The Pediatric Emergency Medicine (PEM) fellowship program at the University of Alabama at Birmingham (UAB) will begin its nineteenth year with the 2004-2005 entering class. Our PEM program was accredited through the American Board of Pediatrics in the fall of 1999 and reaccredited in 2002 for five years. The fellowship has been designed for three years of training since 1995 targeting these goals in the following areas:

I. CLINICAL
   A. Develop skills in initial assessment, resuscitation, stabilization and early management of pediatric emergencies.
   B. Gain broad knowledge and skills in common and uncommon pediatric emergencies; gain exposure to adult emergencies.

II. TEACHING
   A. Develop effective bedside and didactic teaching skills.
   B. Become teacher/leader in community.

III. RESEARCH
   A. Develop research foundation through formal training.
   B. Gain experience in grant writing, project development, paper presentation.

IV. ADMINISTRATIVE
   A. Understand the relationship of Emergency Medicine to hospital administration and committees.
   B. Become familiar with medical/legal issues, quality improvement, finances and scheduling.
   C. Understand state and regional administrative control of Emergency Medicine Systems.

The above goals will be accomplished through a variety of activities as described below:

CLINICAL

The mainstay of clinical experience is time physically spent in the Emergency Department supervising care of patients. Our fellows gain much experience in both direct patient care and supervision of the care of severely ill and injured children during their three years of training. Our goal for each fellow is to obtain significant clinical experience in the Pediatric Emergency Medicine (PEM) and the Adult Emergency Medicine settings. Experience in orthopedics, toxicology, intensive care medicine, anesthesiology, trauma, and adult emergency medicine provides our first year fellows with essential skills and knowledge to supplement their pediatric emergency medicine training. Pediatric critical care transport experience may be obtained as well. With the acceptance of the PEM accreditation requirements (approved by the ACGME June 1998), a total of four months of adult experience are required with three of these months in Adult Emergency Medicine. Our fourth month is in medical toxicology. All four months must be associated with an Adult Emergency Medicine Residency program. UAB began its accredited Adult Emergency Medicine residency in July 2002 and we are privileged to be able to participate in our “home” program. Other electives are also available during all three years. (See enclosure.)

An example of our fellows’ rotations and responsibilities is included for your viewing (subject to change).
TEACHING

Teaching skills are primarily developed through precepting Pediatric Residents in the Emergency Department. Fellows are also responsible for several Pediatric Emergency Medicine lectures throughout the year. These lectures are presented to an array of individuals—from laypersons to nurses to medical students to residents to faculty. The Southeast Child Safety Institute provides an opportunity for our fellows to become involved in community education as well as education of health care workers. Special emphasis is placed in the area of injury prevention. One of North America's 52 certified regional poison control centers is located within our hospital, which also gives our fellows an excellent learning and teaching opportunity.

Our fellows are expected to successfully complete Basic Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support. Our faculty and fellows are also responsible for teaching several Pediatric Advanced Life Support courses throughout the year.

RESEARCH

Our fellows are required to take courses in epidemiology and biostatistics. This can either be completed during a summer session away from our institution or at the University of Alabama School of Public Health. A course in ethics is highly encouraged also. A Masters in Public Health can be obtained during fellowship if desired. Fellows are expected to initiate and develop a research project during their fellowship and to submit the completed project to a national meeting for presentation. Fellows are also expected to submit an article to a peer reviewed journal during their training period.

Currently, evidence of research participation is required by the Sub-Board of Pediatric Emergency Medicine to be board certified. Sufficient evidence could include: first author of an accepted research project in a peer-reviewed journal, a research grant proposal approved through a critical review process, a post-graduate degree in a related field (PhD), or a research progress report. In the upcoming years, a Research Oversight Committee at each institution will be part of the review process of Research Experience.

The goal of the first month of fellowship is to target an area of research interest. During the following months, fellows will develop a project, and provide a proposal. Time for scholarly work and research is provided throughout the fellowship with special emphasis in the third year. Computer skills will be acquired as well.

ADMINISTRATIVE

Fellows will attend staff and administrative meetings to become familiar with the proceedings. They will be involved in hospital committees according to their interests and Emergency Department quality assurance. Each fellow will develop on quality improvement project during fellowship training.

THE INSTITUTION

The Children's Hospital (TCH) is an independent hospital with a separate Board of Trustees, although it is professionally staffed by University of Alabama at Birmingham faculty and residents, including 48 pediatric residents, two chief residents, and 16 medicine/pediatric residents. TCH is a 255-bed hospital with a trauma center, burn center, ECMO program, and critical care units, as well as other programs. A new addition and renovations are under
construction currently. Several transport teams in the state use a helicopter-landing pad atop TCH.

THE EMERGENCY DEPARTMENT

The Children’s Hospital has approximately 50,000 to 55,000 visits to the outpatient department each year with 8-10% of these patients being admitted. The patient upon initial presentation to the Emergency Department (ED) is appropriately triaged according to acuity and to the chief complaint. Our center operates as a Level 1 Trauma center. A very efficient and active trauma team is in place in which the pediatric emergency medicine resident and attending play an integral part. Our ED is staffed with two to five residents per shift. We provide 24 hour “in house” PEM attending/fellows coverage. We will be undergoing major renovations in our ED over the next 18 months.

PEDIATRIC EMERGENCY MEDICINE DIVISION

Our Pediatric Emergency Medicine Division is within to the Department of Pediatrics and for 2005-2006 will be comprised of thirteen attending physicians and eleven Pediatric Emergency Medicine fellows. All of current attending physicians are board certified in Pediatric Emergency Medicine. Our physicians include: Drs. Peter Glaeser, Kathy Wingo Monroe, Steve Baldwin, David Bernard, Ann Klasner, Jud Barber, Michelle Embling, Ki Abel, Erica Liebelt, Annalise Sorrentino, Melissa Peters, Terri Coco (July 2005) and Dr. Nichols. Dr. Carden Johnston also serves as one of our attendings although he officially retired after 25 years at The Children’s Hospital and is the former President of the American Academy of Pediatrics. Dr. Glaeser serves as the Division Director of Pediatric Emergency Medicine. He has a number of interests, one of which is improving prehospital care. Dr. Monroe is the PEM Research Director. Her research interests include injury prevention, endocrine emergencies, and STDs. Dr. Baldwin is the Associate Medical Director of Pediatric Emergency Medicine and his area of commitment is in billing and computer systems. Dr. David Bernard’s area of interest includes child abuse, trauma, and airway procedures. Dr. Nichols serves as a Co-Medical Director of the Regional Poison Control Center and enjoys teaching in the toxicology arena. Dr. Klasner coordinates our PEM conferences and is the PEM Coordinator for the Adult Emergency Medicine residents. Dr. Jud Barber is Chair of the Sedation Committee and is involved in our ED Improvement Committee. Dr. Ki Abel is the Medical Director of our After Hours Clinic. Dr. Annalise Sorrentino is the Medical Director of our PALS Program and Coordinator of our Medical Student PEM Education. Dr. Erica Liebelt joined our Division in May 2003 and is a Board Certified Toxicologist. She is the Co-Medical Director of Regional Poison Control Center and is the Director of our Clinical Toxicology Service. Dr. Melissa Peters specialty is child abuse, primarily physical abuse. Dr. Terri Coco will be coming on as attending physician in July 2005. She joins us after graduating from our fellowship program. We also work closely with Dr. William D. King, Director of the Southeast Child Safety Institute/Regional Poison Control Center.

In addition to our pediatric resident coverage in the ED, a pediatric surgery fellow and/or a senior surgery resident are in-house 24 hours a day. “On call” for the ED are residents in orthopedics, neurosurgery, dental and oral surgery, ophthalmology, urology, plastic surgery, and otolaryngology. Other subspecialty consults and referrals are available within the Department of Pediatrics as well and include adolescent medicine, allergy, cardiology, endocrine, gastroenterology, gynecology, hematology/oncology, infectious disease, nephrology, neurology and pulmonology.
The care of pediatric patients in our Emergency Department is delivered in a spirit of “teamwork”. The nurses, respiratory therapists, radiology technicians, unit clerks, and physicians all work together a team in the care of each child. Ancillary services are extremely important in our setting and are excellent resources and support for our patients, especially our social service workers.
<table>
<thead>
<tr>
<th>ORIENTATION/ED</th>
<th>Main Goal: Explore research ideas, orient to ED</th>
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</thead>
<tbody>
<tr>
<td>(one month)</td>
<td>ED: Minimum of twenty-four hours/week averaged over the month</td>
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<tr>
<td></td>
<td>Clincs: Fracture Follow up Clinic</td>
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<tr>
<td></td>
<td>Hand Clinic</td>
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<tr>
<td>ORTHOPEDICS/</td>
<td></td>
</tr>
<tr>
<td>SPORTS MEDICINE</td>
<td>Clinics: Fracture Follow up Clinic</td>
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<tr>
<td></td>
<td>Hand Clinic</td>
</tr>
<tr>
<td></td>
<td>Main Goal: Explore research ideas, orient to ED</td>
</tr>
<tr>
<td></td>
<td>ED: Minimum of twenty-four hours/week averaged over the month</td>
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<tr>
<td></td>
<td>(Two clinics/week; Two months/year for 3 years)</td>
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<tr>
<td>PEDIATRIC CRITICAL CARE</td>
<td>Acting Fellow, liaison to ED</td>
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<tr>
<td></td>
<td>Call: Every fourth night “in house” call</td>
</tr>
<tr>
<td></td>
<td>ED: None</td>
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<tr>
<td>ADULT EMERGENCY</td>
<td>“Intern” in Adult ED</td>
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<tr>
<td>MEDICINE (UAB)</td>
<td>Call: Minimum 150 hours for first two years; 120 hours as third year.</td>
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<tr>
<td></td>
<td>ED (TCH): None</td>
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<tr>
<td>ANESTHESIA (Peds)</td>
<td>Monday through Friday</td>
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<tr>
<td></td>
<td>Call: None</td>
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<tr>
<td></td>
<td>ED: Approximately eight shifts/month (evening, weekend, overnight).</td>
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<tr>
<td>TOXICOLOGY</td>
<td>Tox bulletin and tox conference</td>
</tr>
<tr>
<td></td>
<td>Case management</td>
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<tr>
<td></td>
<td>Question sets</td>
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<tr>
<td></td>
<td>Research project encouraged</td>
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<tr>
<td></td>
<td>ED: Approximately eight shifts/month (evening, weekend, overnight).</td>
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<tr>
<td>TRAUMA</td>
<td>“Intern” or Trauma Service</td>
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<tr>
<td></td>
<td>Call: Every fourth night “in house” call</td>
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<tr>
<td>EMERGENCY MEDICINE</td>
<td>Attending in ED</td>
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<tr>
<td>(five to six months)</td>
<td>Call: Minimum of twenty-four hours/week averaged over the month</td>
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Below is a skeleton outline of the monthly rotations required for our Pediatric Emergency Medicine fellowship (arranged in no particular order). We strive to be flexible with our scheduling so that we can meet the interests and needs of our fellows.

<table>
<thead>
<tr>
<th>Year One</th>
<th>Year Two  (+ Biostats I/II?)</th>
<th>Year Three  (+ Epidemiology?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation/ED (Res course?)</td>
<td>*Elective</td>
<td>*Elective</td>
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<tr>
<td>*Adult Emergency Medicine</td>
<td>Elective</td>
<td>*Elective</td>
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<tr>
<td>Anesthesia</td>
<td>Elective</td>
<td>Elective</td>
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<td>Elective</td>
<td>Elective</td>
<td>Elective</td>
</tr>
<tr>
<td>Toxicology</td>
<td>*Adult ED</td>
<td>Elective</td>
</tr>
<tr>
<td>*Pediatric Critical Care</td>
<td>ED!</td>
<td>*Adult ED</td>
</tr>
<tr>
<td>*Trauma</td>
<td>ED!</td>
<td>ED!</td>
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<tr>
<td>ED</td>
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<td>ED!</td>
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<td>ED</td>
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<td>ED</td>
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</tbody>
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Note: A significant number of electives in the second and third years should be dedicated to research.

*No Pediatric ED call
! Concentrated ED time 16-18 shifts/month

Suggested Electives:

(Electives may be taken during ED months or rotations may be arranged for two to four weeks during elective months.)
Adolescent
Burns
Cardiology
Child Abuse
Dentistry
Dermatology
Gynecology
Obstetrics
Otolaryngology
Pediatric Critical Care

Plastic Surgery
Prehospital Care
Procedure month
Radiology
Research
Ophthalmology
Sedation
Sports Medicine
Surgery
Transport

Other fellowship responsibilities/activities:

Conferences to attend

Dedicated Fellows’ Education Day: Tuesday
   Fellow Conference, every Tuesday @ 0815
   Book Review, every Tuesday @ 0930
   Pediatric Emergency Medicine, Tuesday @ 1030
   Week one: Journal Club/with Adult Emer Med
   Week two: Fellows’ Meeting
   Week three: Interesting Case
   Week four: Toxicology
   Week five: Fellows’ Research
Tuesday @1200
   Week one: Radiology Conference
   Week two: Trauma/Critical Care Conference
   Week three: PICU/PEM Conference
   Week four: PEM Journal Club
   Week five: Fellows’ Research
Pediatric Grand Rounds, every Thursday @ 1200

Other conferences to attend

Trauma Conference: last Wednesday of month @ 0800 (includes morbidity/mortality conference)
Morning ED Conference: Thursdays at 0700 and 0800.
Resident Noon Conference: Monday – Friday @ 1200

Required conferences to teach

Resident Noon Conference on selected topic (as second year fellow)
Morning Outpatient Conference in rotation – monthly (new conference every six month)
Toxicology Conference – (prepared during toxicology month)
[Additional conferences may be requested as needed]
Required courses

Pediatric Advanced Life Support (provider, instructor)
Advanced Trauma Life Support
Basic Life Support
Medical Director's Course

Other available courses

Advanced Cardiac Life Support
Neonatal Resuscitation Program (neonatal)
Advanced Pediatric Life Support

Academic Courses

UAB School of Public Health courses: Clinical Research Training Program (20 hrs.)
Epidemiology, Biostatistics I & II
Recommended courses: Ethics

OR

Other selected comparable courses. 6/04