Rotation: Pediatric Intensive Care Unit (PGY1)

Site: Ronald Reagan UCLA Medical Center (RRMC)
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Schedule: http://amion.com
Enter “ucla peds” for the password. Click on the “My Schedule” icon at the very top of the page (the icon with the little person). Select your name under the “EM-Interns” dropdown menu. Select the month(s) you will be rotating and click on the “Create Schedule” button to view your schedule.

Description of Rotation
The Pediatric Intensive Care Unit (PICU) rotation is a 2-week rotation. EM (Emergency Medicine) residents provide care to critically ill pediatric patients in a state of the art, academic medical center PICU. RRMC is a tertiary care referral center, Pediatric Trauma Center and Pediatric Critical Care Center, resulting in EM residents encountering a broad range of complex pediatric medical and surgical pathology. PGY1 EM residents are provided the same opportunities and have the same responsibilities as PGY1 Pediatric residents assigned to the rotation. All activities are performed under the supervision of Pediatric Critical Care fellows and attending physicians.

Responsibilities
The PICU team is comprised of the PICU attending physician, 2 fellows (1 day fellow, 1 night fellow), and 4-5 PGY1 and PGY2 residents. All residents function on the same level, and are a mix of PGY2 Pediatric residents, Anesthesia residents, and PGY1 EM residents.

PGY1 EM resident duties include:
1. Admitting new patients including completion of initial history and physical examination and writing admission orders.
2. Daily rounds on admitted patients with the resident team and attending physician.
4. Transferring of patients out of the PICU to other inpatient teams.
5. Performing procedures with supervision as needed.
6. Participate in all educational activities offered to the Pediatric residents.

Goals and Objectives:
The measurable competency objectives for the Ronald Reagan UCLA Medical Center Pediatric ICU rotation are as follows:

A. Patient Care.
   1. Perform a resident level PICU history and physical examination with a treatment plan organized by organ systems.
   2. Manage a complex pediatric resuscitation with assistance from fellows and attending staff.
   3. Perform with supervision pediatric critical care procedures including endotracheal intubation, bag-valve-mask ventilation, rapid sequence induction, chest compression, intraosseous access, conversion of supraventricular arrhythmias, arterial line and central venous access placement, tube thoracostomy, cardioversion, external cardiac pacing, pericardiocentesis, thoracentesis, paracentesis, and replacement of g-tube, and lumbar puncture.
   4. Be able to manage ventilator emergencies with assistance.
   5. Be able to interpret and treat common acid-base disturbances based on the Arterial Blood Gas (ABG).
   6. Be able to provide procedural sedation in the PICU with assistance.
   7. Be able to provide sufficient analgesia in the PICU.
   8. Be able to manage common pediatric fluid and electrolyte disorders.

B. Medical Knowledge
   1. Understand the role of vasopressor support in the care of the PICU patient.
   2. Understand the enteral and parenteral needs of PICU patients.
   3. Understanding the pathophysiology of common acid-base problems in the PICU setting.
   4. Understand the pathophysiology of respiratory failure and the use of machine-assisted ventilation.
   5. Understand the pathophysiology and treatment of congenital cardiac disorders in the PICU.
   6. Be able to discuss some controversies in PICU management such as the role of steroids in severe pediatric septic patients.
   7. Understand the principles of post-operative care in pediatric patients.
   8. Understand the pathophysiology and management of common PICU presentations such as pneumonia, opportunistic infections, respiratory failure, sepsis, congenital cardiac disease, and in-born errors of metabolism.

C. Practice Based Learning
   1. Accesses medical literature to answer clinical questions to support decision-making and shares with PICU team.
   2. Apply scientific evidence to decision making.
   3. Obtain feedback from supervising faculty and fellows.

D. Professionalism
   1. Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
   2. Models appropriate professional behaviors in supervising and teaching medical students.
   3. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.

E. Interpersonal and Communication Skills.
   1. Effectively teach and supervise Medical students assigned to PICU team.
   2. Demonstrate communication skills necessary for leading discussions with family members under stressful situations.
3. Communicate with respiratory therapists initial ventilator settings based on a patients’ pathophysiology and respiratory status.
4. Work effectively as an interdisciplinary team member in the PICU with respiratory therapists, nutritionists, social workers, child life specialists fellows, medical students, nursing staff and pediatric subspecialty consultants.
5. Communicates with empathy and at an age appropriate level with patients and family in the PICU setting.

F. Systems Based Practice
1. Appreciate the complex interactions that go on between pediatric intensivists, surgeons, anesthesiologists, and EM in the overall PICU management of these complex patients.
2. Learn the cost of the drugs, monitoring equipment and procedures involved in the PICU setting.

Assessment
Monitoring of the accomplishment of the stated objectives will be performed using the following methods:
1. Global Rating: end of rotation evaluation of resident performance with respect to the stated objectives by faculty, other team resident members, students, and nursing staff.
2. PGY1 EM residents receive verbal feedback midway through the rotation from the PICU attendings and fellows.