

Focused Advanced Specialty Track

PEDIATRICS

Director: Jen Anders, MD
Assistant Professor and Director, Pediatric Medicine Fellowship
Division of Pediatric Emergency Medicine, Department of Pediatrics
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Number of residents you can accommodate: 2

Available faculty mentors:

Bruce Klein, MD
Jen Anders, MD
Molly Stevens, MD, MSCE
Mitchell Goldstein, MD, MBA
Justin Jeffers, MD
J. Kate Deanehan, MD, RDMS
Letitia Ryan, MD
Kemi Badaki, MD, MPH
Jean Ogborn, MD
David Monroe, MD

Are you willing to have your track combined with another one? Yes

- Research

Sponsoring Institution: Johns Hopkins Hospital

Secondary Institution: Johns Hopkins Howard County General Hospital

Program Curriculum

Goal

Become clinically proficient in the care of the acutely ill and injured child, and develop necessary teaching and administrative skills to be a leader and expert in care of children in the practice of general emergency medicine.

Objectives

- Build medical knowledge, patient care skills, and procedural skills through a variety of clinical rotations and didactic teaching sessions.
- Build communication, leadership and prioritization skills necessary to manage shifts in a pediatric emergency department.
- Practice bedside teaching on clinical shifts.
- Participate in administrative meetings and QI efforts of the division.

Clinical Pediatric EM experience

Residents will work under the direction of pediatric emergency medicine physicians to learn the essential components of patient care:

- Residents will work an average of 2 shifts per week in Pediatric EDs affiliated with JHH. They will work in “fellow” role as a preceptor and teacher for other learners in the JHH ED. The role at Howard County may be more as a primary provider.
- Residents will have priority for all procedures in the department (LPs, intubations, sedation, splinting, access procedures).
- Residents will become increasingly proficient in caring for children with both chronic and acute illness.

Non-Clinical Pediatric EM experience

Residents will become familiar with the administrative policies and guidelines relevant to the running of an independent pediatric ED. Children and families have special needs from medical systems which serve them. Residents will be expected to identify and propose a solution to at least one health system problem which disproportionately or specifically impacts pediatric patients or their families.

Required components for residents

- Education: Attendance at Pediatric EM Grand Rounds and Simulation Conferences (Thursdays 8:30-11:30am)
- Teaching: prepare one lecture at Peds EM conference; prepare one peds EM M&M
- Scholarly work: mentorship from Peds EM faculty for QI, research, administrative work

Opportunities for residents

- Pediatric Point of Care Ultrasound Training
- Child abuse elective
- Sedation Training in Pediatrics
- Pediatric Prehospital Medicine and Transport Medicine
- Pediatric Trauma Experience and participation in Interdisciplinary Trauma Committee
- Pediatric Tropical Medicine Elective (Haiti, Guyana, Peru and Kenya)

Ongoing Projects (partial list)

Research:

- PDTree: An EMS decision tool for prehospital destination decision making. *Contact: Anders*
- Asthma Follow up after Acute Exacerbations. *Contact: Ogborn*
- Safety in Seconds, Injury Prevention in the Pediatric ED. *Contact: Stevens*
- Technology Assisted Community Health Nursing for Adolescents with Pelvic Inflammatory Disease. *Contact: Anders*
- Quality of Care Comparison of Community EDs with Pediatric Specialty EDs (Simulated Critical Care Scenarios). *Contact: Katznelson.*

Quality Improvement:

- Facilitating Rapid Transport to the PICU after Interfacility Transfer. *Contact: Klein*
- Pediatric Sepsis Identification and Treatment. *Contacts: Kane and Badaki*
- Fentanyl IntraNasal For Acute Sickle Cell Pain. *Contact: Anders*
- Length of ED stay for Pediatric Trauma Transfers. *Contact: Anders and Ryan*
- Length of ED stay for Pediatric femur fractures. *Contact: Ryan*