

Interdisciplinary Experience Rotation Competency-Based Goals and Objectives

Name of Rotation	Interdisciplinary Experience
Duration	2 Weeks
Location	Ortho/Neuro (T3) & Acute Pediatrics (T5&6)
Where to Go on Day 1	Tower 5 Classroom at 0640. All nursing staff will gather in the classroom to attend the pre-shift huddle.
Rotation Director	Ronald Potocki DO & Millie Blau BSN, RN, CPN
Other Faculty	Stacy Stone, Angela Rojas, Felicia Pandey, Christina Salathe.
Other Requirements	None
Last Revision	07-2026

Introduction

During this rotation the fellow will have the opportunity to observe and collaborate closely with the interdisciplinary team including nursing, nurse leadership, as well as social work and case management. The fellow will gain insight into the bedside patient's progress, administering treatments, care coordination, and enhance their understanding of the multidisciplinary approach to patient care.

Daytime Schedule and Tasks

0700-1600	Week 1	Week 2
Monday	Intro to bedside care/ADR	Bedside care/ADR
Tuesday	PCC	Charge RN
Wednesday	Social work	Care Management
Thursday	AP Procedure Day	Other unit procedure day
Friday	Pharmacy	Pharmacy

- **Hours:** Monday-Friday (with a possible Sunday) week 1 0700-1600 with expectation to arrive by 0645.
- **Pre-rounds** Must be present by 0645 for bedside shift report.
- **Rounds:** Involved in Yellow Team rounds.

- **Patient Care/Follow-up:** Expectation is to assist with patient care, follow up and duties performed by the nursing and other multidisciplinary services.
- **Admissions/Transfers/Discharges:** Assist with complete admission process from ED and OSH, transfers from higher level of care, and discharge processes.
- **Documentation:** No required for due to varying EMR access and credentials. Will see the completed document reports and proper order entry for care coordination.
- **Communication:** Will report directly to the assigned multidisciplinary supervisor.
- **Patient Hand-offs:** Will be present for morning bedside shift report and other disciplines when applicable.
- **Conferences and Education:** Fellows are expected to attend conferences and are there any other educational expectations of the fellows during the rotation that will need to be completed. If there are conferences that conflict with the rotation times, this will be on a case-to-case basis.
- **Weekend Coverage:** Not required but will have weekend options available to observe and assist with NG placement for Motility Study Prep.

Team Organization

- Bedside nurse, nursing leadership, and care coordination.

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

The fellow Interdisciplinary experience emphasizes multidisciplinary care team communication, effective and efficient management of hospitalized children, and discharge planning. It should have a focus on system-based practice when caring for a hospitalized patient. This rotation will achieve this goal by providing time for the Fellow to be integrated into multiple critical team members that work in the inpatient setting including time shadowing and learning from bedside RNs, Social Workers, Respiratory therapists, Case Managers, and other staff. This will provide critical insight into the parts of the inpatient care system that physicians often do not see. It will provide a more robust understanding of the workflows and challenges faced by the ancillary staff that a Hospitalist works with every day.

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 competence and effective participation in team-based care.
- Evaluate necessity of labs and testing and when clustering of care can be accomplished.
- Recognize and intervene in urgent and emergent medical situations
 - Appropriately assess changes in patient clinical status.
- Perform or assist with the following procedures, as available:
 - Lumbar puncture
 - Placement and/or replacement of feeding tubes, including nasogastric, orogastric, and gastrostomy
 - Urinary Catheterization
 - Venous blood draw
 - Peripheral IV line insertion
 - Dressing wounds both sterile and non-sterile
- Perform or assist with the following, as available:
 - Completing admission process for a patient
 - Completing the discharge process including creating the AVS, Patient and family education and communication letters
 - Priming medications/fluids, setting up the pump, and programming the medication

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 understanding of indications for hospital admission, criteria for discharge and indications for transfer to higher levels of care.
- Demonstrate appropriate use of bedside assessment to investigate patient complaints and demonstrate appropriate interpretation of exam findings.
- Demonstrate knowledge of medical conditions for commonly seen pathologies in hospitalized children including 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 indication for, use of and potential complications of commonly used inpatient therapies:
 - IV fluids and electrolytes
 - Supplemental oxygen
 - Parenteral nutrition
 - Parenteral analgesia
 - Blood products
 - Common infusions (IVIGs, Remicade)
- Demonstrate knowledge of required monitoring for common therapeutic intervention.
- Consistently provide accurate information to patients, families, staff and learners in terms tailored appropriately to each audience.
- Understands indications for care management consultation.
- Gain proficiency in completing a bio psychosocial assessment, learning about the ED protocol, bereavement, ASC-3 (trauma screen), CRAFFT, CSSR, behavioral and mental health consults, abuse reporting.
- Anticipate discharge needs including writing DME orders and the process for non-emergent transfers

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, nurses, ancillary staff and referring physicians, rapid response team, care management team.
- 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 bedside handoff/report.
- Demonstrate guidance of other learners in developing appropriate communication skills.
- Coordinate orderly transfer of care for patients transferred to other services or higher level of care.
- Demonstrate effective communication with DCF, law enforcement, CPT.
- Understand crisis management and de-escalation intervention.

- 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 quality improvement, 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 interns/residents/students/nurses 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.

- Understand the importance of proper placement of patients, triage placement based on patient severity, and resource unitization.
- Gain insight into the importance of the Patient Care Coordinator, their function within the hospital system and how this plays a part in patient care.
- Comprehend unit protocol and what resources (including patient care policies) are available in the acute care setting.
- 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).

Content topics for study

- Mental Health
 - Suicide
 - Anorexia/Bulimia
 - ASD
 - Homicide (Aggressive)
 - Psychosis
 - LGBTQ+
 - PTSD
 - Functional Neurologic Disorder
- Common RN Bedside procedure
 - Dynamap
 - EKG
 - Pulse Ox/ABO
 - Oxygen set-up/administration
 - Phlebotomy/VAT Consultations
 - PCOT