

## UCCCH GENERAL INPATIENT ROTATIONS

The General Pediatrics Inpatient experience has been designed to develop the needed competencies for a resident to manage patients with a wide array of conditions requiring hospitalization, from the perspective of a general pediatrician. The experience comprises a minimum of five months throughout the three years of training, usually 3 months during the first year and two months as a senior resident.

This monthly rotation is organized in 2 team groups each with 4 first year residents, 2 supervising residents and an attending physician. Each first year resident shall take care of a maximum of ten patients at a time.

While on this rotation the first year resident is expected to act as primary physician for the designated patients. As such, the resident is expected to perform a complete history and physical exam, formulate a differential diagnosis taking into consideration not only organic but also behavioral or social factors, formulate an initial diagnosis and develop a treatment plan appropriate to the suspected diagnosis or condition. All these processes are to be done under the supervision of a senior resident with whom all aspects are discussed. First year residents are then expected to follow their patients throughout the length of the rotation, being responsible for the day to day management, follow up, procedures, consultations and discharge planning under the close supervision of the supervising resident and attending physician.

The senior resident is expected to closely supervise first year residents' work. He/She will evaluate each admission to assess clinical findings and pertinence of diagnosis done and management proposed to be established. The senior resident shall discuss all aspects of care and provide guidance as to the day-to-day management of patients. In those patients with a more complicated clinical condition, the supervising resident is expected to collaborate more closely in the management of these patients. The supervising resident also should be aware of all consultant's recommendations, and is expected to also engage in a teaching role. As a teacher, the senior resident is expected to update his/her knowledge by searching the literature and guiding the first year residents and students in this process. They are expected to be able to direct teaching rounds, offer teaching to medical students and participate actively in the departmental teaching activities.

The attending physician is the ultimate person responsible for the patients admitted under his/her care. The attending carries out daily rounds with the team and discusses each patient, verifying history and physical findings and guiding the residents through the discussion of the appropriate management from the perspective of a general pediatrician. Rounds and attending-resident interaction provide the opportunity for the discussion of differential diagnoses criteria for hospitalization, evidence-based treatment plans, and cost-effective medical testing.

The attending physicians are all Board Certified in General Pediatrics and also act as role models in the intervention and communication with patients actively participating in family conferences, in the process of delivering or interpretation of diagnosis and management plans to patients, in obtaining DNR authorizations and in discussions with consultants among others. The attending is readily available for consultation no matter what the time of day.

The rotation seeks to emphasize several principles essential to the practice of general pediatrics:

- Patients should be evaluated thoroughly taking into consideration not only medical/organic aspects of disease, but also the psychological, social, and environmental considerations.
- The medical team is only part of the health care team that takes care of the patient and as such, residents, and attending physicians should work in close collaboration with members of this team such as nutritionists, social workers, nurses, respiratory therapists, rehabilitative services, pharmacists and hospital school teachers among others.
- Continuum of care is an essential in pediatric care and discharge planning, follow-up and communication with primary care physicians either in writing or personally is stressed.
- Care to the pediatric patient should be of the highest standard, however, taking into consideration cost-containment and utilization elements as well as quality and risk management aspects.

During this rotation, continuity clinic is maintained and prioritized.

#### Goals, Objectives and Resident Responsibilities of The UCCH General Inpatient Rotation:

**Patient Care:** Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life. To that end, residents will

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care
- Learn to construct an individualized treatment plan for these complex patients

**Medical Knowledge:** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their

knowledge to patient care and the education of others. Residents are expected to apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking.

Specifically, residents will:

- Learn about the care of hospitalized patients with acute injury and disease including children who require surgical care
- Learn the assessment of the hospitalized child using a problem-based approach in an evidenced-based format
- Learn an efficient method of developing an evidenced-based plan of care
- Learn cost-effective strategies of narrowing a differential diagnosis utilizing medical tests and appropriate subspecialty consultation
- Learn to present the patient's medical issues in a concise problem based format
- Learn to execute a care plan for a wide variety of childhood illnesses that require hospitalization
- Learn the interpretation of a wide variety of medical tests useful in patient assessment, ie: CBC, BMP, LFT's, ABG, coagulation studies, plain radiographs, CT scans, etc
- Become familiar with the following suggested topics during their time through experience, didactic sessions or reading:

- Anemia
- Acute life threatening event
- Abdominal pain assessment
- Bronchiolitis/Asthma
- Coagulation abnormalities
- Child maltreatment
- Chromosomal abnormalities
- Developmental abnormalities
- Diabetes mellitus
- Dehydration
- Failure to thrive
- Gastroenteritis
- Hydrocephalus
- Inflammatory Bowel Disease
- Poisonings and ingestions
- Trauma

**Practice-Based Learning and Improvement:** Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices, and

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care

- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education
- Develop media based teaching programs for junior housestaff and students

**Interpersonal and Communication Skills:** Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and

- Learn to provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give age-appropriate anticipatory guidance including discussions of health promotion and disease prevention and control
- Learn to give timely feedback to colleagues regarding knowledge, performance, teaching and communication

**Professionalism:** Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
- Recognize and identify deficiencies in peer performance and deliver constructive evaluation and criticism

**Systems-Based Practice:** Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care, and

- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- Learn to recognize the signs and symptoms that lead to the early identification of risky behaviors and to gain familiarity with the appropriate interventions including family and community resources
- Learn to appreciate the high cost of medical care and become judicious in the use of costly medical tests and hospitalization
- Begin to understand the impact insurance status has on acquisition of appropriate health care as an inpatient and outpatient
- Participate in and learn to lead the multidisciplinary teams required to provide care for patients; including physicians, nurses, physical therapists, occupational therapists, speech therapists, social workers, and child life specialists
- Organize and lead the multidisciplinary effort for patient discharge and adequate continuing health care.

**Specific Senior Resident Goals and Objectives for the Inpatient Ward Service:**

This is the best opportunity for senior residents to learn and demonstrate their skills in the following areas:

Leadership  
 Evidence-based patient care  
 Organization  
 Education  
 Communication

The senior resident leading the inpatient ward experience has the responsibility to organize and lead the multidisciplinary care team. On that team are interns, students, nurses, medical therapists and social workers. The team cohesiveness and cooperation is key to optimal safe patient care and the team is responsible to the senior resident who oversees the functions of the team under the supervision of the attending physician(s) assigned to the ward service.

The senior resident has the unique responsibility to guide the junior housestaff and students through the process of physical exam and history-taking formulation on a differential diagnosis and the generation of a comprehensive care plan.

The senior resident coordinates daily patient rounds with the general subspecialty attendings and oversees the care plan development and its completion. The senior

resident does so in close communication with the attending physician of record.

The senior resident on the inpatient service has the opportunity to be an important teacher for more junior members of the physician service. In didactic sessions or case based discussions, the ward senior can greatly enhance the educational experience of junior physicians and the senior resident is encouraged to teach junior members of the team and to lead by example in all areas addressed in the core competencies.

The senior resident should ensure participation in conferences and continuity clinic by him/herself, and junior team members should assist the Program Director in assuring duty- hours limits are respected by all.

The senior resident should encourage faculty and junior residents to participate in mid-rotation feedback sessions to ensure the best possible experience for all members of the team. He/she should insist that junior residents provide feedback on his/her performance as well as providing the junior housestaff with appropriate feedback.

Guided by the attending staff, the senior resident on the inpatient service clearly sets the tone and expectations for team performance. The senior resident can greatly enhance this experience by exercising leadership, demonstrating ownership, and assuming a positive professional attitude about all activities.