General Pediatrics Hospitalist Elective Rotation
Resident Goals, Objectives and Competencies

Hospitalist Elective Rotation Competency-Based Goals and Objectives

Name of Rotation	**Hospitalist Elective Rotation**
Duration	**4 Weeks**
Location	**Arnold Palmer Hospital for Children (APH)**
Where to Go on Day 1	**5th floor physician workspace**
Rotation Director	**Natalie Thoni, MD**
Other Faculty	**Ancil Abney, MD; Amanda Cooke, MD; Ryan Dean, MD; Jean Moorjani, MD; David Skey, MD; Jaya Surujdyal, DO; Mariam Zeini, MD; Ancil Abney, MD; Matthew Eng, DO; Ronald J Potocki, DO; Natalia Salazar, MD; Mirinda Gillespie, MD; Shalini Patel, MD; Christine Bessett, DO; Rachel Prete, DO; Alan Chan, MD; Suha Alkadry, MD; Irissa Rosario, MD**
Other Requirements	**None**
Last Revision	**5/2023**

HOSPITALIST ROTATION OBJECTIVES AND PLAN

1. **Duration:** Four-week block experience
2. **Schedule and Tasks:**
    a. Blue Inpatient Team: 2 weeks
        i. Day/Hours: M – F, 7am – 4pm
        ii. Tasks: See assigned patients and round with APH 2 attending in the morning. See new admissions with APH 2 attending in the afternoon.
        iii. Census: Cap of 10 patients in the morning
    b. Night Coverage: 1 week
        i. Day/Hours: M – F, 4pm – MN
        ii. Tasks: Triage calls from ED/transfer center/community physicians with Night 1 attending. See new admissions with Night 1 attending and work with attending to manage blue team patients.
    c. Float Hospitalist: 1 week
        i. Hours: M – F, 7am – 4pm
        ii. Tasks: Triage calls from ED/transfer center/community physicians with Float attending. See new admissions with Float attending in the morning and APH2 attending in the afternoon.
    d. Additional Tasks:
        i. Present one morning report during the 4-week rotation. Morning report can be case presentation, journal club, or presentation on pertinent topic to pediatric hospital medicine. This will be scheduled during Float week.
    e. Additional Scheduling:
        i. If vacation is scheduled during this rotation, the Float week will be replaced by the week of vacation.
        ii. PL-2s rotating on this elective will not do clinic during the week of nights and will make-up the missed clinic by doing a full day of clinic during the Float week.
        iii. PL-3s rotating on this elective will not do clinic during the week of nights and will make-up the missed clinic later in the year.
        iv. Cross-coverage to be determined by chiefs each block. Will vary based on coverage needs that block.

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2. Learners: PL-2 and PL- 3 pediatric residents, 1 resident per rotation

3. Teaching Staff: APH Pediatric Hospitalists

Competency-Based Goals and Objectives

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the promotion of health and prevention of illness. The resident should:

1. Demonstrate skill in obtaining accurate and complete histories and physical examinations of children across all age ranges.
2. Demonstrate skill in the synthesis and interpretation of patient data.
3. Demonstrate skill in creating differential diagnoses, clinical assessments, therapeutic decisions and appropriate patient management plans.
4. Demonstrate competence in making independent decisions, while recognizing own limitations and appropriately seeking input and advice from attending physicians.
5. Recognize and intervene in urgent and emergent medical situations.
    a. Appropriately assess changes in patient clinical status.
    b. Create an independent plan for stabilization, further evaluation and/or definitive management in response to changes in clinical status.
6. Perform or assist with the following procedures, as available:
    a. Lumbar puncture
    b. Circumcision
    c. Urinary catheterization
    d. Venous blood draw
    e. Peripheral IV line insertion

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their 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 resident should:

1. Demonstrate understanding of indications for hospital admission, criteria for discharge and indications for transfer to higher levels of care.
2. Demonstrate appropriate use of physical exam maneuvers to investigate patient complaints and demonstrate appropriate interpretation of exam findings.
3. Demonstrate in-depth knowledge of medical conditions seen commonly in hospitalized children, including epidemiology, pathophysiology, signs/symptoms, diagnostics, therapeutics, complications and outcome/prognosis.
4. Demonstrate ability to develop nuanced differential diagnoses for patients admitted to the service.
5. Demonstrate consistent ability to apply medical knowledge to discrete patient care interactions to provide appropriate care.
6. Demonstrate understanding of indications for and interpretation of common testing, including:

   a. Chest and abdominal radiographs
   b. Non-contrast head CT
   c. Bone and joint radiographs
   d. Serum electrolytes, complete blood counts, transaminases and urinalysis
   e. Bacterial cultures
   f. Commonly-encountered viral testing
7. Demonstrate understanding of indications for, use of and potential complications of the following commonly-used inpatient therapies:
   a. IV fluids and electrolytes
   b. Supplemental oxygen
   c. Parenteral nutrition
   d. Parenteral analgesia
8. 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.
9. Demonstrate appropriate use of consultant services in patient management.
10. Demonstrate expectant management skills, i.e., more anticipatory rather than reactionary patient management.
11. Consistently provide accurate information to patients, families, staff and learners in terms tailored appropriately to each audience.
12. Demonstrate appreciation for providing consistently accurate information to patients, families, staff and learners in terms tailored appropriately to each audience; demonstrate effort to develop this skill.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in effective information exchange. Residents should:

1. Communicate well and work effectively with fellow residents, attendings, consultants, nurses, ancillary staff and referring physicians.
2. Provide timely communication with patients and families that is free of medical jargon.
3. Demonstrate appropriate bedside manner, listening skills and use of nonverbal communication.
4. Demonstrate effective teamwork.
5. Effectively communicate information via dictations, written medical records, patient presentations and handoffs.
6. Demonstrate guidance of interns in developing appropriate communication skills.
7. Coordinate orderly transfer of care to other services.
8. Demonstrate skill at assisting referring physicians with patient transfer to APH following guidelines for Transfer Center calls.
9. Appropriately use interpreters for patient/family communication.
10. Practice effective conflict resolution when appropriate.
11. Demonstrate ability to effectively counsel and educate patients and families.

COMPETENCY 4. Practice-based Learning and Improvement. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence to improve patient management, and demonstrate a willingness to learn from error. Residents should:

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

COMPETENCY 5. Professionalism. Demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and be sensitive to diversity. Have a responsible attitude toward their patients, their profession and society. Residents should:

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

COMPETENCY 6. Systems-Based Practice. Practice high quality healthcare that is cost-effective and advocate for patients within the health care system. Residents should:

1. Demonstrate effective participation in a multidisciplinary team approach to patient care.
2. Demonstrate judicious use of medical testing, imaging and procedures to achieve appropriate and timely diagnosis and treatment while avoiding overuse of resources.
3. Consistently and actively participate in health care team meetings with families.
4. Help patients and families navigate system complexities.
5. 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).
6. Demonstrate understanding of billing requirements and document appropriately.
7. Demonstrate coordination with subspecialty consultation.

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Content topics for study

a) Pulmonary disease
   i) Respiratory failure: differentiate causes of respiratory failure due to central nervous system, peripheral nervous system, neuromuscular junction, muscular, upper and lower airways and alveolar diseases.
   ii) Pulmonary infections
      (1) Pneumonia: viral causes
         (a) RSV
         (b) Influenza A and B
         (c) Measles
         (d) Adenovirus
         (e) CMV
      (2) Pneumonia: bacterial causes
         (a) Strep pneumonia
         (b) GAS/GABHS
         (c) H. Influenza
         (d) Staph aureus and Staph epi
         (e) Anaerobes
         (f) Gram negative enteric (pseudomonas)
      (3) Pneumonia: Fungal causes
         (a) Coccidiodes
         (b) Candida
         (c) Aspergillus
      (4) Pneumonia: Other
         (a) Mycoplasma
         (b) Chlamydia
         (c) PCP
         (d) Tuberculosis
   iii) Pulmonary edema: distinguish cardiac from non-cardiac causes including ARDS
   iv) Chronic diseases with frequent acute exacerbations
      (1) Asthma
      (2) Cystic fibrosis
      (3) BPD
   v) Upper Airway Disease
      (1) Croup
      (2) Epiglottis
      (3) Congenital anomalies
      (4) Foreign body
      (5) Iatrogenic injury
   vi) Miscellaneous
      (1) Atelectasis
      (2) Pneumothorax
b) Cardiovascular disease
   i) Shock: septic, cariogenic, hypovolemic, distributive types
   ii) Cardiopulmonary arrest and resuscitation
   iii) Dysrhythmia: sinus tachycardia vs. SVT, V-tach, V-fib and bradycardia
   iv) Congenital heart disease

v) Congestive heart failure

c) Fluids, electrolytes, metabolic
   i) Severe dehydration
   ii) Diabetic ketoacidosis
   iii) Syndrome of inappropriate antidiuretic hormone
   iv) Diabetes insipidus
   v) Salt wasting syndromes
   vi) Metabolic acidosis / alkalosis
   vii) Common intoxications, including acetaminophen, ASA, iron, Tricyclic antidepressants
d) Renal
   i) Acute and chronic renal failure
   ii) Hypertension
   iii) Glomerulonephritis / nephrotic syndrome
   iv) Common causes of obstructive uropathy
e) Gastrointestinal
   i) Massive GI bleeding; differentiating signs and causes of upper and lower tract disease
   ii) Abdominal trauma
   iii) Small bowel obstruction (include: intussusception, malrotation)
f) Hematologic and Oncologic
   i) Disseminated intravascular coagulopathy
   ii) Oncologic emergencies, including tumor lysis syndrome
   iii) Leukemia / lymphoma
   iv) Common solid malignancies including CNS
   v) Sickle cell crisis and other complications
   vi) Anemia / leukopenia / thrombocytopenia
g) Infectious disease
   i) Sepsis – most common organisms by age
   ii) Meningitis / encephalitis
   iii) Cellulitis / periorbital and orbital cellulitis / adenitis
   iv) Pneumonia / laryngotracheobronchitis / epiglottitis
   v) Nosocomial infections / line infections / shunt infections
   vi) Osteomyelitis / septic arthritis
   vii) Infections in AIDS patients
   viii) Urinary tract infections
h) Neurologic
   i) Head injury
   ii) Acute increased intracranial pressure
   iii) Cerebral edema
   iv) Status epilepticus
   v) Submersion injury
   vi) Cerebral palsy and other neurologic injury which complicate acute medical conditions
   vii) Shunt malfunction
   viii) Altered mental status
i) General
   i) Fever of unknown origin
   ii) Evaluation of pre- and post-op patients