Blue Team Hospital Medicine Rotation Competency-Based Goals and Objectives

Name of Rotation	**Non-teaching "Blue Team" Hospital Medicine Rotation**
Duration	8 weeks, Longitudinal in 1 week blocks
Location	Arnold Palmer Hospital
Where to Go on Day 1	Pediatric Hospitalist office on the 5th floor at APH
Rotation Director	**Christine Bessett, DO**
Other Faculty	**Ancil J Abney MD, Suha Alkadry MD, Alan Chan MD, Amanda Cooke MD, Matthew Eng DO, Jean Siri Moorjani MD, Shalini Patel MD, Ronald J Potocki DO, Irissa Rosario MD, Natalia Salazar MD, David J Skey MD, Jaya Surujdyal DO, Natalie Thoni MD, Mariam Zeini MD, Amber Baisz MD, Jennifer Stroud MD, Francisco Paez-Cruz MD**
Other Requirements	**None**
Last Revision	**06/2026**

Introduction

During the Independent "Blue Team" Hospital Medicine Rotation fellows will learn and actively participate in pediatric inpatient care independent of the teaching service at Arnold Palmer Hospital. Learning through this rotation will come from direct patient care management, care coordination with consultants and other supporting staff, pertinent procedural skills, scheduled didactics and self-study. They will have more autonomy and learn to become independent and confident with patient management with the guidance and graduated autonomy from the faculty.

Daytime Schedule and Tasks

- *Hours:* 7am-5pm Monday – Sunday (unless more than one week is scheduled in a row, then they would have one day off on the first weekend, they can choose to be off on Saturday or Sunday)

- *Division of Work:* The fellow will work directly with the APH 2 attending physician unless discussed otherwise. The patients will be divided equally between APH 2 and APH3 teams. The fellow will start with a cap of 10 patients, as they demonstrate competency during the first week, the cap will eventually be eliminated to provide a full complement

of patients, typically 14 patients. This cap only pertains to the start of the day, they will still be expected to see patients in the afternoon.

- *Fellow Rounds (7-11 AM).* The fellow is expected to receive patient handoff from the night team, review vitals/charts, examine all patients, review any pertinent issues with the attending physician as needed and formulate patient assessment and plans be discussed with the attending physician once the fellows rounds have been completed. The fellow should have rounds completed no later than 11 AM but can contact the attending physician at any time to ensure timely discharges and if rounds are completed earlier to review the list and their plans prior to the attending rounds.

- *Multi-Disciplinary Rounds:* (11-11:30 AM): The fellow is expected to meet with the attending physician and be ready for multi-disciplinary rounds at 11 AM with the Blue team. They should aim to discuss their list of patients for no longer than 10 minutes total with a focus on discharge needs and social work needs. Longer discussions should be saved and completed with the appropriate care coordinator/social worker/pharmacist outside of MDR.

- *Attending rounds:* (11 AM until completion) The attending physician is expected to round on patients at the fellows request prior to 11 AM and otherwise to round on patients after the fellow has completed rounds and discussed the care with the attending physician.

- *Patient Care/Follow-up*: The fellow will remain in the hospital and continue to manage their patients throughout the day until sign out is completed with the night team. They should revisit patients in the afternoon as needed/or clinically indicated. They will be responsible for updating all patients/families on any new labs or changes to the plan (bedside or via phone), as well as the bedside nurses. The fellow will also be expected to see new admissions or consultations in the afternoon with the admitting physician.

- *Admissions/Transfers:* New admission that need to be seen in the morning (arrive to the floor before 7am) will be divided up between the three blue teams equally (APH2/Fellow team, APH3 team, and Float/APRN team). The Fellow and APRN will share responsibility for afternoon admissions/transfers/consults at the discretion of the float physician and admitting APH 2/3 physician on that day. The fellow is expected to see all admissions/transfers/consults in a timely manner. The admitting blue attending physician will remain on site and available to discuss each admission as soon as they have been seen (expectation is within an hour of arrival to APH or notification from the ED). The fellow will be responsible for directly returning ED admission calls with graduated independence determined by the attending physician based on the fellows demonstrated competency level with a goal of full independence in managing transfer/admission/pediatrician calls within the first 6 months. If there is a question of the appropriateness of an admission, or disagreement during the ED call, the attending

physician SHOULD be contacted and they should assist in appropriate placement of the patient.

- *Documentation:* All patients admitted to the inpatient service require a full H&P documented in the EMR following a standardized H&P format. Daily electronic documentation of the patient is required, following a standardized progress note format. Update notes regarding changes in the patient status or major changes to plan are expected. Transfer and transfer Accept notes are required on all patients moved to/from a different service. Discharge summaries are to be completed on all patients. The "rounding nurse" will be expected to open up/start all notes and assist with any H&Ps as they would the attending physician. The notes will be attested by the attending physician assigned that day. All notes are expected to be completed on the day of service in a timely manner.

- *Communication:* Timely responses to calls from nurses and ancillary staff are expected. Attending physicians should be contacted for significant changes in patient status, any questions regarding patient management, for new admission/transfers to the service and for any other questions fellows cannot confidently address.

- *Patient Hand-offs:* The fellow will be expected to do an in-person patient hand off with the night team at 5 pm. They will receive sign-out in the morning via phone call from the night team, this will typically be done in the 5th floor office at 7am. When the fellow goes off service, they will be expected to sign out the patient panel to the attending coming on service the following day. The fellow will keep the hospital course up to date on every patient, updating it daily, this will help facilitate sign outs.

- *Conferences and Education:* Attendance at all scheduled teaching conference is mandatory while on this rotation. They are only permitted to miss conference during this rotation if there is a medical emergency with their patient or a procedure taking place during that time (such as a LP, etc). If this occurs, communication between the fellow, attending physician, and lecturer should take place. Completion of all assigned readings, questions, and other educational assignments provided by the attending physician is mandatory.

- *Weekend Coverage*: The duties and expectations for the fellows on the weekend is the same as the weekday, however the schedule for rounds may be adjusted to accommodate the attending physicians' preferences.

Team Organization

- The Blue team consists of 3 attendings (Float, APH 2, and APH 3), 1 APRN, and 1 rounding nurse. The fellow will be working with the APH2 attending during the day and with the admitting attending in the afternoon, and the rounding nurse during the day shift. Fellows will be working closely with all ancillary staff and expected to attend social work rounds at 11am daily (M-F). They will sign out to the Night 1 attending at 5 pm.

Competency-Based Goals and Objectives for the Pediatric Hospital Medicine Fellow

The fellow Non-teaching "Blue Team" Hospital Medical rotation experience emphasizes medical knowledge, clinical assessment skills, independent decision-making ability, supervisory skills, team management and effective and efficient management of hospitalized children. It should have a focus on independent clinical decision-making and graduated autonomy and independence.

COMPETENCY 1. Patient Care. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The fellow should:

- Demonstrate competence in the clinical skills needed in pediatric hospital medicine.
- Demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans
- Demonstrate the ability to provide transfer of care that ensures seamless transitions
- Demonstrate ability to provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family
- Demonstrate the ability to refer and/or comanage/transfer patients with common behavioral and mental health issues along with appropriate specialists when indicated.
- Demonstrate the ability to competently use and interpret laboratory tests and imaging, and other diagnostic procedures.
- Demonstrate the ability to recognize, evaluate, and manage patients with the following:
    - Children with multiple comorbidities
    - Children with special healthcare needs
    - Children with complex conditions and diseases
    - Children requiring pain management
    - Children requiring palliative care
    - Children with serious acute complications of common conditions
- Demonstrate competence and effective participation in team-based care of patients whose primary problem is surgical.

- Demonstrate patient and family centered care by using shared decision-making and conflict resolution, patient/family centered rounds, cultural competency, appropriate health literacy, and patient/family education.
- Recognize and intervene in urgent and emergent medical situations
    - Appropriately assess changes in patient clinical status.
    - Create an independent plan for stabilization, further evaluation and/or definitive management in response to changes in clinical status.
- Perform or assist with the following procedures, as available:
    - Lumbar puncture
    - Laceration repairs
    - Incision and drainage
    - Urinary catheterization
    - Venous blood draw
    - Peripheral IV line insertion
    - placement of intravenous or intraosseous access
    - intubation
    - bag mask ventilation
    - tracheostomy tube replacement
    - Placement and/or replacement of feeding tubes, including nasogastric, orogastric, and gastrostomy
    - Pediatric resuscitation and stabilization
    - Circumcision
- Provide oversight of and guidance to other residents and medical students who may be rotating on the service at the same time as them.

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. 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. The Fellow should:

- Demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods
- Demonstrate understanding of indications for hospital admission, criteria for discharge and indications for transfer to higher levels of care.
- Demonstrate appropriate use of physical exam maneuvers to investigate patient complaints and demonstrate appropriate interpretation of exam findings.
- Demonstrate in-depth knowledge of medical conditions seen commonly in hospitalized children, including epidemiology, pathophysiology, signs/symptoms, diagnostics, therapeutics, complications and outcome/prognosis.

- Demonstrate ability to develop nuanced differential diagnoses for patients admitted to the service.
- Demonstrate consistent ability to apply medical knowledge to discrete patient care interactions to provide appropriate care.
- Demonstrate understanding of indications for and interpretation of common testing, including:
    - Chest and abdominal radiographs
    - Non-contrast head CT
    - Bone and joint radiographs
    - Serum electrolytes, complete blood counts, transaminases, inflammatory markers, and urinalysis
    - Bacterial cultures
    - Commonly-encountered viral testing
- Demonstrate understanding of indications for, use of and potential complications of the following commonly-used inpatient therapies:
    - IV fluids and electrolytes
    - Supplemental oxygen
    - Parenteral nutrition
    - Parenteral analgesia
- Demonstrate understanding of indications, basic pharmacokinetics, expected response, and side effect profile for commonly used pharmacologic agents, such as corticosteroids, antimicrobials, analgesics, inhalational medications for respiratory illnesses and anti-inflammatories. .
- Consistently provide accurate information to patients, families, staff and learners in terms tailored appropriately to each audience.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows should:

- Communicate well and work effectively with residents, attendings, APRNs, nurses, ancillary staff and referring physicians.
- Provide timely communication with patients and families that is free of medical jargon.
- Demonstrate appropriate bedside manner, listening skills, and use of nonverbal communication.
- Demonstrate effective teamwork.
- Effectively communicate information via dictations, written medical records, patient presentations and handoffs.
- Demonstrate guidance of other learners in developing appropriate communication skills.
- Coordinate orderly transfer of care to other services when applicable.
- Appropriately use interpreters for patient/family communication.
- Practice effective conflict resolution when appropriate.
- Demonstrate ability to effectively counsel and educate patients and families.

COMPETENCY 4. Practice-based Learning and Improvement. 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 lifelong learning. Fellows should:

- Take responsibility for independently investigating patient problems/diagnoses through literature searches, critically reviewing relevant literature, and assimilating information to individual patient care.
- Take responsibility for their own education.
- Demonstrate initiative to seek own answers to data interpretation and patient management questions.
- Teach and work well with APRNs/residents/students who are under their supervision.
- Performance self-evaluation, identify gaps in knowledge and skills, and take initiative to fill those gaps.
- Seek and accept feedback from multiple sources and demonstrate effort to improve performance based on feedback.

COMPETENCY 5. Professionalism. Demonstrate a commitment to professionalism and an adherence to ethical principles. Have a responsible attitude toward their patients, their profession and society. Fellows should:

- Consistently demonstrate caring, respectful and empathic behavior toward patients and their families.
- Demonstrate effort to form therapeutic and ethically sound relationships with patients and families.
- Maintain patient confidentiality.
- Consistently demonstrate respectfulness and integrity toward colleagues and staff.
- Demonstrate sensitivity to bioethical principles, culture, age, gender, religious beliefs, sexual orientation, and disability to patients, families and staff.
- Acknowledge and discuss medical errors honestly with families and conscientiously follow hospital policies for reporting and correcting errors.
- Adhere to professional standards for ethical and legal behavior.
- Recognize the limits of one's knowledge, skills, and tolerance for stress, and know when to ask for help.
- Be punctual, reliable and accountable.
- Consistently complete medical records in a timely manner.
- Demonstrate professional dress, demeanor and hygiene per hospital policies.

COMPETENCY 6. Systems-Based Practice. Demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Fellows should:

- Demonstrate effective participation in a multidisciplinary team approach to patient care.
- Demonstrate judicious use of medical testing, imaging and procedures to achieve appropriate and timely diagnosis and treatment while avoiding overuse of resources.
- Consistently and actively participate in health care team meetings with families.
- Help patients and families navigate system complexities.
- When present, identify problems outside the scope of hospital admission for which intervention will benefit the patient and/or family and intervene/refer when appropriate (e.g., injury prevention, anticipatory guidance, socioeconomic issues).
- Demonstrate understanding of billing requirements and document appropriately.