-220-6914			
Educational objectives:								
<ol style="list-style-type: none"> 1. Demonstrate appropriate knowledge and skills to resuscitate infants and children with acute life threatening emergencies. (MK, PC, SBP, PBL) 2. Demonstrate appropriate knowledge and skills to treat infants and children with urgent or acute medical or surgical problems. (MK, PC) 3. Develop familiarity with procedural skills used in caring for infants and children with emergent or urgent medical or surgical problems. (MK, PC) 4. Demonstrate the knowledge and skills to interact effectively with consulting services and primary care physicians. (IP+C, P, SBP) 								
Description of clinical experiences:								
<p>This rotation occurs at Children's Hospitals & Clinics - St. Paul Emergency Department. Residents will rotate 5.2 weeks in the EM-2 year and approximately 11 shifts throughout the EM-3 year. The emphasis of the rotation will be clinical evaluation of infants and children with emergent and urgent problems. Residents must adhere to the ACGME duty hours guidelines.</p>								
Description of didactic experiences:								
<p>The resident is encouraged to present a case at the monthly citywide Peds/EM conference. EM Residents are expected to attend weekly EM conferences at the primary training site. (PBL, SBP)</p>								
Evaluation process:								
<p>Residents will receive a written evaluation through New Innovations after completing the Pediatric Emergency Medicine/SPC rotation. Residents are evaluated on their knowledge base, procedural skills, and their facility in communicating with patients, family, and other medical personnel. Residents should log the procedures they perform in the New Innovations system. Oral examinations, a national in-training examination and case presentations are also used in evaluating residents.</p>								
Feedback mechanisms:								
<p>Several times during the year the resident meets with their EM advisor. In addition, the program director will meet with each resident two times each year to review the department evaluation of the resident. More immediate feedback will be provided during clinical activities by Pediatric Emergency Medicine faculty.</p>								
Schedule and hours:								
<p>EM residents work 3:30-11:30p everyday as assigned by the EM Chief Resident. EM-2 residents are assigned approximately 26-28 shifts over 5.2 weeks (split into two 2.6-week blocks); shifts not covered by EM-2 resident on rotation are assigned to an EM-3 resident (approx. 10-11 per year).</p>								
Rosh Review test: self-assigned per promotions guidelines.								