

## 8. PEM Fellow Rotation in Pediatric Inpatient Ward

**Goals:** To train the fellow in the care of inpatient general pediatric patients.

### **Objectives:**

After completing this rotation, the fellow will demonstrate the ability to:

#### Patient Care

1. Obtain a complete pediatric history and perform a thorough examination of an infant or child admitted to the inpatient service.
2. Develop skills to accurately assess a pediatric patient in terms of overall severity of illness including volume status, cardiovascular stability and respiratory stability.
3. Explain the indications for hospital admission: proper patient monitoring and isolation, and indications for ICU transfer.
4. Develop skills to generate a differential diagnosis and a management plan for each patient and the ability to order and interpret medically indicated laboratory and radiology tests.
5. Work as part of the health care team.
6. Develop skills to generate a therapeutic plan for each patient and to determine the need for continued hospitalization or outpatient management.
7. Develop skills to utilize subspecialty consultants effectively.
8. Perform the following procedures:
  - a. Lumbar Puncture
  - b. Intravenous Line Placement

#### Medical Knowledge

1. Develop knowledge about problems seen in an in-patient pediatric setting including but not limited to:
  - a. Bronchiolitis
  - b. Pneumonia
  - c. Asthma Exacerbations
  - d. Dehydration
  - e. Drug Reactions
  - f. Growth Failure
  - g. Seizures
  - h. Eating Disorder
  - i. Congestive Heart Failure
  - j. Infectious Diseases
  - k. Chronic Pulmonary Disorders including Acute Exacerbation Management
  - l. Chronic Gastrointestinal Disorder including Acute Exacerbation Management
  - m. Acute Illness or Complication in a Special Needs Child
2. Apply his or her knowledge in a clinical setting.
3. Utilize printed material, web-based material and other resources in self-directed acquisition of knowledge.
4. Attend all teaching conferences, including morning report.
5. Apply down time to search electronic resources and textbooks for information on their patients.

#### Practice-based Learning and Improvement

1. Develop skills to evaluate their care and learn through their experience.

2. Apply basic principles of evidence based medicine to their practice.
3. Utilize educational materials and their preceptors to continually enhance knowledge and procedural skills.
4. Identify areas of weakness to trigger and organized plan with their preceptor or Program Director to grow and improve in those areas.
5. Attend mandatory monthly Journal Club.
6. Participate in QI activities.

#### Interpersonal and Communication Skills

1. Develop clear and effective communication with their parents and families, staff, preceptors and consultants.
2. Listen effectively to patients, families, preceptors and staff.
3. Present cases in a well-organized and complete manner.
4. Participate in multidisciplinary care conferences with families to begin to develop skills in the delivery of bad news and end of life discussions.

#### Professionalism

1. Maintain confidentiality of patient information according to hospital and HIPAA regulations.
2. Demonstrate sensitivity, compassion and respect for families, staff and other colleagues.
3. Present himself or herself in a dignified fashion.
4. Adhere to principles of ethics and obtain informed consent for all procedures.
5. Respect gender and cultural sensitivity.
6. Respond to pages and messages promptly.
7. Be punctual and respectful of others' time.

#### Systems-based Practice

1. Participate with the care team in multi-disciplinary rounds.
2. Access and utilized community resources.
3. Provide cost-effective health care and resource allocation.
4. Assist patients and families in negotiating the complexities of the health care system.

#### **Policies on Duty Hours, Call Schedule, Supervision, Back-up Call, On-Call Activities and Expectations during Inpatient Ward Rotation**

**Duty Hours and Call Schedule:** The PEM fellows are on call in-house no more than every fourth night and average every 4<sup>th</sup> night. During in-house call fellows are provided with a sleep room, shower, and lounge and food facilities. Distribution of time during this month is 100% clinical.

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

- d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

**Supervision:** PEM fellows will be under the supervision of the general inpatient ward attendings or senior residents for clinical decision making and the performance of procedures. All attending physicians are subspecialty board certified or board eligible in General Pediatrics.

**Evaluation:** General Pediatric Inpatient Faculty or are responsible for supplying the program director with a written evaluation of the subspecialty resident's rotation and informing the resident and program director of any problems or issues which may arise during the month.

**Back-up Call:** In the event of excessive clinical activity during a call night, the back-up for additional assistance is with the attending on call. In an unexpected absence, calls are expected to be taken over by other fellows or residents in the call pool of the fellow who is absent. In the event that the fellows and residents cannot arrive at satisfactory sharing of this responsibility, the program director will assign back-up call duties.

**On-Call Activities:** The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. **"In-house call"** is defined as "those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution."

- a. In-house call must occur no more frequently than every third night, averaged over a four week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.

**Expectations:** As a member of the general inpatient ward team, PEM fellows are expected to help the general pediatric residents in the care of patients, and assist with the daily progress notes. They are also expected to contribute to discussions of patients during daily rounds. At any given time the PEM fellow should be familiar with all of the patients on the general inpatient ward service. While on call the PEM fellow is responsible for the care of the existing inpatient ward patients as well as new admissions. After 17:00 the attending is available by phone, but comes to the hospital in person to assist in the care of extremely ill or unstable patients. Procedures must be documented in the procedure log.

Conferences include Pediatric Morning Report and Noon Conference at UNMH. Attendance at these conferences is mandatory.

1. Child Abuse Resource Team (CART)
2. Pediatric Surgery
3. Pediatric Radiology
4. Pediatric Cardiology
5. Ultrasound Techniques at Denver Health Medical Center