

Pediatric Inpatient Rotation Resident Expectations, Goals, and Objectives

East Tennessee State University James H. Quillen College of Medicine

The Pediatric Ward Rotation is designed to comply with ACGME program requirements and provides learning opportunities addressing each of the Core Competencies. This document outlines specific resident expectations, goals, and objectives by educational level. It should be reviewed by residents at the start of each rotation. Any questions or concerns should be addressed with the attending.

Overall Goals of the Rotation

- Prepare residents to be competent in providing comprehensive and coordinated care to a broad range of pediatric patients from the perspective of a general pediatrician.
- Gain competence functioning as team members with subspecialists in the care of patients with chronic and complex disorders.
- Learn skills needed to work effectively with all members of a health care team and competently lead the organization and management of patient care.

Structure of the Team

Residents complete 2 months each year on the Pediatric Ward Rotation. The resident team generally consists of one or two Interns (PL-1 residents -- includes up to one family practice PL-1 resident) and a Ward Supervisor (a PL-2 or PL-3 resident). During some months with a PL-2 ward supervisor a PL-3 Super Senior will also be part of the team. Responsibility for patient care and supervision of team members increases progressively by year of residency. Additional team members include third year medical students (usually three or four) and fourth year medical students Acting Interns (usually one). A pharmacy (PharmD) student may also round with the team. Residents and students are supervised and by a Pediatric Hospital Attending who is directly involved in patient care and fosters an educational environment. Pediatric Subspecialists provide consultation as needed and provide education on the care of patients with chronic and complex disorders. Social workers, child life specialists, chaplains, case managers, and nursing and administrative staff help to provide comprehensive and coordinated care for patients and support an educational environment. Last but not least, patients and families entrust their care to the team and add to the educational process by sharing their experiences, insight, and feedback.

Daily Schedule

Times	Event	Participants
6:30 AM Daily	Sign-Out	All residents and students
8:00-8:30 AM M, T, Th, F (7:30-8:30 AM on W is reserved for Pediatric Grand Rounds)	Morning report (case-based teaching rounds)	All residents and students as well as the Hospital Attending and other faculty
9:00 AM	Multidisciplinary Team Rounds (i.e. with nursing,	Super Senior

	social work, etc.)	
9:30-11:30 AM (Heme-onc rounds generally take place between 8:30 and 9:30)	Ward Rounds (work rounds and teaching; may be combined with rounds with the Pediatric Radiologist and/or Pharmacologist)	All residents and students and Hospital Attending; rounds are family-centered at the bedside and include patients, families, and nursing staff
10:00 AM W	Evidence-Based Rounds	Quillen medical librarians join rounds
12:00-1:00 PM	Departmental lectures and conferences, including M&M Conference (third Wednesday)	All residents and students as well as attendings
5:00 PM	Sign-Out	All residents and students

Note: For current detailed schedule and locations please refer to the EPIC website.

Pre-rounding must be completed prior to Ward Rounds. Time in between scheduled events should be used for completing work; coordinating care; communicating with patients, subspecialists, other team members, and referring providers; reading; and participating in additional organized educational activities. These additional educational activities include structured presentations and discussions of specific patient care issues by team members, completion of Compliance and Billing Modules, and work on Quality Improvement Projects. On occasions when the service is particularly busy, Ward Rounds may be continued at 1:15 or at the discretion of the Ward Attending.

Ward Rounds

All residents and students should be prepared to share the following information during rounds:

- Your own historical and physical examination findings. Reading the findings documented by someone else is unacceptable.
- The results of diagnostic tests. You should be prepared to discuss whether the results are normal or abnormal and how this changes your differential diagnosis and/or management. When imaging studies have been done the images should be displayed rounds.
- A differential diagnosis that is broad but limited based on the patient's demographic data, history and physical findings and diagnostic tests results.
- A diagnostic plan, when appropriate and a therapeutic plan. All plans should include appropriate calculations of fluids and/or medications based on the patient's weight or body surface area. All patient fluids must be calculated related to the maintenance and specific deficit of fluids and electrolytes.
- Information on appropriate topics related to the patient's problem from reading and/or literature related to that topic.

Residents and students may collaborate and share data but each is responsible for knowing all of the data related to the patient

Sign-Outs

Effective communication between patient care teams during hand-offs is essential to providing quality care and ensuring patient safety. On-call and ward residents and students should re-evaluate patients' statuses just prior to sign-out. Sign-out should be face-to-face and the on-coming team should be provided with an updated written check-out list. Sign-out should include all pertinent details of each patient's condition and any specific things to watch for, studies to follow-up on, or instructions to carry out. Any labs that need to be followed up on discharged patients also need to be conveyed. It is essential that all on-call and ward residents and students are present during sign-outs.

On-Call

The on-call team should further familiarize themselves with patients through brief, bedside-rounds after sign-out. On-call residents must remain in-house providing continuous on-site duty.

Expectations, Goals, and Objectives Based on the Pediatric Core Competencies

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents will become competent in evaluating patients and developing a differential diagnosis, diagnostic work-up, therapeutic management, coordination of care, and discharge planning under faculty guidance. They will gain experience in diagnosis and management of acute episodic medical illnesses, acute problems associated with chronic diseases, and pediatric aspects of the management of surgical patients. They should develop the ability to determine which patients require hospitalization and why and which of these patients may be managed on a general inpatient service and which require a higher level of care and why.

Evaluation Criteria: A superior resident will display evidence of superb, accurate, comprehensive medical interviews, physical examinations, review of other data, and procedural skill. They will always make diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences.

Interns

Interns should perform the initial intake of history, physical examination, prior laboratory information, plan of care and orders on all admitted/consulted patients on the ward with dictated H&P performed afterwards (no short stay forms will be accepted for an H&P). Interns are expected to follow daily 6-10 patients with daily notes on each patient as well as additional documentation of changes in status, post-op notes, and transfers as needed. Daily notes should include their thoughts on current problems, differential diagnoses, and plan for the day. They are also responsible for dictated discharge summaries on each patient, regular contact with referring PCP, and off service notes when indicated. Interns are to discuss with senior resident/attending any changes in patient care or progress.

Interns are expected to be present for and assist with all procedures (i.e. LP's, IV placement, venipuncture, bladder catheterization, etc. as time permits) and be able to obtain informed consent and address pain issues. All verbal orders must be reviewed for accuracy and signed within 24 hours (it is permissible to cosign colleagues' verbal orders).

Ward Supervisor

All patients must be seen by the ward supervisor prior to attending rounds. The ward supervisor should review and cosign all intern and medical student notes and, if necessary, documenting any additional findings, assessment, or care plan. In instances when only one intern is on the ward team during a busy month, they will be responsible for writing the daily progress note. The ward supervisor should help to ensure that their team is well-prepared for rounds and completes their work, including new admissions and consults, throughout the day. The senior is responsible for assigning patients to the interns and medical students based on their level of acuity and the learner's capability. The senior is responsible for supervising all procedures (LP's, line placements etc).

Super Senior

AKA, Acting Attending. When a full team is present (i.e. 1-2 interns, a ward supervisor, and a super senior), the super senior will lead ward rounds. After listening to team members' presentations, the super senior is expected to elicit any additional needed details of the history, examine the patient, help team members clarify their working diagnoses and care plans, and ensure that all information is clearly communicated to patients and families. They may rely upon the hospital attending present on rounds for advice when needed. During days or afternoons when the ward supervisor is absent, they are expected to fill this role. The super senior should cover all pediatric codes.

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Evaluation Criteria: A superior resident will display exceptional knowledge of basic and clinical sciences, highly resourceful development of knowledge, and comprehensive understanding of complex relationships and mechanisms of disease.

Intern

Interns are to independently evaluate history and physical exam findings, laboratory/radiological information and effects of therapeutics and discuss with senior resident and attending as to course of action to take. Interns will be expected to develop a thorough differential diagnosis based on signs and symptoms for all patients/problems that are encountered. Interns will be assigned topics for evaluation and discussion by attending, and develop answers by using textbooks, journals, librarians, and electronic databases to answer clinical questions.

Ward Supervisor

The ward supervisor is expected to demonstrate competency in independently evaluating history and physical exam findings, laboratory/radiological information and effects of therapeutics, and developing a thorough differential diagnosis based on signs and symptoms. In addition, they demonstrate more detailed knowledge of specific disease processes, including epidemiology, presenting signs and symptoms, genetic and environment factors, risk for recurrence, severity of disease, use of diagnostic test, and natural course of the disease.

Super Senior

The super senior should demonstrate competence in the skills delineated above as well as more detailed knowledge of therapeutic interventions, including advantages and disadvantages of alternate therapeutic options (i.e. adverse effects, drug interactions, and length of therapy), sequelae of disease related to severity and/or therapy, follow-up studies that would be needed and measures to prevent recurrence, minimize complications or enhance lifestyle while living with the disease. They should display knowledge of the economic and social burdens of the disease.

Practice-Based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Evaluation Criteria: A superior resident will provide evidence of constantly evaluating their own performance, incorporating feedback into improvement activities, and effectively using technology to manage information for patient care and self-improvement.

Intern

Interns will be expected to participate in and to develop clinical questions for use Evidence Based Rounds. They are then expected to a verbal or written summary of the research question they asked in light of the clinical question that was asked during rounds. Interns are to discuss with families the therapeutics/ plans with the families and staff to ensure compliance and best outcome; teaching each as needed. They are also expected to interact/teach and discuss daily plans with students for learning and ensuring smooth working rounds. Interns are also expected to use efficiently the electronic medical record in caring for patients efficiently. They are expected to use and evaluated previously implemented clinical pathways that were created for quality improvement.

Ward Supervisor

The ward supervisor should be a source of educational materials/articles where appropriate and can distribute them to the team at the start of rounds. They are the team leader and are expected to interact with and teach interns/medical students. The ward supervisor is responsible for coordinating Evidence Based Medicine rounds when there is no super senior on the ward.

Super Senior

When present, the super senior is the primary person responsible for organizing and leading Evidence Based Medicine (EBM) rounds. They should remind team members early in the week to be thinking about clinical questions. During Wednesday rounds with the medical librarians they should elicit clinical questions from team members in PICO format (Problem/Population, Intervention, Control, and Outcome) and maintain a log of these questions. After the team has received and reviewed the relevant evidence (usually on Friday of the same week) they should ask team members to succinctly summarize their findings from reviewing the evidence, including the “clinical bottom line”, and facilitate a discussion of this information might be incorporated into patient care practices.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals.

Evaluation criteria: A superior resident will establish a highly effective therapeutic relationship with patients and families; demonstrate excellent relationship building through listening, narrative, and nonverbal skills, display excellent education and counseling of patients, families, and colleagues, and always be “interpersonally” engaged.

Intern

Interns are expected to be the chief liaison for the patients, families and referring PCP discussing with them plans, medication regimens, working diagnosis, and follow-up. They should become competent in counseling patients and families and delivering bad news. They are also expected to timely (within 24 hours for H&P and 1 week for D/C summary) and accurately keep up with medical record responsibilities. Please refer to attached templates. Dictations should be reviewed within 24 hours to correct errors and fill in blanks. While on call on the Wards the intern is to carry the “mommy pager” and demonstrate effective and timely direction to patients and families that call with questions during the on-call time.

Ward Supervisor

The senior is the team coordinator, acting as the liaison between the nursing and ancillary services and the ward team. This needs to include discharge planning for the patient, communicating with the PCP, calling the sub specialists where appropriate etc. When consulting sub specialists, an order with the reason for consult must be written and a call must be placed by the resident physician ordering the consult to communicate case details and specific input requested. The senior should be the first person to answer pages during rounds so they can continue smoothly, they may then assign an intern or student to continue the “check in process”.

Super Senior

The super senior will model good interpersonal and communication skills through their interactions with colleagues, staff, patients, and families. They should help ensure

effective and timely communication with nursing staff, patients and families, and other providers.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principals.

Evaluation criteria: A superior resident will always demonstrate respect, compassion, integrity, and honesty; teach/role model responsible behavior; demonstrate total commitment to self-assessment willingly acknowledge errors; always consider needs of patients, families, colleagues.

Intern

Interns are expected to display compassionate, unbiased, and timely care to all pages and calls from staff and patients as they arise, ensuring appropriate patient care. As mentioned above they are to display timeliness in completion of medical records. They are expected to evaluate and discuss tough ethical situations that arise during patient care and independently formulate a plan.

Ward Supervisor

The senior should lead by example, showing understanding, appropriate unbiased care, effective intervention in a timely manner when dealing with questions or concerns from staff or family.

Super Senior

The super senior should model professional behavior by participating in all sign-outs, rounds, and conferences, demonstrating commitment to education and quality patient care.

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Evaluation criteria: A superior resident will effectively access/utilize outside resources, effectively use systematic approaches to reduce errors and improve patient care, and enthusiastically assist in developing systems' improvement.

Intern

Interns are to work with social-work, CPS, Physical therapy, and others in coordinating patient care. They are to formulate a plan with cost-effectiveness in mind, not performing unnecessary labs or studies.

Ward Supervisor

Seniors should attend multidisciplinary rounds on the floor when possible, working with the "team" in formulating a cost effective and efficient plan for the patient.

Super Senior

The super senior should participate in multidisciplinary rounds daily. On the second and fourth Wednesday of each month the super senior should complete billing cards for at least 5 patients from the day prior to the hospital attending for review and discussion.

Dictation templates

Pediatric History and Physical

1. Name of person dictating
2. Patient name (spelled out) with MR#, DOB
3. Date of admission
4. Referral facility and well as PCP or any subspecialist involved in patient's care
5. Chief Complaint
6. HPI (this should include 4+ elements of HPI (i.e. location, severity, timing, duration, quality, context, modifying factors, associated s/sx)
7. ROS (this should include 10+ systems, all other ROS negative may be used if asked and all neg.)
8. Past medical/surgical history
9. Developmental/Immunization history
10. Medications
11. Allergies
12. Family history
13. Social history
14. PE beginning with vital growth parameters with percentiles/BMI listed)
15. PE is to include 8 + organ systems
16. Laboratory/Radiologic studies
17. Assessment/Plan (this should include differential diagnosis, therapies, additional studies or consultations, etc.)
18. Plan was discussed with . . .

19. Repeat name of person dictating, attending physician, patient name and medical record number.
20. Please send copy of dictation to . . . admitting/discharging attending, PCP, referral facility and subspecialist

Pediatric Discharge Summary

1. Name of person dictating/Type of dictation
2. Patient name/DOB/Age/MR #
3. Date of admission/Date of discharge/Attending
4. Referring hospital/ PCP
5. Admitting diagnosis/Brief history of presentation
6. Diagnosis on discharge
7. Condition on discharge
8. Discharge instructions: medications/diet/activity
9. Hospital course (by systems)
10. Consults/Procedures/Labs/Studies
11. Follow Up [including pending labs, repeat studies etc]
12. Copies to Attending, Consultants and PCP
13. Repeat name of person dictating, patient name, MR#