The Inpatient Maroon experience has been designed to develop the needed competencies for an intern to manage patients with a wide array of conditions requiring hospitalization, from the perspective of a general pediatrician. As an intern, the general pediatrics inpatient experience comprises 1-2 months of service on the Maroon Team at Comer Children’s Hospital at the University of Chicago.

This monthly rotation is organized with a team consisting of two day senior residents and 4 interns (3 day and 1 night). The night intern is supervised by the night senior resident. During this rotation, continuity clinic is maintained and prioritized. Residents are required to attend all scheduled meetings and conferences except when detained by a medical emergency on the wards.

While on this rotation the intern is expected to act as primary physician for the designated patients. As such, the intern is expected to perform a complete history and physical exam, formulate a differential diagnosis and working 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 of care are discussed. Interns 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 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 care.

The attending physicians are all Board Certified in General Pediatrics and also act as role models in the intervention and communication with patients. As such, they actively participate in family conferences, the process of delivering difficult information for patients and families, the interpretation of diagnosis and management plans to patients, in obtaining DNR authorizations, and in discussions with consultants, among others. The attending physician is readily available for consultation 24 hours a day, 7 days a week.

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.
- Although the members of the medical team are the primary care givers, the residents and attending physicians should work in close collaboration with ancillary staff, such as nutritionists, social workers, nurses, respiratory therapists, rehabilitative services, pharmacists and hospital school teachers, among others.
- Continuum of care is essential in pediatric care and discharge planning, follow-up, and communication with primary care physicians, either in writing or by telephone, is stressed.
- Care to the pediatric patient should be of the highest standard, and cost-containment, quality, and risk management should be continually assessed.

A. Patient Care:

1. Obtain a history using illness scripts that allows efficient obtaining of information but that allows for broader reasoning for more uncommon problems
2. Identify in a timely manner perform initial management steps to stabilize an acutely decompensating patient (including altered mental status, respiratory distress, hemodynamic instability)

3. Choose the appropriate support system (e.g. attending, senior resident, consultant, PET) to assist in making medical decisions versus approaching an acutely decompensating child

4. Anticipate potential urgent or emergent issues by identifying them and preparing a plan for them

5. Provide seamless handoffs between inpatient clinical coverage teams that are robust but succinct.

6. Prepare patients for appropriately times discharges, including the interprofessional team in that process

7. Perform accurate documentation in the EMR of the problem list, past medical / social / family history, attending of record, and team designation

B. Medical Knowledge:

1. Obtain and utilize evidence-based data to inform plans for optimal patient outcomes as evidenced by inclusion in presentations or teaching to the team

2. Describe the management of a bronchiolitic patient in the inpatient setting based on guidelines

3. Describe the approach to a patient with Failure to Thrive, including key historical information that is needed and when tests are indicated

4. Write inpatient orders that facilitate the best possible management during the three day calorie count including clear expectations of how the child is fed and weighed.

5. Differentiate a patient with Kawasaki Disease from one with an infectious etiology or other inflammatory condition

6. Determine a patient's asthma classification using an asthma-specific history

7. Select a treatment plan for an asthmatic patient for discharge based on his/her classification

8. Describe the diagnostic approach and management of cellulitis and abscess in the inpatient setting

9. Recognize a patient demonstrating clinical and laboratory findings consistent with:
   - Sepsis
   - Impending respiratory failure

10. Recognize and actively embrace their role as a teacher to fellows learners (e.g. medical students, co-residents, interprofessional team members)

C. Practice-Based Learning and Improvement:

1. Identify and list their personal goals for the rotation

2. Self-assess their performance weekly on the service

3. Access reasonable resources to answer their clinical questions

4. Proactively ask others for feedback (seniors, attending) and take steps towards improving weaknesses

D. Interpersonal and Communication Skills:

1. Communicate effectively with families on family-involved rounds, and relay information back to them in a timely manner

2. Demonstrate respect for patients and families, as well as for physicians and for individuals in other professional disciplines (nursing, support staff, etc.)
3. Write clear, succinct and timely notes and discharge summaries
4. Provide effective communication to primary care providers on admission and discharge for every patient admitted to the service
5. Arrive on time for rounds and teaching sessions
6. Respond to emails and other rotation-related communications within 24 hours

E. Professionalism:

1. Identify themselves as a valuable and important member of the profession and the role they play on the team
2. Recognize their limitations and seek the assistance of their supervisor (3rd year resident, attending) appropriately when needed

F. Systems-Based Practice:

1. Identify and appreciate the various roles of the interprofessional team members (nurses, pharmacists, social workers, case managers, nutrition, consultants, etc.)
2. Effectively collaborate with Child Protective Services for a patient with a DCFS filing
3. Describe at least one issue in the health care system that impacts the effective transition of our patients to the outpatient setting
4. Propose one solution to the above-identified health care issues
The Inpatient Maroon experience has been designed to develop the needed competencies for an intern to manage patients with a wide array of conditions requiring hospitalization, from the perspective of a general pediatrician. As a third year resident, the general pediatrics inpatient experience comprises 1-2 months of service as the daytime or nighttime supervising resident on the Maroon Team.

This monthly rotation is organized with a team consisting of two day senior residents and 4 interns (3 day and 1 night). The night intern is supervised by the night senior resident. During this rotation, continuity clinic is maintained and prioritized. Residents are required to attend all scheduled meetings and conferences except when detained by a medical emergency on the wards.

The senior resident is expected to closely supervise the work of the interns, outside hospital residents rotating on the general pediatrics team, sub-interns, and third-year medical students. 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. For 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 laboratory and imaging results, as well as all consultants’ recommendations. 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 residents, and participate actively in the departmental teaching activities. The senior resident is also responsible for providing timely general pediatric consultation, under the supervision of their attending physician, to subspecialty medical and surgical services.

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Pediatric Medical Education Office
Comer Children’s Hospital at University of Chicago Medicine
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