PEDIATRIC EMERGENCY MEDICINE

NEWSLETTER

July 2020

Division Update:

It's not farewell….instead it is a "thank you."

As I write my last message as Division Chief for the newsletter, I am overwhelmed with a sense of pride I have for our division and all of you. I have felt honored to lead such an inspiring group of faculty and colleagues over the past 6 years. We have grown not only in numbers but also with our presence throughout the hospital and the University. We have leaders and faculty making an impact in clinical care, clinical research, quality improvement, medical education, point of care ultrasound, resuscitation education, EMS, Disaster Medicine, informatics, simulation, administration and leadership, community emergency medicine, urgent care medicine, LGBTQ advocacy, diversity and inclusion, community and injury prevention advocacy, and physician wellness. The list of our accomplishments and representation in all areas of medicine and our specialty is profound. I am humbled to have been a part of that amazing transformation. We are literally everywhere and involved in everything on this campus not to mention our regional and national reach. I couldn't have dreamed of a better division to lead during my tenure. I value each one of you for what you continue to contribute to our division, the Department of Pediatrics, and

Rady Children's. Your passion for your careers made being a Chief rewarding every day, so I thank you for that.

When I became Chief 6 years ago, I wrote a personal vision statement that I shared with Dr. Haddad and Dr. Kimmons describing what I wanted to accomplish as Chief. I have often reread that vision to myself over the past 6 years and every single one of you as a part of this division has achieved success well beyond my initial vision of building a top notch division. For those of you we recruited over the past 6 years, I can still remember my own excitement when each of you said "yes" to our offer letters, and I am so impressed with what many of you have achieved in such a short time frame. I know that much more greatness is still yet to come. Thank you to all of you for your support and trust of me as your Chief. We are a shining star of our organization, and I could not feel more proud of that. All of you have displayed resilience and dedication to our patients and our mission during the most trying time in all of our careers over the past 5 months as we adjust to a world that has changed due to COVID-19. I am inspired by the way we came together to take care of everyone to sustain our division while still focusing on exceptional care for the children of our community and our academic pursuits. I am very excited to move to the next stage in my career, but it is not without some sadness for the decision I had to make to leave our division. I will sincerely miss each of you every day. Thank you to Seema for taking on the interim role. As all of you already know she is amazing and dedicated to our ongoing success and will need your support and trust as she navigates the new reality of COVID-19.

I cannot say farewell as you are all much too important for good-byes. I am not far away, so please reach out at any time and keep me updated on your endeavors. Thank you for an amazing experience as your leader. I cannot wait to see what this amazing division accomplishes next!

Keri

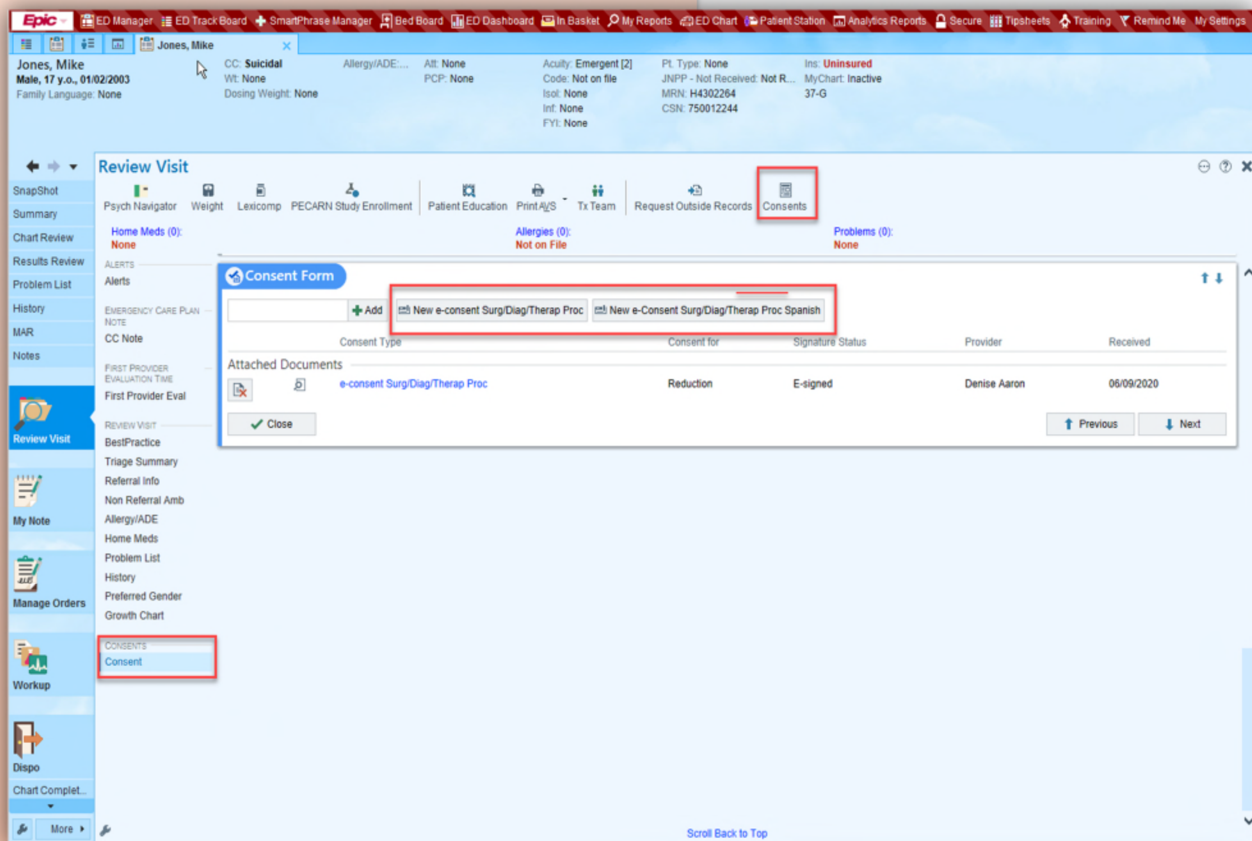
July Dashboard

	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	July	FY21
Emergency Department	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	7/15	MTD	YTD
TOTAL PATIENTS	147	161	175	180	158	173	134	146	149	156	171	154	145	142	158	2,349	2,349
Left Without Being Seen	1	0	2	0	3	0	0	0	0	2	0	0	0	1	0	9	9
% LWBS	0.7%	0.0%	1.1%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	1.4%	0.0%	0.4%	0.4%
Total Patients Admitted	20	24	14	17	15	12	19	17	23	21	22	13	23	14	18	272	272
% Admitted	13.6%	14.9%	8.0%	9.4%	9.5%	6.9%	14.2%	11.6%	15.4%	13.5%	12.9%	8.4%	15.9%	9.9%	11.4%	11.6%	11.6%
Total EDS Patients	-	-	2	-	-	-	-	-	1	2	3	-	-	-	-	8	8
Total Psych Patients	6	9	8	3	3	8	5	5	10	4	8	8	5	3	11	196	196
Total Trauma Patients	5	3	1	4	4	2	-	3	3	3	2	4	3	-	2	42	42
ED Only Median LOS (min)	161	165	180	149	129	170	150	174	184	165	183	161	154	154	163	163	163
All ED Median LOS (min)	169	178	187	157	134	172	163	188	206	179	197	171	170	157	173	174	174
Total Rancho Springs Patients	25	17	17	15	27	17	25	37	26	26	26	25	25	29	23	24	24

Epic Updates: Marc Etkin, M.D., F.A.A.P.

E-consent roll out

- E-consents are now live in the ED
- Depending on the computer, you will either sign with the pen pad or the mouse
- Consultants currently still need to use paper



E-Signature Document Collector

Witness 1 signature needed | Guardian 1 signature needed | Provider 1 signature needed | Hide

Document Content

1. Fill out all fields below prior to obtaining signatures!

Health Care Provider Name - Required

Enter Procedure - Required

Relationship to Patient - Required

Witness Name - Required

Physician/Nurse Practitioner Name - Required

Video/Phone Interpreter Service and ID # (if used)

2. Once Information above is completed, obtain parent/guardian signature

3. Physician/Nurse Practitioner Signs Form. Clicks Accept and logs out of Epic

4. Witness logs in to Epic and Signs Form. Clicks Accept and logs out of Epic

Rady Children's Hospital San Diego
3020 Children's Way
San Diego, California 92123-4282

Patient Name: Jones,Mike
MRN: H4302264
DOB: 1/2/2003

Consent to do Surgery or Special Diagnostic or Therapeutic Procedures

SECTION I: PATIENT/LEGAL GUARDIAN ACKNOWLEDGEMENT OF INFORMED CONSENT

I give permission to HealthCareProvider, (print health care provider's name) and associates to perform the following procedure/surgery: Procedure

My health care provider has described the proposed procedure/surgery to me and has told me about the potential risks and expected benefits, as well as other methods of treatment available and their risks and benefits, and the risks associated with refusing the recommended procedure/surgery. My health care provider has given me the chance to ask questions about the proposed procedure and all of my questions have been answered to my satisfaction. I understand that all procedures and/or surgeries involve risks of poor results, complications, injury or death from both foreseen and unforeseen causes. No warranty or guarantee has been made as to the result or cure and I understand that further treatment may be necessary in the future. I consent to the performance of the procedure/surgery noted above, in addition to any different or further procedures, which in the opinion of my health care provider, is indicated during the performance of the procedure/surgery. I understand that my health care provider may choose assistants, including resident physicians , medical students or allied health professionals, to be in attendance or assist in the performance of the procedure/surgery.

Sign Here (Initial if patient/legal guardian declines to be informed as to nature, purpose and risks of operation) Although I have been given an opportunity to be advised to the nature and purpose of the operations or medical procedures, the therapeutic alternatives and the risk involved, I specifically decline to be so advised, but do give my consent to the operation. No warranty or guarantee has been made as to the result or cure.

Guardian | Witness | Provider

Edit Data | Accept & Print | Accept | Cancel

Update to Restraint Orders

Violent Restraints w/ FACE TO FACE (Age 9-17) — Accept | Cancel

Process Inst.: - The duration of this order is 2 hours. Please set the start time of the order to be the time the restraint was initiated.
- Provider face-to-face assessment must occur within 1 hour of initiating restraints for violent/self-destructive behavior.
- This order may be renewed every 2 hours; at least every 24 hours the provider must evaluate the patient before writing a new order for restraint or seclusion used for violent/self-destructive behavior.

Priority: STAT | STAT

Frequency: CONTINUOUS X 2 HOURS STA

For: 2 | Hours | Days | Weeks

Starting: 6/29/2020 | Today | Tomorrow | At: 1622

Starting: **Today 1622** Ending: **Today**

Scheduled Times

06/29/20 1622

Type: Neoprene-Locking

Location: All four extremities | Left lower extremity | Left upper extremity | Right lower extremity | Right upper extremity

Clinical Justification: Attempted/Threatened Suicide | Self Injury/Self Mutilation | Physically Threatening Behavior | Other Behaviors (comment)

Events leading up to intiation: verbilizing threats to self or others | demonstrating self-destructive behaviors (cutting, hitting walls, etc.) | combative and striking out at staff or others

Evaluation of patient's condition: alert and oriented | no signs of physical distress | altered level of consciousness | signs of physical and/or psychological distress (describe)

Patient reaction since intervention applied (single select): continued attempts or displays harmful behavior(s) | behaviors or threats that have lessened but are still present | de-escalation and no displays of violent or self-destructive behaviors

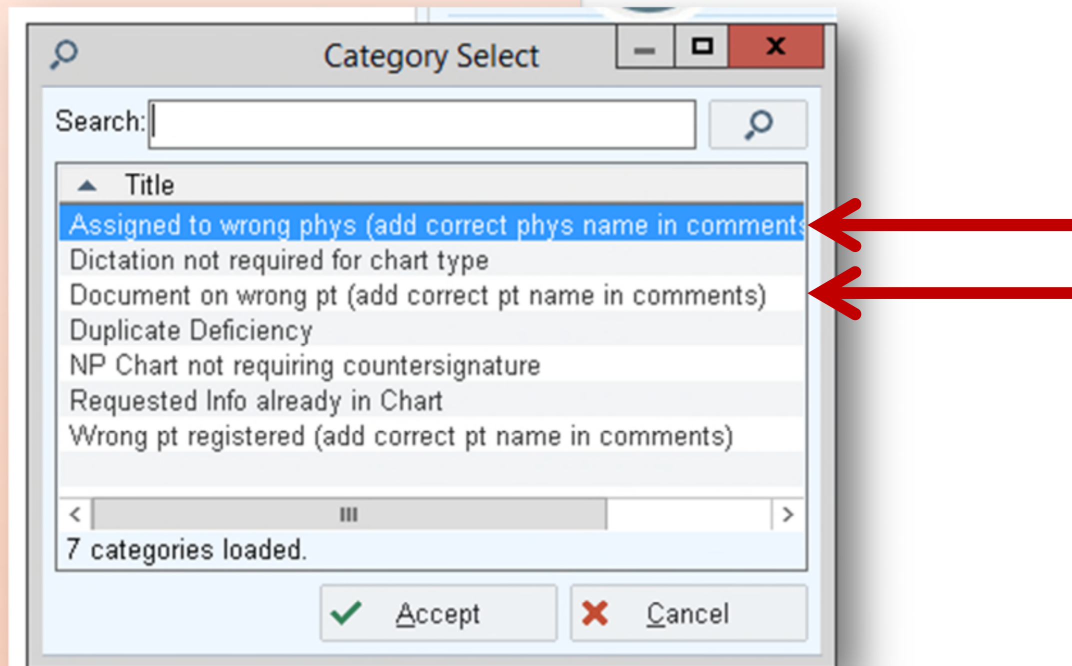
Patient's current medical and behavioral condition (single select): no new concerns since last review of systems | new concerns (describe)

Attending Notified?: Yes | No- will notify Attending ASAP | Attending placing order

Comments:

Next Required | Link Order | Accept | Cancel

New options when declining deficiency



C Compassion **A** Accountability **R** Respect **E** Excellence **S** Service

Dr. Michele McDaniel

"I worked with Dr. McDaniel during a laceration repair of a 3 year old patient's lip on 6/3/20. Dr. McDaniel provided incredible patient and family centered care in several ways. She advocated for the most comfortable and non-threatening position during the procedure that increased parental participation and enhanced the patient's coping during their experience in the ED. She was patient and amazing to collaborate with to provide optimal and exemplary care for this patient and family. I was proud to work alongside her during the procedure that produced such a positive outcome!"

Dr. Matt Pierce

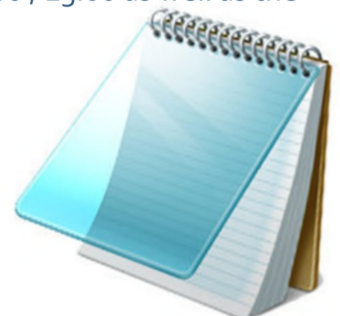
"On Nov 3rd I worked a crazy shift with Dr. Pierce. Near the end of our shift we had a child turn blue, had an adult patient checking in and a teenager who had impaled her hand with a pencil. Everything happened at once and all the while Dr. Pierce was very calm and caring. Even though the night felt like it was out of control, he made it very safe. It is always a pleasure to working with him."

Clinical Director Update

Fareed Saleh, MD, MHA

- ***COVID-19 specific:***
  - To avoid being quarantined and missing work, **please remember to wear gloves, mask, face shield or goggles for every patient**
    - **Full PPE + gown → for any symptomatic patients**
    - **Full PPE + gown + N95 respirator → for COVID positive or r/o COVID with AGP**
    - **No more RedCap survey**
  - COVID-19 universal testing in place: **Anterior Nasal swab now available 24/7** (NP swab still an option if patient high-risk)
  - Issues with Radiology → CXR for r/o COVID patients should be one view portable; Skeletal survey delays should not be happening
  - If ordering B.pertussis or RVP, please note that this will lead to two different swabs (AN for COVID-19 + NP for RVP/B.pertussis)

- ***Scheduling:***
  - If assigned to FLEX shift (i.e., 2p to 8p PG; 8p to 2a PG) please be receptive to coming in 1-2 hours early or staying 1-2 hours later
  - Please be flexible in covering different zones (if needed)
  - Hours deficits continue to be monitored aggressively; please accommodate requests to back-up / surge coverage for July if possible
  - Reminder on what is considered an overnight:
    - What counts? Yellow/Blue start times of 18:00 and 22:00; RS start time 21:00
    - What doesn't count? Any other shift (until otherwise specified)
    - Overnights will be equitably split between these two start times to avoid working one start time disproportionately
    - In the winter, if volume permits then ON will be YB start times of 22:00 / 23:00 as well as the 'later PG end time' (no change from previous years



– **Good trend:** Volumes continue to increase → Additional Orange shift added starting 06/29/2020

	Fri	Sat	Sun	Mon	Tues	Tues	Weds	June	FY20
Emergency Department	6/12	6/13	6/14	6/15	6/16	6/17	6/18	MTD	YTD
TOTAL PATIENTS	129	143	164	126	146	146	137	2,354	83,235
Left Without Being Seen	1	1	5	0	1	2	1	16	770
% LWBS	0.8%	0.7%	3.1%	0.0%	0.7%	1.4%	0.7%	0.7%	0.9%

- ### *CCB:*
  - We are working to fix any unnecessary results populating → thank you for your patience
  - If you are working overnight, please make sure **to include a wet read for images**; this minimizes images (i.e., XRs) from populating in the results tab
  - If you have provided an update please do not forget to select 'Reviewed' to clear it from the Results inbox

- ### *Behavioral Health:*
  - Adult patients (>17 years 364 days) that need to Sharp Memorial for medical clearance and further evaluation may be transported on 5150 hold → SW can assist with writing the 5150 hold with the PEM physician evaluating pt to sign document

Ultrasound *Spotlight*

Atim Uya MD, Kathryn Pade MD and Mylinh Nguyen MD

As more and more people head to the beach and swimming pools this summer, it's not surprising that we have a rise in near- drowning incidents. The ultrasound case for this month highlights point-of-care ultrasound use in the management of these patients. This month we present a twelve-year-old otherwise healthy male found lying on the sand at a beach, unresponsive. He remembers being in the ocean playing with brother and being hit by a wave but does not recall what occurred afterwards. Witnesses reported to EMS he was underwater but unclear submersion time. He was awoken by bystanders and EMS was activated who provided oxygen. No CPR was performed, and no other interventions performed prior to arrival. The patient had a normal POC glucose but was noted with saturations in the 80s prior to oxygen and low 90s on face mask. Patient was alert and interactive throughout transport without emesis.

In the ED, his respiratory exam was positive for tachypneic with moderate retractions, diminished left > right sided breath sounds with crackles and rhonchi. The patient was started on a high flow oxygen with some improvement in tachypnea and admitted to the PICU.

His initial chest x-ray and Point-of-Care lung ultrasound images are shown below.

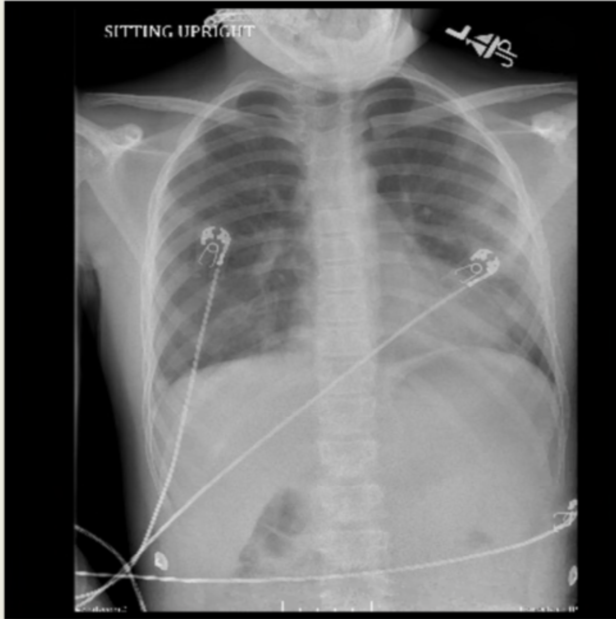


Figure 1: AP chest X-ray showing mild bilateral hazy opacity

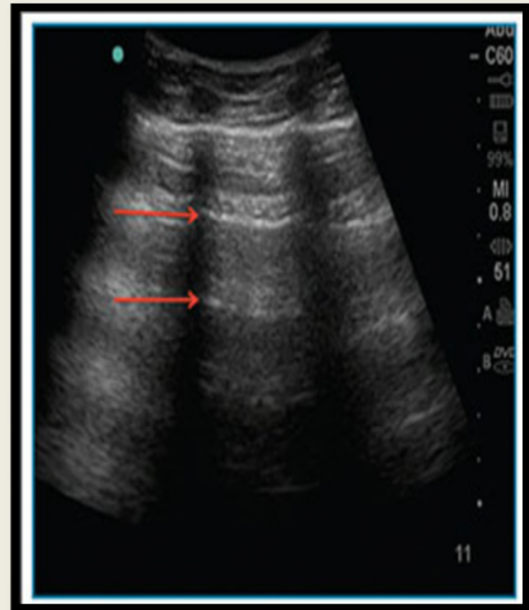


Figure 2: normal lung showing A lines (red arrows)

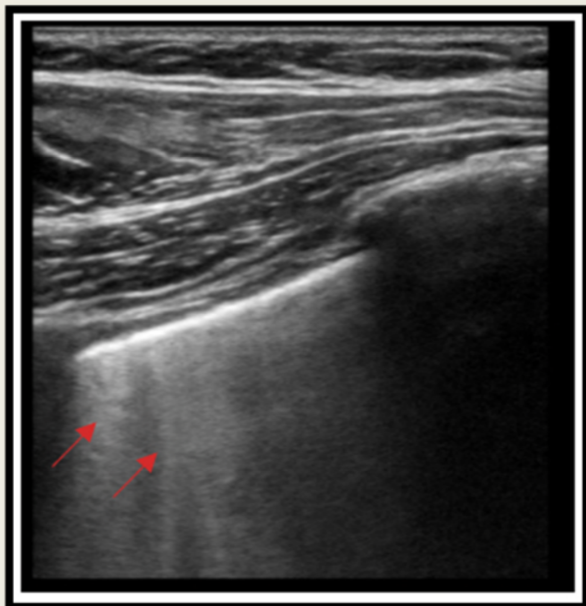


Figure 3: Loss of A lines and increasing B lines (red arrows)

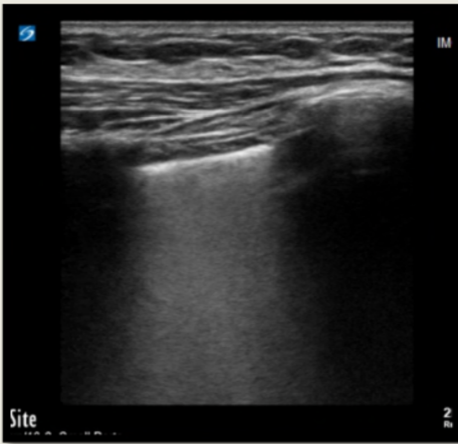


Figure 4: lung whiteout

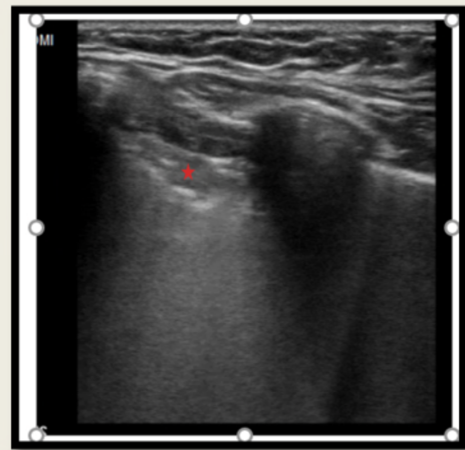


Figure 5: lung consolidation (red star)

Normal lung shows horizontal repetitious lines which appear below the pleural line called A lines (figure 2). With increasing lung congestion (from any cause) including pulmonary edema from heart failure, pneumonia and submersion injuries, these lines disappear, and you now see B lines appearing until the lung space is completed "whited out" sonographically (figures 3 and 4). B lines are vertical hyperechoic rays that project from the pleural line, normally 1-2 are seen, more than 3 is considered pathologic. Lung consolidation on ultrasound is visualized as a subpleural echo-poor or tissue-like region with blurred margins or wedge-shaped borders (figure 5).

This patient had lung ultrasound findings that were concerning for lung congestion. These findings are typically seen sooner on ultrasound compared to chest x-rays. Lung ultrasounds have been found to have a sensitivity of 93-100% for diagnosis of pneumonia when using CT scans as the gold standard. In this patient, the exam and chest x-ray findings correlated with ultrasound findings and made the patient's final disposition clear. In cases, when the decision to admit is not very obvious, lung ultrasound is an additional tool that can help in making this final decision.

Case conclusion: The patient did well on high flow oxygen and was discharged soon afterwards from the PICU.

Happy scanning!

References:

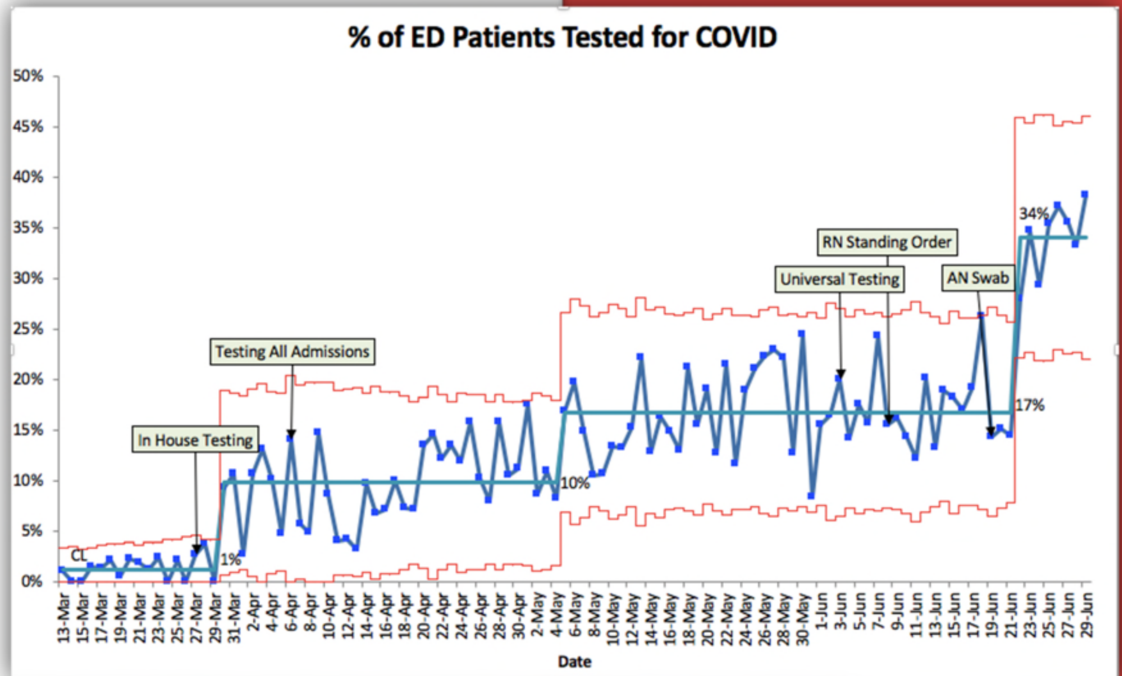
Xirouchaki N, Magkanas E, Vaporidi K, et al. Lung ultrasound in critically ill patients: comparison with bedside chest radiography. Intensive Care Med. 2011;37(9):1488-93.
Bourcier JE, Paquet J, Seinger M, et al. Performance comparison of lung ultrasound and chest x-ray for the diagnosis of pneumonia in the ED. Am J Emerg Med. 2014;32(2):115-8.
Cortellaro F, Colombo S, Coen D, Duca PG. Lung ultrasound is an accurate diagnostic tool for the diagnosis of pneumonia in the emergency department. Emerg Med J. 2012;29(1):19-23.
Parlamento S, Copetti R, DiBartolomeo S. Evaluation of lung ultrasound for the diagnosis of pneumonia in the ED. Am J Emerg Med. 2009;27:379-84.
Reissig A, Copetti R, Mathis G, Mempel C, Schuler A, Zechner P et al. Lung Ultrasound in the Diagnosis and Follow-up of Community-Acquired Pneumonia. Chest. 2012;142:965–972.
Liu XL, Lian R, Tao YK, Gu CD, Zhang GQ. Lung ultrasonography: an effective way to diagnose community-acquired pneumonia. Emerg Med J. 2014.
Hu QJ, Shen YC, Jia LQ, et al. Diagnostic performance of lung ultrasound in the diagnosis of pneumonia: a bivariate meta-analysis. Int J Clin Exp Med. 2014;7(1):115-21.

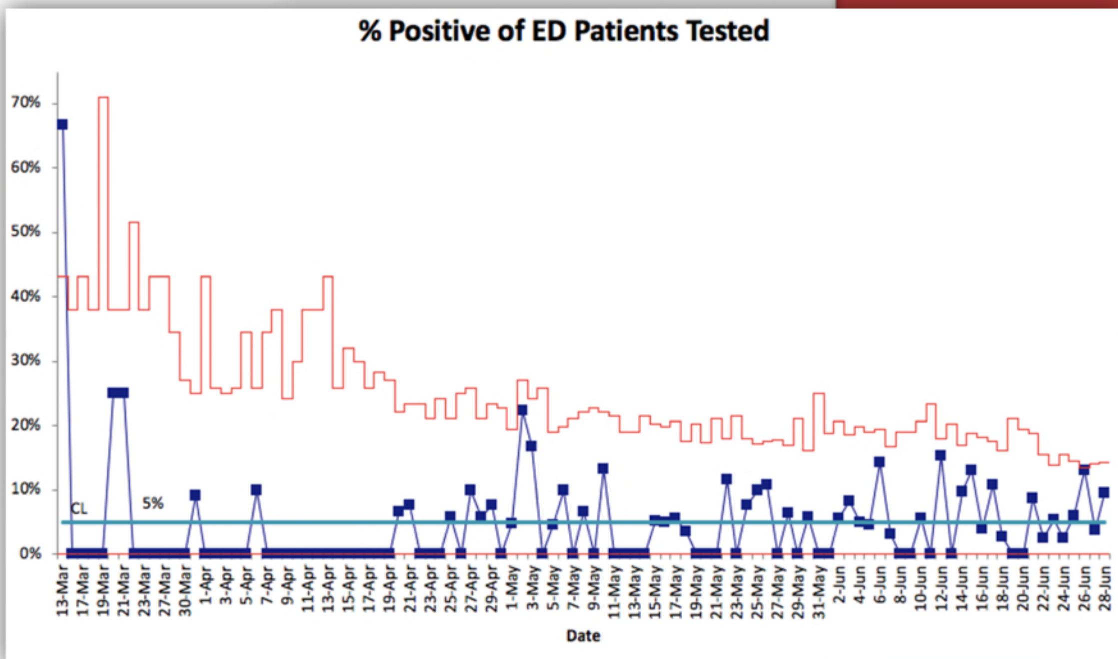
Improvement Updates

Seema Shah, MD and Amy Bryl, MD

COVID Testing

- Testing available for all patients
- Not for parents yet!
- Nursing standing order





ED Call Backs

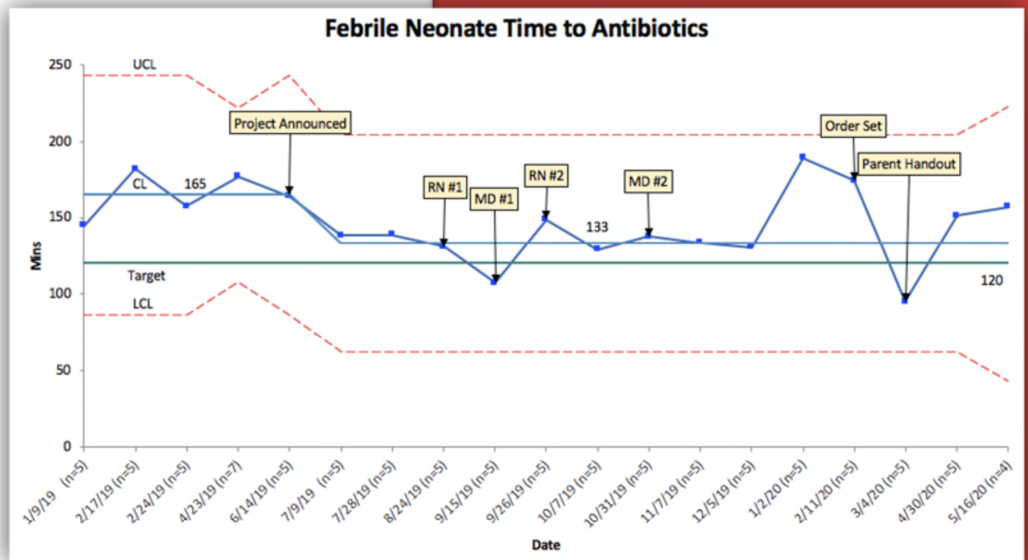
- ***Transitioning back to 1 hour culture/radiology/EKG call backs 7/1***
  - Click "Reviewed" when completed (including prelim culture results)
  - Remember to enter wet reads!
  - Send out tests, remember to include reasoning for sending in note
- ***Expanded call backs 4/20-6/30:***
  - Made 574 calls (~8 per day)
  - Spoke with 281 families (49%, ~4 per day)
  - Still an option, note still available

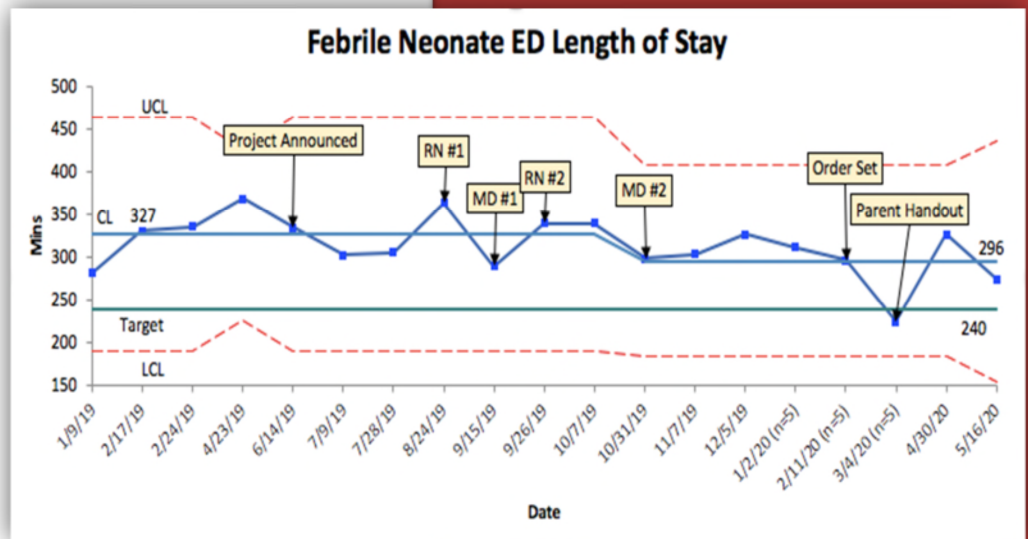
Other Updates

- *1st Session for fellows & faculty: Friday July 17th 830-1030 am*
- *QI Basics: Aims, Measures, & Data*

Febrile Neonate Reminders

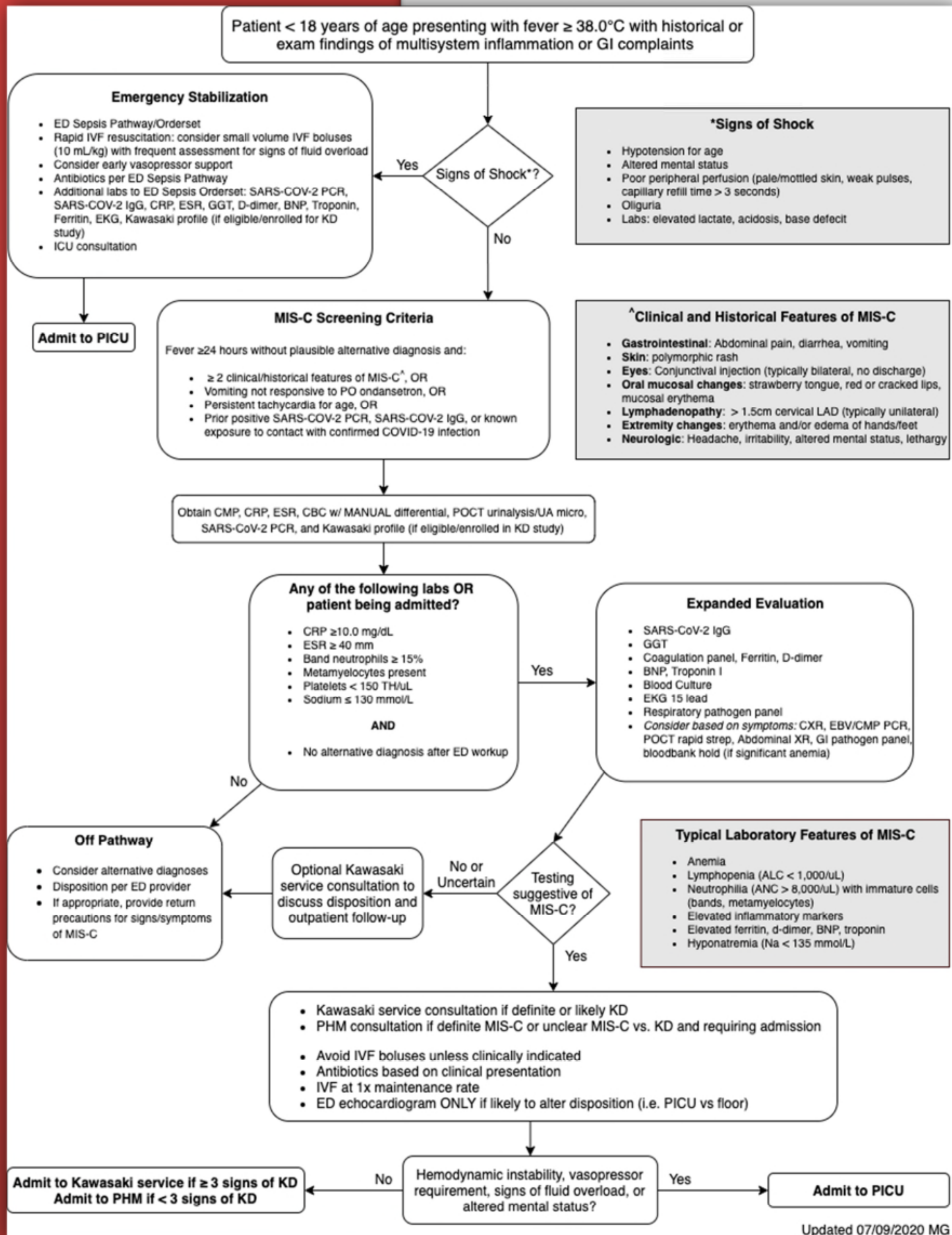
- Use order set and place all orders when evaluating patient, including antibiotics and admission
- Neonates of any age can be admitted to PHM. Admit to NICU if ill-appearing or unstable
- If send CSF HSV PCR, also order plasma HSV PCR and start Acyclovir
- Document why or why not testing and treating for HSV





MIS-C Updates: Michael Gardiner, MD

A new pathway and order-set have been developed for the ED screening of patients with symptoms concerning for Multisystem Inflammatory Syndrome in Children (MIS-C). The "ED MIS-C Evaluation" order-set is live in Epic. Patients with fever for more than 24 hours without an alternative diagnosis and two or more features of MIS-C, persistent vomiting, unexplained tachycardia, or known SARS-CoV-2 contact or prior positive test are eligible for screening. See the algorithm below and contact Mike Gardiner with any questions or concerns.



Residency *Updates*

Michele McDaniel, MD

Welcome to another academic year!

We have a whole host of residents joining us, so thank you, as always, for your dedication to their education.

As ED volumes change, we will continue to try to match resident coverage to PEM shifts. Starting this block, there will be two residents (or medical students) on the 3p shift on most days. Both learners will start in P/G, but please allow one learner to join the Orange doc when he or she starts at 4p.

Also, please remember to do feedback, both verbal and written, with the residents after each shift. Feel free to reach out to me with any issues. I'll be your go-to person for all residents for now!

Fellowship *Updates*

Paul Ishimine, MD and Kathryn Pade, MD

ANNUAL PROGRAM EVALUATION, ACADEMIC YEAR 2019-20

INTRODUCTION

Overview

The Annual Program Evaluation of the pediatric emergency medicine fellowship is comprehensive, yearly review of the fellowship training program. This evaluation was conducted by the members of the Program Evaluation Committee (PEC), which is comprised of members of the Clinical Competency Committee and the two chief fellows. The PEC reviewed results from the program evaluation that was completed by both the PEM fellows and faculty. The committee reviewed pertinent fellowship policies and evaluations to supplement observations made by committee members. Because of the COVID-19 pandemic, the results of the annual ACGME faculty and resident surveys were unavailable for review at the time of this report.

Members of the Program Evaluation Committee

1. Kristina Brumme, MD (fellow representative)
2. Scott Herskovitz, MD
3. Anneka Hooft, MD, MPH (fellow representative)
4. Paul Ishimine, MD
5. Kathryn Pade, MD
6. Elise Zimmerman, MD

ACADEMIC PROGRAM

PERSONNEL

Fellows

The fellowship had been approved by the Accreditation Council for Graduate Medical Education (ACGME) for six fellows with a temporary complement increase for two additional positions. During AY2019-20, the program trained eight fellows: four first-year fellows (Sarah Gomez, MD; Francesca "Chesy" Nichols, MD; Sarika Sheth,

MD; and Shane Wo, MD); two second-year fellows (Michael Hazboun, MD; Matt Kline, MD); and two third-year fellows (Kristina Brumme, MD; Anneka Hooft, MD, MPH).

Major Events:

1. This past academic year, the fellowship applied to the ACGME for a permanent complement increase for a maximum fellow complement of eight trainees. This application was reviewed by the ACGME Pediatrics Review Committee and was approved.
2. Both of the graduating fellows have obtained faculty positions at academic institutions: Dr. Brumme will be starting at the Childrens Hospital Colorado, and Dr. Hooft will be starting at the University of California, San Francisco.
3. The fellowship accepted their largest class to date; the program trained four first-year fellows in AY19-20
4. The fellowship received a record 94 applicants for the AY20-21 class. 25 applicants were invited to interview over 6 days
5. The fellowship selected two fellows to start in AY20-21, Andrew Kramer (Georgetown) and Derek Tam (Maimonides). Both served as chief residents at their respective residency programs
6. Both chief fellows presented their research at national conferences. Dr Hooft presented her work at the American Academy of Pediatrics National Convention and Exhibition in New Orleans, and Dr. Brumme presented her research at the American College of Emergency Physicians Scientific Assembly in Denver. Dr Karen Yaphockun presented the results of the research she conducted as fellow at AAP as well.
7. Dr. Hooft had two articles published during this academic year, and Dr. Nicholas Pokrajac had a study he conducted as a fellow accepted for publication this spring.
8. Michael Hazboun won the Best in Class (Fellow) Award by the RCHSD INQUIRY program for his QI project.

Fellowship Associate Program Director, Fellowship Coordinator, Faculty

Kathy Smith, MD, MPH, who had served as the associate program director for two years, moved out-of-state in June 2019. Additionally, Candice Skiff, who had served as the program coordinator for a few months, moved to the East Coast in August 2019.

Major Events:

1. Kathryn Pade, MD was appointed as the associate program director in October 2019.
2. Vanessa Villo was appointed as the program coordinator in October 2019.
3. Several faculty members talking on new responsibilities in the fellowship program:
    a. Scott Herskovitz, MD and Elise Zimmerman added to the Clinical Competency Committee
    b. Mike Gardiner, MD appointed as Fellowship Research Director
    c. Scott Herskovitz, MD appointed as director of the Critical Analysis Conference
    d. Amy Bryl, MD added to the Scholarship Oversight Committee

FELLOWSHIP ADMINISTRATION AND FUNDING

Local oversight of the fellowship switched in Spring 2019 from the UCSD Department of Emergency Medicine to the Department of Pediatrics.

Major Events:

1. In AY 2019-2020, the fellowship program applied to the ACGME to switch accreditation oversight from the Emergency Medicine Review Committee to the Pediatrics Review Committee. This application was approved.
2. Separately, the fellowship applied to the ACGME for a permanent complement increase for a maximum fellow complement of eight trainees. This application was reviewed by the ACGME Pediatrics Review Committee and was approved.
3. Starting AY 2200-2021, all fellows will now be funded entirely by Department of Pediatrics and Rady Operations Funds.

CURRICULUM CHANGES

All PEM training programs are now required by the ACGME to have 12 months of dedicated research time. Additionally, new PEM core content requirements place more emphasis on quality improvement.

Major Events:

1. Research time for pediatrics-trained fellows increased to 12 months
2. New 3rd Friday Seminars, alternating between research and QI topics
3. Starting AY2020-2021:
    a. Michele McDaniel, MD overseeing coordination of topics at educational conferences
    b. Monthly educational theme
    c. Increased subspecialty interactions
        i. Grand Rounds with invited subspecialists
        ii. Joint educational activities with PHM/PICU
    d. Ongoing reevaluation of the educational utility of current clinical experiences, including off-service rotations.

CLINICAL EXPERIENCE

Several changes were made to the clinical experience for the fellows.

Major Events:

1. First year fellows are now precepting early in the first years after an initial period of orientation to the ED.
2. All 2p-11p yellow/blue shifts are covered by fellows (except when conflicting with other educational and duty hour requirements).
3. 1st and 2nd year fellows now staff the Purple/Green zone on Monday afternoons
4. Chief fellows are now in charge of fellow scheduling

5. Focus AY2020-2021
    a. Engagement of fellows in all seriously ill/injured patients
    b. Administrative responsibilities while in ED (e.g., transfers, ED flow and staffing)

RESEARCH

The research faculty, led by John Kanegaye, continued to provide research support for the fellowship program. Kathy Hollenbach also continued to serve as the division biostatistician and oversaw the Research Associates Program.

Major Events:

1. Implementation of a bimonthly research topic seminar
2. For AY 2020-2021
    a. Research Boot Camp for incoming fellows
    b. Mike Gardiner, MD appointed as fellowship research director
    c. Margaret Nguyen, MD appointed as assistant research director

QUALITY IMPROVEMENT

Amy Bryl, MD and Seema Shah, MD continued to provide QI support for the fellowship.

Major Events:

1. New bimonthly QI seminar designed by Dr Bryl, which was very well received by the fellows
2. Dr. Bryl joined the Scholarship Oversight Committee, adding a QI perspective to this group
3. Dr. Michael Hazboun won the Best in Class (fellows) Award given by the RCHSD INQUIRY faculty for a QI project.
4. For AY 2020-2021:
    a. Dr. Bryl to adjust the QI seminar to allow for more discussion of fellow projects.

CHALLENGES AHEAD

How do we increase meaningful bidirectional feedback?

- Fellow evaluations
- Faculty evaluations
- Conference and teaching evaluations

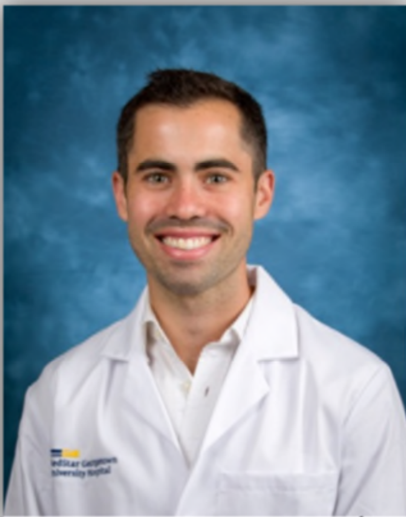
Balancing Educational and Clinical Responsibilities

- Autonomy vs. oversight
- Precepting/teaching/interactions with other learners

The Effects of Physical Distancing on Fellow Education

- How do we maintain relationships between fellows and faculty?
- How do we keep participants engaged in didactic education and simulation?
- How do we maintain adequate clinical exposure and teaching?

Welcome our two new pediatric emergency medicine fellows, Andrew Kramer and Derek Tam!



Andrew Kramer, MD

Andrew is originally from the east coast of Florida but he has been in Washington, DC for the better part of a decade completing medical school and residency. He completed pediatric residency and chief residency at the Georgetown University Medical center. During his time in DC, Andrew got to work with a very diverse patient population and soak in all sorts of cultural activities and learn a lot more about advocacy and political activism as it relates to medicine, but he also realized winter is a season he could definitely do without. He is very excited to start a fellowship in PEM at UCSD not only because of the great Southern California weather but because he knows it will afford him world class training as well as great mentors

Derek Tam, MD, MPH

Derek was born and raised near Detroit, Mich. and attended Northwestern University for his undergraduate and medical degrees. He completed his pediatric residency and a chief resident year at Maimonides Medical Center in Brooklyn, N.Y. His academic interests include epidemiology, reproductive rights and health, and ultrasound. His extracurricular interests include tennis, cars, and video games.

Kathy Hollenbach PhD, John Kanegaye MD & Michael Gardiner MD

Research Assistant

Four RAs that worked with us over the past year have moved on: Molly McMahon, Kasey Hutcheson and Ben Hopkins to medical school and Nora Satybaldiyeva to a PhD program in Epidemiology. You will see a few new RAs who are in the process of onboarding. Once they are officially here, I will post new pictures.

PECARN Update

- We continue to enroll, although COVID has adversely impacted enrollment at all study sites.
- Thank you for continuing to enroll and please do Kappas if you can as our site is behind in those.
- Anjali Sapkal has taken over Molly's PECARN duties.
- You will be receiving an updated provider survey. Please complete it as soon as possible. It is very brief and should take you no longer than 5 minutes.

PECARN Enrollment Report

- Behind on kappa's
- Forms in ED – running low, let us know

	Enrolled Patients					
Site	Patients	No. (%) Kappas	IAI Patients	IAI Identified	TBI Patients	TBI Identified
University of California, Davis	2695	132 (4.9%)	1386	106 (7.6%)	2121	153 (7.2%)
Children's Hospital Los Angeles	2547	85 (3.3%)	288	16 (5.6%)	2435	94 (3.9%)
University of Texas, Houston	2372	139 (5.9%)	1082	98 (9.1%)	1917	81 (4.2%)
University of California, San Diego	2612	100 (3.8%)	258	25 (9.7%)	2470	107 (4.3%)
UCSF Benioff Children's Hospital Oakland	2160	97 (4.5%)	512	35 (6.8%)	2017	98 (4.9%)
University of Texas, Southwestern	5012	106 (2.1%)	1710	107 (6.3%)	4312	247 (5.7%)
TOTALS	17398	659 (3.8%)	5236	387 (7.4%)	15272	780 (5.1%)

Thank you for enrolling!

Signature for IRB Protocol

Pre-submission review of studies by Division of Emergency Medicine (DEM) Research Team

Purpose: The research team provides pre-submission reviews of research proposals that originate from or impact the DEM. The goals are to ensure scientific rigor, to maximize likelihood of IRB approval, to provide oversight on research activity involving ED patients, and to facilitate approval by the division director and RCHSD Research Administration.

Studies requiring review:

- New DEM studies requiring division director signature prior to IRB submission
- Studies recruiting subjects in the RCHSD ED and needing DEM approval prior to issuance of Ready-to-Accrue letter by RCHSD Research Administration

Steps

1. PI will submit research plan and all supporting documents pertaining to review by UCSD IRB or RCHSD Research Administration to pemresearch@rchsd.org.
    a. All submitted documents will conform to the file naming convention below.
    b. DEM-based studies will list Melissa Krautwald or designated Division administrative assistant on Face sheets as a non-investigator contact.
2. Required documents:
    a. DEM-based studies: All documents being submitted to IRB.
    b. Studies enrolling ED patients: IRB research plan, RCHSD project summary, consent forms.
3. One or more members of the research team will review and reply by e-mail to the PI, the Division Director and/or Research Administration as appropriate, and Melissa Krautwald/designee with an assessment of readiness for director signature or RTA letter.
    a. The DEM research scoring sheet (PEM Research Plan Reviews) will indicate "pass," "revise," or "defer" and will provide detailed list of practical/feasible recommendations to optimize likelihood of IRB approval and/or to render the study acceptable for conduct in the RCHSD Emergency Department.
    b. The research reviewer may add comments using Track Changes/Comments in the original documents and/or as comments written by hand into the scanned document.
    c. If there minor changes, the Division Director may opt to sign the study face sheet, or the research may forward approval to RCHSD Research Administration, with the expectation that the investigator will make the changes.
4. PI can revise independently or can make an appointment with the research team for advice on modifications prior to submitting revisions with Track Changes to pemresearch@rchsd.org.
5. Research team will save communications and all revisions at pemresearch@rchsd.org.

WELLNESS Update

Scott Herskovitz, MD

Get to know your fellow Faculty!

Liz Chang:

Personal Achievements:

- Have seen 25 Broadway shows!
- Recovered from bacterial Neonatal meningitis (thanks antibiotics!)

Professional Achievement:

- Oral presentation at PAS as a fellow

Yvette Wang:

- Marie Kondo-ed her house while sheltering at home
- Started making cocktails at home
- Had an abstract accepted to PAS, only for PAS to be cancelled