Night Team Hospital Medicine Rotation Competency-Based Goals and Objectives

Name of Rotation	**NIGTHS Rotation**
Duration	8 weeks, Longitudinal in 1 week blocks
Location	Arnold Palmer Hospital
Where to Go on Day 1	Pediatric Hospitalist office on the 2nd floor at APH
Rotation Director	**Shalini Patel, MD**
Other Faculty	**Ancil J Abney MD, Suha Alkadry MD, Alan Chan MD, Amanda Cooke MD, Matthew Eng DO, Francisco Paez-Cruz, Ayah Elbermawy, Jennifer Stroud, 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.**
Other Requirements	**None**
Last Revision	**7/26**

Introduction

During the Hospitalist Nights Rotation fellows will learn and actively participate in pediatric inpatient care during the night shift 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, admission phone triage, 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:* 7pm-7am

- *Division of Work:* The fellow will work directly with the NIGHT 1 and NIGHT 2 attending physicians. They will be responsible for covering the admission calls as first call and to divide up patients between YELLOW and BLUE team per our groups guidelines. They will assist in seeing newborn admissions early in the night with the NIGHT 2 physician and admissions to BLUE team/crosscover of BLUE team with the NIGHT 1 attending. After 11:30 the fellow will assist in the duties of the NIGHT 2 attending including cross coverage of the WPP and BLUE team patients, supervision of resident admissions until

3:30 AM, and all admissions/phone calls from 3:30 AM until 7 AM. The fellow will be responsible for handoff to the BLUE team at the end of their shift.

- *NIGHT 1 and Newborns (7:00 PM – 11:30 PM).*
- The fellows will arrive at 7 pm and help the NIGHT 1 physician with admissions to the BLUE team from 7 PM – 11:30 PM and help the NIGHT 2 physician with any newborn admissions that occur from 7 PM until 10:45 PM.

- *NIGHT 2 and Cross Coverage:* (11:30 PM- 7:00 AM): From 11:30 PM until 3:30 AM they will serve as the first call from the residents for any patient care related issues. If a transfer is called, the fellow will place this patient on the pending admission list and place basic orders. Residents should be included on any transfer center calls expected to arrive before 3:30 AM. From 3:30 AM until 7 AM they will take all admission calls and cover any questions from the newborn nursery. The NIGHT 2 attending will be available, in house, for any backup needed or advice. The Fellow is expected to place all new admissions after 3:30 AM onto the pending admissions list, and place any orders (preliminary if the patient is not in house yet) needed for the admission. They should also add information to BLUE STICKY NOTE about the admission for the day team to review.

- *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.

- *Admissions/Transfers:* The fellow is responsible for all admission/transfer calls from 7 PM – 11:30 PM. From 11:30 PM – 3:30 AM they are responsible for all transfer calls from outside facilities and should include the residents in any that are expected to arrive before 3:30 AM. They are backup call for any other admissions to the YELLOW team from 11:30 PM – 3:30 AM. The fellow is responsible for all admission and transfer calls from 3:30 AM – 7:00 AM. Any admission assigned to the BLUE team should be seen by the fellow in a timely fashion, and an H&P should be completed in a timely manner. Admissions after 3:30 AM are not required to be seen by the fellow but they should place any pertinent information in the blue card/handoff and should place any preliminary orders that they feel would be necessary for the patient based on the admission call.
- In the event that a new admission after 3:30 AM is called and the appropriate disposition is in question from the APH ED, OR if a patient arrives and is unstable on arrival and needs evaluation, the fellow should see the patient and write an H&P and discuss this patient with the daytime physician. If the disposition is determined to be either discharge to home from the ED, or a patient will be sent to the PSCU or ICU the

NIGHT 2 attending should be notified so that they may see the patient and bill for the encounter ONLY if the patient will not be staying on the BLUE service.

- *Documentation:* All patients admitted to the BLUE TEAM or the NEWBORN NURSERY during the specified times above require a full H&P documented in the EMR following a standardized H&P format. Any significant events on previously admitted patients should be documented well by the fellow in a progress note or by communication via the handoff tool.

- *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, and for any other questions fellows cannot confidently address.

- *Patient Hand-offs:* Fellows will be expected to call the UNRESTRICTED physician at 7 AM and review admissions after 3:30 AM and overnight issues with the BLUE team patients. They will be expected to call the APRN with any issues with their patients or admissions between 3:30 AM and 7 AM that are going to their team. They will need to call the FLOAT physician ONLY if there are admissions that are pending and have NOT arrived at APH that will need to be distributed during the day shift. All patients admitted by the fellow should have appropriate documentation in the handoff tool.

- *Conferences and Education:* The fellow is excused from any daytime conference attendance when on the NIGHT shift. The fellow is expected to discuss a topic of their choice once each week of this rotation with the residents on NIGHT team.

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

Team Organization

- The night team consists of the NIGHT 1 attending who manages the BLUE team admissions. The NIGHT rounding nurse who assists in documentation for WPP newborns and BLUE team admissions. The NIGHT 2 attending who is responsible for all WPP admissions and all YELLOW team admissions as well as assistance if the BLUE Team is overwhelmed with admissions.

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

The fellows NIGHTs 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.