

**Goals and Objectives**  
***Inpatient Rotation – PL-1***

Mission: To provide an experience for residents with both didactic and clinical exposure to the care of inpatient pediatrics. This will include the general medical/surgical inpatients beyond the newborn period through adolescence.

Location: 3rd and 4th floors of Blank Children’s Hospital

Faculty coordinators: Allison Brown, M.D., Maria Victoria Dajud, M.D., Amy Ferguson, M.D., Lisa Hardisty, M.D., Mike Line, M.D., Amy Moberg, M.D., and Meg Norris, D.O.

Training level: PL-1

Duration: By one month blocks, PL-1’s will be assigned to 4 months on the inpatient service.

Patient volume: PL-1's are responsible for the care of 5 to 10 patients at a time.

Responsibility of the PL-1: To admit each patient by performing a complete history and physical, arriving at a differential diagnosis, and formulating treatment plan under the guidance of the supervising resident. To communicate with patients, families, physicians and hospital personnel when appropriate, regarding care of the patient. To allow adequate time in the morning hours to evaluate each patient daily and write appropriate progress notes. To formulate a discharge plan at the end of the hospital stay and complete a discharge summary. Teaching rounds on the inpatient service will occur under the supervision of the hospitalists on a daily basis Monday through Friday. PL-1 residents will work 3 weeks of day shifts and 1 week of night shifts during the rotation. Vacation is not allowed on the inpatient service.

**Goal I: Patient Care**

<b>Objectives</b>
Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating: <ul style="list-style-type: none"><li>• Careful data collection and synthesis</li><li>• Appropriate orders for vital signs, I &amp; O, medications, nutrition, activity</li><li>• Well thought-out daily care plans</li><li>• Good clinical judgment and decision-making</li><li>• Careful discharge plans (orders, patient education, follow-up)</li></ul>
Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.
Calculate maintenance fluids and replacement fluids for isotonic/hypotonic dehydration.
Use appropriate monitoring techniques in the inpatient setting: <ul style="list-style-type: none"><li>• Monitoring of temperature, blood pressure, heart rate, respirations</li><li>• Cardiac monitoring</li><li>• Pulse oximetry</li></ul>

Use appropriately the following treatments and techniques in the inpatient setting:

- Universal precautions
- Nasogastric tube placement
- Administration of nebulized medication
- Injury, wound and burn care
- Oxygen delivery systems
- I.V. fluids
- I.V. pharmacotherapy (antibiotics, antiepileptics, etc.)
- Transfusion therapy

Demonstrate an understanding of the common diagnostic tests and imaging studies listed below, by being able to:

- Explain the indications for and limitations of each study.
- Know or be able to locate age-appropriate normal ranges for lab studies.
- Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results.
- Assess the utility of tests in various clinical settings.
- Recognize cost and utilization issues.
- Interpret test results in the context of the specific patient.
- Discuss therapeutic options for correction of abnormalities.
  1. CBC
  2. Electrolytes, glucose, calcium, magnesium, phosphate
  3. Renal function tests
  4. Liver enzymes, bilirubin, PT, and albumin
  5. C-reactive protein, ESR
  6. Therapeutic drug concentrations
  7. Detection of bacterial, viral, and fungal pathogens
  8. Urinalysis
  9. Cerebrospinal fluid analysis
  10. Gram stain
  11. Stool studies
  12. Plain radiographs of the chest, extremities, abdomen, skull, sinuses
  13. EEG
  14. pH probe
  15. Pulmonary function tests

Demonstrate the skills for assessing and managing pain:

- Use age appropriate pain scales in assessment.
- Describe indications for use and side effects of common narcotic and nonnarcotic analgesics.
- Administer medications to control pain in appropriate doses, frequency, and route.
- Describe indications for and use of behavioral techniques, supportive care, and other non-pharmacologic methods of pain control.

Become competent (successfully perform at least 3 times) the following procedures:

- Bladder catheterization
- IV start
- Lumbar puncture
- Venipuncture

## Goal II: Medical Knowledge

### Objectives

Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician. Demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.

Know and/or access medical information efficiently, evaluate it critically, and apply it to inpatient care appropriately.

Evaluate and manage, with consultation if indicated, patients with the following signs and symptoms:

- **General:** acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss
- **Cardiorespiratory:** apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hypotension, inadequate respiratory effort, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing
- **Dermatologic:** ecchymoses, edema, petechiae, purpura, rashes, urticaria
- **EENT:** conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma
- **Endocrine:** heat/cold intolerance, polydipsia, polyuria
- **GI/Nutrition/Fluids:** abdominal pain, dehydration, diarrhea, inadequate intake, jaundice, rectal bleeding, regurgitation, vomiting
- **Genitourinary/Renal:** change in urine color, dysuria, edema, hematuria, oliguria
- **Hematologic/Oncologic:** abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor
- **Musculoskeletal:** arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp
- **Neurologic:** headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness
- **Psychiatric/Psychosocial:** child abuse or neglect, depression, suicide attempt

Evaluate and manage, with consultation as indicated, patients with the following conditions:

- **General:** failure to thrive, fever of unknown origin
- **Allergy/Immunology:** acute drug allergies/reactions, anaphylaxis
- **Cardiovascular:** bacterial endocarditis, congenital heart disease, congestive heart failure, Kawasaki disease
- **Endocrine:** diabetes (including diabetic ketoacidosis)
- **GI/Nutrition:** appendicitis, bleeding, complications of inflammatory bowel disease, cystic fibrosis, gastroenteritis (with/without dehydration), gastroesophageal reflux, hepatic dysfunction (including alpha-1-antitrypsin disease), bowel obstruction, pancreatitis, severe malnutrition
- **GU/Renal:** electrolyte and acid-base disturbances, hemolytic-uremic syndrome, nephrotic syndrome, urinary tract infection/pyelonephritis
- **Gynecologic:** pelvic inflammatory disease
- **Hematologic/Oncologic:** abdominal and mediastinal mass, common malignancies, fever and neutropenia, thrombocytopenia, severe anemia, tumor lysis syndrome, vaso-occlusive crises and other complications of sickle cell disease
- **Infectious Disease:** cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis

- **Pharmacology/Toxicology:** common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels
- **Neurology:** acute neurologic conditions (Guillain Barré syndrome), developmental delay with acute medical conditions, seizures, shunt infections/malfunctions
- **Respiratory:** airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, epiglottitis
- **Rheumatologic:** Henoch Schönlein purpura (HSP)
- **Surgery:** pre- and post-op consultation and evaluation of surgical patients (general, ENT, orthopedics, urology, neurosurgical, etc.)

### Goal III: Practice-Based Learning & Improvement

Objectives
Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.
Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.
Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.
Effectively use information technology to access online medical information to answer clinical questions that arise on the inpatient service.
Use current national guidelines to manage common pediatric problems such as asthma and provide immunizations.
Use Blank Children's Hospital treatment pathways when appropriate, e.g. asthma pathway.

### Goal IV: Interpersonal & Communication Skills

Objectives
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.
Provide effective patient education, including reassurance, for condition(s) commonly seen on the inpatient service.
Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians of hospitalized patients).
Develop effective strategies for teaching patients, families, and students.
Maintain accurate, timely and legally appropriate medical records.
Complete discharge summaries within twenty-four hours of patient discharge.

## Goal V: Professionalism

Objectives
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
Demonstrate personal accountability to the well-being of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
Adhere to ethical and legal principles and sensitivity to diversity while providing care in the inpatient setting.
Choose appropriate dress in accordance with the dress code policy of UnityPoint Health-Des Moines and the Blank Pediatric Residency Program.
Comply with the CORE values as determined by UnityPoint Health-Des Moines.
Demonstrate professionalism by being punctual to daily conferences, rounds, and continuity clinic.
Protect patient information according to guidelines of HIPAA as set forth by UnityPoint Health –Des Moines.

## Goal VI: Systems-Based Practice

Objectives
Understand how to practice high-quality health care and advocate for patients within the context of the health care system.
Identify key aspects of health care systems, cost control, billing and reimbursement in the hospital inpatient setting.
When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.
Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.
Interact with and seek the expertise of members of the multidisciplinary team (e.g. discharge coordinator, pharmacy, nutrition, social work, OT/PT/ST, etc.)
Actively participate in discharge planning with the discharge coordinator to coordinate the care of patients with appropriate community resources (e.g., home nursing, outpatient therapy, follow-up appointments, etc.)

Rotation evaluations will be based on the current Pediatric Milestones.

## **Responsibilities on the Inpatient Service**

### **1. DAILY SCHEDULE**

- 7:00 am Check-in rounds (Fisk Library)
- 7:30 am Morning Report (Mon)
- 7:30 am Visual Diagnosis with Dr. Stephenson (Tue or Thu)
- 9:00 am Family Centered Rounds with Blank Hospitalists (Blue and Red Teams)
- 11:00 am Hematology-Oncology Team Rounds
- 12:00 pm Pediatric Grand Rounds (Fri)
- 12:15 pm Noon Conference
- 1-4:00 pm Block Conference (1<sup>st</sup> and 3<sup>rd</sup> Wed)
- 6-7:00 pm Check-out rounds
- 6p-7:00 am Night team coverage

### **2. RESPONSIBILITY OF PL-1 RESIDENTS**

- Present well-organized Ddx and action plan to supervising resident.
- Examine patients and be prepared to present prior to rounding with attending.
- Write daily progress note to include plan.
- Round with attending physician on all assigned patients whenever possible.
- Be able to completely present patients on teaching rounds.
- If unable to round with attending on a given day to make a phone contact.
- Complete a discharge summary within 24 hours of discharge with copy to attending and primary care provider.
- PL-1's will have two H&P's observed during their first two inpatient rotations and one H&P observed during their last two inpatient rotations.

### **3. RESPONSIBILITY OF MEDICAL STUDENTS**

- \* Students will be assigned patients by the supervising residents.
- \* Primary responsibility of students on this service is to learn basic pediatric issues.
- \* Medical students are expected to attend all student lectures, noon and block conferences, and all teaching rounds when assigned to the inpatient teaching service.

### **4. RESPONSIBILITY OF ATTENDING**

- \* Notify admitting resident of any admission to teaching service (admitting cell phone 313-6029)
- \* Expect residents to evaluate patient and present their plan of action to you for discussion.
- \* Discuss management plan - since it is your patient you will have final authority.
- \* Round daily on patients.
- \* Clearly define expectations to residents.
- \* Review and revise H & P's, progress notes, and discharge summaries with constructive teaching.
- \* Give objective feedback to residents in a timely manner about their performance.
- \* Complete resident evaluations in a timely manner when requested.

**Goals and Objectives**  
***Inpatient Rotation – PL-2***

Mission: To provide an experience for residents with both didactic and clinical exposure to the care of inpatient pediatrics. This will include the general medical/surgical inpatients beyond the newborn period through adolescence. In addition, as a senior resident, the PL-2 resident will have the role of supervising first year residents and medical students.

Location: 3rd and 4th floors of Blank Children’s Hospital

Faculty coordinators: Allison Brown, M.D., Maria Victoria Dajud, M.D., Amy Ferguson, M.D., Lisa Hardisty, M.D., Mike Line, M.D., Amy Moberg, M.D., and Meg Norris, D.O.

Training level: PL-2

Duration: By one month blocks, PL-2’s will be assigned to 2 months on the inpatient service.

Patient volume: PL-2’s are responsible for supervision of the PL-1’s, visiting residents, medical students, and sub-interns.

Responsibility of the PL-2: To review patient care with PL-1’s and medical students. To assure that their history and physicals, progress notes, treatment plans and orders are appropriate and adequate. The PL-2 or PL-3 will perform a pertinent physical exam on all patients each day to help direct patient care. To provide a level of supervision and teaching to these and other medical personnel with the intention of researching and improving his/her own education as well as improving the education of those around him/her in the care of the patient. PL-2 residents will work 2 weeks of day shifts and 2 weeks of night shifts during the rotation. Vacation is not allowed on the inpatient service.

**Goal I: Patient Care**

<b>Objectives</b>
Review the patient care objectives for the PL-1 inpatient medicine rotation. Identify areas that require additional learning experiences to improve competency. Develop a plan to improve competency in the areas identified.
As one of the team leaders, assign patients admitted to the inpatient teaching service. Share responsibility for carrying the admission phone with the PL-3 on the inpatient service.
Review and assure the clinical work of PL-1’s, visiting residents, and medical students.
Provide family-centered patient care that is development and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating: <ul style="list-style-type: none"><li>• Careful data collection and synthesis</li><li>• Appropriate orders for vital signs, I &amp; Os, medications, nutrition, activity</li><li>• Well thought-out daily care plans</li><li>• Good clinical judgment and decision-making</li><li>• Careful discharge plans (orders, patient education, follow-up)</li></ul>
Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.

Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.
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Demonstrate an understanding of the common diagnostic tests and imaging studies listed below, by being able to:

- Explain the indications for and limitations of each study.
- Know or be able to locate age-appropriate normal ranges for lab studies.
- Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results.
- Assess the utility of tests in various clinical settings.
- Recognize cost and utilization issues.
- Interpret test results in the context of the specific patient.
  16. Serologic tests for infection (e.g., hepatitis, HIV)
  17. Coagulation studies
  18. Arterial, capillary, and venous blood gases
  19. Other fluid studies (e.g., pleural fluid, joint fluid)
  20. ECG
  21. Echocardiogram
  22. Imaging techniques such as CT, MRI, angiography, ultrasound, nuclear scans, contrast studies (interpretation not expected)

## **Goal II: Medical Knowledge**

### **Objectives**

Review the medical knowledge objectives for the PL-1 inpatient medicine rotation. Identify areas that require additional learning experiences to improve competency. Develop a plan to improve competency in the areas identified.

Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician. Demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.

Know and/or access medical information efficiently, evaluate it critically, and apply it to inpatient care appropriately.

Evaluate and manage, with consultation if indicated, patients with the following signs and symptoms:

- **Cardiorespiratory:** hemoptysis, hypertension, rhythm disturbance
- **EENT:** acute visual changes
- **Endocrine:** heat/cold intolerance, polydipsia, polyuria
- **GI/Nutrition/Fluids:** abdominal masses or distention, ascites, dysphagia, hematemesis, melena
- **Genitourinary/Renal:** scrotal mass or edema
- **GYN:** abnormal vaginal bleeding, pelvic pain, vaginal discharge
- **Neurologic:** ataxia, coma, delirium, diplopia
- **Psychiatric/Psychosocial:** acute psychosis, conversion symptoms

Evaluate and manage, with consultation as indicated, patients with the following conditions:

- **Allergy/Immunology:** immunodeficiencies, graft vs. host disease, recurrent pneumonia, serum sickness, severe angioedema
- **Cardiovascular:** cardiomyopathy, myocarditis, rheumatic fever
- **Endocrine:** electrolyte disturbances secondary to underlying endocrine disease
- **GI/Nutrition:** cholangitis, complications of liver transplantation
- **GU/Renal:** genital trauma, sexual assault
- **Gynecologic:** pelvic inflammatory disease
- **Infectious Disease:** HIV
- **Neurology:** acute cerebellar ataxia, movement disorders
- **Rheumatologic:** JRA, SLE

Describe key issues in the inpatient and home management of the technology-dependent child with the following care needs:

- Tracheostomy
- Chronic mechanical ventilation
- Chronic parenteral nutrition
- Gastrostomy tube for feedings
- Permanent central venous catheter

### **Goal III: Practice-Based Learning and Improvement**

#### **Objectives**

Lead teaching rounds providing teaching points on various patients during rounds.

Insure that residents and medical students comply with the resident duty hour guidelines as outlined in the Blank Pediatric Residency Program Policy # 9. Be available to help residents and medical students complete their tasks in order to comply with the duty hour guidelines.

Teach PL-1's, visiting residents, and medical students procedures expected of the inpatient service.

Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.

Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.

Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Effectively use information technology to access online medical information to answer clinical questions that arise on the inpatient service.

#### **Goal IV: Interpersonal and Communication Skills**

<b>Objectives</b>
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.
Provide effective patient education, including reassurance, for condition(s) commonly seen on the inpatient service.
Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians of hospitalized patients).
Develop effective strategies for teaching PL-1's, visiting residents, and medical students.
Maintain accurate, timely and legally appropriate medical records.
Monitor PL-1, visiting residents, and sub-intern completion of discharge summaries.

#### **Goal V: Professionalism**

<b>Objectives</b>
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
Demonstrate personal accountability to the well-being of patients (e.g., following up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
Adhere to ethical and legal principles and sensitivity to diversity while providing care in the inpatient setting.
Choose appropriate dress in accordance with the dress code policy of UnityPoint Health-Des Moines and the Blank Pediatric Residency Program.
Comply with the CORE values as determined by UnityPoint Health-Des Moines.
Demonstrate professionalism by being punctual to daily conferences, rounds, and continuity clinic. Encourage other members of the team to be punctual.
Protect patient information according to guidelines of HIPAA as set forth by UnityPoint Health –Des Moines.

## Goal VI: Systems-Based Practice

Objectives
Understand how to practice high-quality health care and advocate for patients within the context of the health care system.
Identify key aspects of health care systems, cost control, billing and reimbursement in the hospital inpatient setting.
When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.
Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.
Interact with and seek the expertise of members of the multidisciplinary team (e.g. discharge coordinator, pharmacy, nutrition, social work, OT/PT/ST, etc.)
Actively participate in discharge planning with the discharge coordinator to coordinate the care of patients with appropriate community resources (e.g., home nursing, outpatient therapy, follow-up appointments, etc.)

Rotation evaluations will be based on the current Pediatric Milestones.

## **Responsibilities Inpatient Service**

### **1. DAILY SCHEDULE**

- \* 7:00 am Check-in rounds (Fisk Library)
- \* 7:30 am Morning Report (Mon)
- \* 7:30 am Visual Diagnosis with Dr. Stephenson (Tue or Thu)
- \* 9:00 am Family Centered Rounds with Blank Hospitalists (Blue and Red Teams)
- \* 11:00 am Hematology-Oncology Team Rounds
- \* 12:00 pm Pediatric Grand Rounds (Fri)
- \* 12:15 pm Noon Conference
- \* 1-4:00 pm Block Conference (1<sup>st</sup> and 3<sup>rd</sup> Wed)
- \* 6-7:00 pm Check-out rounds
- \* 6p-7:00 am Night team coverage

### **2. RESPONSIBILITY OF PL-2 RESIDENTS**

- \* Responsible for the day to day supervision of Blank 3 & 4.
- \* Conduct teaching rounds daily; responsible for teaching on rounds.
- \* Review and assure clinical work of PL-1 residents including: H&P, assessment, plan, progress notes, orders, and discharge summaries.
- \* Review daily the pertinent aspects of care of all patients.
- \* Assign patients admitted to service.
- \* Assure that students and residents are complete and timely in all medical records.
- \* Perform and teach procedures expected of inpatient service.
- \* Be familiar and be able to coordinate care of most general pediatric problems expected of pediatricians on a general inpatient pediatric ward.
- \* Demonstrate ability to perform responsibilities expected by a resident able to advance to the PL-3 level by the end of the second rotation.
- \* Participate in call schedule as assigned by chief resident.
- \* Be available to help the PL-1's and visiting interns complete their tasks in order to comply with the ACGME duty hour requirements.

### **3. RESPONSIBILITY OF ATTENDING**

- \* Notify admitting resident of any admission to teaching service (admitting cell phone 313-6029)
- \* Expect residents to evaluate patient and present their plan of action to you for discussion.
- \* Discuss management plan - since it is your patient you will have final authority.
- \* Round daily on patients.
- \* Clearly define expectations to residents.
- \* Review and revise their H & P's, progress notes, and discharge summaries with constructive teaching.
- \* Give objective feedback to residents in a timely manner about their performance.
- \* Complete resident evaluations in a timely manner when requested.

**Goals and Objectives**  
***Inpatient Rotation – PL-3***

Mission: To provide an experience for residents with both didactic and clinical exposure to the care of inpatient pediatrics. This will include the general medical/surgical inpatients beyond the newborn period through adolescence. In addition, as a senior resident the PL-3 will have the role of supervising first year residents and medical students.

Location: 3rd and 4th floors of Blank Children’s Hospital

Faculty coordinators: Allison Brown, M.D., Maria Victoria Dajud, M.D., Amy Ferguson, M.D., Lisa Hardisty, M.D., Mike Line, M.D., Amy Moberg, M.D., and Meg Norris, D.O.

Training level: PL-3

Duration: By one month blocks, PL-3’s will be assigned to 2 months on the inpatient service.

Patient volume: PL-3’s are responsible for supervision of the PL-1’s, visiting residents, medical students, and sub-interns.

Responsibility of the PL-3: To review patient care with PL-1's and medical students. To assure that their history and physicals, progress notes, treatment plans and orders are appropriate and adequate. The PL-2 or PL-3 will perform a pertinent physical exam on all patients each day to help direct patient care. To provide a level of supervision and teaching to these and other medical personnel with the intention of researching and improving his/her own education as well as improving the education of those around him/her in the care of the patient. PL-3 residents will work 2 weeks of day shifts and 2 weeks of night shifts during the rotation. Vacation is not allowed on the inpatient service.

**Goal I: Patient Care**

<b>Objectives</b>
Review the patient care objectives for the PL-1 & PL-2 inpatient medicine rotations. Identify areas that require additional learning experiences to improve competency. Develop a plan to improve competency in the areas identified.
As one of the team leaders, assign patients admitted to the inpatient teaching service. Share responsibility for carrying the admission phone with the PL-2 on the inpatient service.
Review and assure the clinical work of PL-1’s, visiting residents, and medical students.
Mentor the PL-2 as they assume the role of inpatient team leader.
Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating: <ul style="list-style-type: none"><li>• Careful data collection and synthesis</li><li>• Appropriate orders for vital signs, I &amp; Os, medications, nutrition, activity</li><li>• Well thought-out daily care plans</li><li>• Good clinical judgment and decision-making</li><li>• Careful discharge plans (orders, patient education, follow-up)</li></ul>
Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.

## Goal II: Medical Knowledge

### Objectives

Review the medical knowledge objectives for the PL-1 and PL-2 inpatient medicine rotations. Identify areas that require additional learning experiences to improve competency. Develop a plan to improve competency in the areas identified.

Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician. Demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.

Know and/or access medical information efficiently, evaluate it critically, and apply it to inpatient care appropriately.

## Goal III: Practice-Based Learning and Improvement

### Objectives

Provide feedback to the pediatric hospitalists regarding performance of PL-2's, PL-1's, visiting residents, and medical students.

Lead teaching rounds providing teaching points on various patients during rounds. Assist the PL-2 in developing their teaching skills during rounds on the inpatient service.

Assist the pediatric hospitalists with remediation of other learners on the inpatient service.

Insure that residents and medical students comply with the resident duty hour guidelines as outlined in the Blank Pediatric Residency Program Policy # 9. Be available to help residents and medical students complete their tasks in order to comply with the duty hour guidelines.

Assist the PL-2 in developing effective strategies for teaching PL-1's, visiting residents, and medical students.

Teach PL-1's, visiting residents, and medical students procedures expected of the inpatient service.

Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.

Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.

Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Effectively use information technology to access online medical information to answer clinical questions that arise on the inpatient service.

## Goal IV: Interpersonal and Communication Skills

### Objectives

Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

Provide effective patient education, including reassurance, for condition(s) commonly seen on the inpatient service.

Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians of hospitalized patients).

Maintain accurate, timely and legally appropriate medical records.

Monitor PL-1, visiting residents, and sub-intern completion of discharge summaries.

## Goal V: Professionalism

Objectives
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
Demonstrate personal accountability to the well-being of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
Adhere to ethical and legal principles and sensitivity to diversity while providing care in the inpatient setting.
Choose appropriate dress in accordance with the dress code policy of UnityPoint Health-Des Moines and the Blank Pediatric Residency Program.
Comply with the CORE values as determined by UnityPoint Health-Des Moines.
Demonstrate professionalism by being punctual to daily conferences, rounds, and continuity clinic. Encourage other members of the team to be punctual.
Protect patient information according to guidelines of HIPAA as set forth by UnityPoint Health-Des Moines.

## Goal VI: Systems-Based Practice

Objectives
Understand how to practice high-quality health care and advocate for patients within the context of the health care system.
Identify key aspects of health care systems, cost control, billing and reimbursement in the hospital inpatient setting.
When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.
Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.
Interact with and seek the expertise of members of the multidisciplinary team (e.g. discharge coordinator, pharmacy, nutrition, social work, OT/PT/ST, etc.)
As leader of the resident inpatient team, work with the hospitalists and nursing leaders to manage patient flow during times of high census.
Actively participate in discharge planning with the discharge coordinator to coordinate the care of patients with appropriate community resources (e.g., home nursing, outpatient therapy, follow-up appointments, etc.)

Rotation evaluations will be based on the current Pediatric Milestones.

## **Responsibilities Inpatient Service**

### **1. DAILY SCHEDULE**

- \* 7:00 am Check-in rounds (Fisk Library)
- \* 7:30 am Morning Report (Mon)
- \* 7:30 am Visual Diagnosis with Dr. Stephenson (Tue or Thu)
- \* 9:00 am Family Centered Rounds with Blank Hospitalists (Blue and Red Teams)
- \* 11:00 am Hematology-Oncology Team Rounds
- \* 12:00 pm Pediatric Grand Rounds (Fri)
- \* 12:15 pm Noon Conference
- \* 1-4:00 pm Block Conference (1<sup>st</sup> and 3<sup>rd</sup> Wed)
- \* 6-7:00 pm Check-out rounds
- \* 6p-7:00 am Night team coverage

### **2. RESPONSIBILITY OF PL-3 RESIDENTS**

- Function as team captain.
  - Assure the administration of the inpatient unit.
  - Act as coordinator of didactic teaching with the assigned faculty.
  - Review daily the pertinent aspects of care of all patients.
  - Be available to relieve other senior residents for coverage of inpatient areas.
  - Perform and teach efficiently all procedures expected of a general pediatrician.
  - Primary responsibility for supervising sub-interns.
  - Primary responsibility for teaching medical students.
  - Evaluate in cooperation with attending faculty each of the other residents on the inpatient service.
  - Participate in call schedule as assigned by chief resident.
- \* Be available to help the PL-1's and visiting interns complete their tasks in order to comply with the ACGME duty hour requirements.

### **3. RESPONSIBILITY OF ATTENDING**

- \* Notify admitting resident of any admission to teaching service (admitting cell phone 313-6029)
- \* Expect residents to evaluate patient and present their plan of action to you for discussion.
- \* Discuss management plan - since it is your patient you will have final authority.
- \* Round daily on patients.
- \* Clearly define expectations to residents.
- \* Review and revise their H & P's, progress notes, and discharge summaries with constructive teaching.
- \* Give objective feedback to residents in a timely manner about their performance.
- \* Complete resident evaluations in a timely manner when requested.