

January 9, 2001

Update for January.

Meeting Information: The resident education committee will meet on Saturday, February 10, 2001 from 3:30 to 4:30 pm at the Franciscan D Room at the San Francisco Hilton.

Tentative Agenda:

Goals and Objectives for resident education

Status of Post-test

Curriculum topics

Power Point presentations

Please send any additional agenda items you want discussed by January 31.

These past few weeks Margaret and I have had the opportunity to reflect on our committee's activities and general direction. It is apparent to us that we have probably placed undue emphasis on the post-test and the data analysis. In a sense this was putting the cart before the horse and we apologize for the time lost while we figured this out. We think there are concrete steps that we can take to chart a meaningful course that will allow the committee and individual programs to fulfill the Mission Statement we set forth last year at SCCM. We need active participation from everyone for this to be a success.

We realize that the mailing in December using the list server at the University of Minnesota might not have reached all the members of the committee. We have posted that letter and this one on the PedsCCM website and also sent a notification to the PICU-list to look for this mailing. If you have not received this letter by direct e-mail, please let us (Mohan) know so we can add your e-mail to the list server.

In December we sent out a list of 12 topics we felt to be essential to a critical care curriculum regardless of site, geographic location or size of the program. By the deafening silence, we can only speculate that it meets with your approval. We propose that we assign (volunteers preferred) 2 authors to each topic and have them develop a Power Point presentation (with multimedia would be great) for a 45 minute review of the topic (10 to 15 minutes for the common emergencies). The primary target audience is pediatric residents (PGY 1 – 3) and 4th year medical students. Potentially, these could be used to teach nursing and respiratory therapy staff also, but it is not our primary goal. We would like to have the assignments done by the SCCM (or finalized at the meeting) and then set a deadline of May 15 for submission. Please let either Margaret or me know ASAP about your particular topic of interest so we can assign them on a first come, first served basis. Ideally, we would like 2 authors/editors from different programs so you can be a "self-motivating" team.

Presentations on Power Point would work best and focusing on fundamentals of physiology (C.O. = H.R. X S.V.) and pathophysiology would be the way to structure the talks. We could use print-outs of the PP presentation for house-staff handouts (6 slides per page) or, if an editorial team is particularly ambitious, they can provide us with an additional hand-out. We realize there are bound to be different approaches, biases and sects in this religion of pediatric critical care, so let the presentations be fairly general without pushing a certain approach. Viva la difference ! Also, the editors should list no more than 6 references (review articles, textbook chapters or landmark papers) for each presentation. Finally, we will require 6 to 8 questions based loosely on material covered in the presentation. We will use these questions to create a question bank from which the next (web-based) examination can be generated. Are you with us so far ?

Once we have all the topics covered, the next step would be to decide what to do with these presentations (it would be better not to do this "post hoc"). We can store them on a server in Omaha or Birmingham, AL allowing sites remote access via the web with links to/from the PedsCCM.org and PICUBook websites. Some of you might want to download them onto your own intranets to make for faster access or we could put these on CD-ROMs/CDR/CDRWs for folks to use locally. Your input on these various options would be greatly appreciated.

We have yet to establish Goals and Objectives for pediatric resident education. We would like to get a small group (a sub-committee !) of 4 or 5 volunteers together to formulate these expeditiously. Please let Mohan know by January 20th so he can put the group together.

We look forward to your responses to our proposal(s). Please let us know how you feel; we are unarmed and quite harmless really and do need your input and participation for this to succeed.

The list of topics is:

1. Intubation
2. Mechanical Ventilation
3. Shock
4. Withdrawal of support, brain death and organ donation (ethics as they relate to our patient population)
5. ARDS
6. Management of intracranial hypertension
7. Sedation, analgesia and NMB
8. Vasoactive drugs and (hemodynamic monitoring)
9. Pharmacokinetics and pharmacodynamics
10. Enteral and parenteral nutrition
11. Renal replacement therapy and renal failure
12. Management of common PICU emergencies (hyperkalemia, DKA, status asthmaticus tumor lysis syndrome and status epilepticus)

I just realized that this is a “buy half get 11 free” deal ! You can’t get that even on Christmas wrapping paper this week at J Mart.

We look forward to seeing you in San Francisco.

Best regards,

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