

**COMPETENCY BASED CURRICULUM FOR PEDIATRIC RESIDENCY EDUCATION
INFANT AND CHILD INPATIENT CARE AT KCHC – RED TEAM JUNIOR RESIDENT**

ROTATION: INFANT AND CHILD INPATIENT SERVICE AT KCHC(infancy until 5 years age) – RED TEAM - Junior Resident

RESIDENTS: PL1 pediatric residents, FM-1 or FM-2 level residents in Family Medicine

Prerequisites: none

PATIENT CARE: Residents must be able to provide family-centered care for infants, children and adolescents who require intensive care. This care must be developmentally and age appropriate. The care must be compassionate and include effective treatment of the underlying current and potential future health and social problems confronting the patient and family.

GOAL I: Gathering Data by History or Interview. Learn to conduct effective interviews with parents and children at early developmental stages.

OBJECTIVES:

- a. Adapt communication strategies to specific clinical situations and settings.
- b. Demonstrate appropriate strategies for communicating based on child's age and developmental level.
- c. Select questions that appropriately address the presenting clinical problems.
- d. Ask open-ended questions to elicit maximum information combined with limited closed-ended questions to make interview more efficient.
- e. Make use of all resources in gathering information: parents, child, teachers, primary care providers.
- f. Avoid judgmental questions and responses
- g. Use openings, transitions and closures sensitively and effectively.
- h. Gather all pertinent information
 - a. History of present illness
 - b. Birth history
 - c. Past medical and surgical history
 - d. Developmental history
 - e. Nutrition history
 - f. Family history
 - g. Social history
 - h. Review of systems
- i. Summarize findings to verify or clarify.

GOALII: Gathering Data by Physical Examination. Understand how to perform an appropriate physical exam, demonstrate technical proficiency and sensitivity to needs of the child/parent and the clinical situation.

OBJECTIVES:

- a. Identify strategies for approaching children of different ages for physical examination,

including ways to put them at ease and gain their trust. Use an examination sequence most likely to result in a successful examination.

- b. Recognize clinical situations which require a rapid focused exam and those which allow for a complete and comprehensive exam.
- c. Demonstrate sensitivity to the needs of the child and parent when performing the exam.
- d. Demonstrate technical proficiency in the comprehensive examination of young infants, older infants, toddlers and young children.
 - a. Appropriate hand-washing and infection control
 - b. Effective use of observation
 - c. Complete each step of the exam in a technically proficient manner including appropriate use of diagnostic instruments
 - d. Pursue, confirm and explain abnormal findings
 - e. Record findings accurately
- e. Identify common and important abnormalities of all major organ systems
- f. Describe situations when parent should be excluded from the room and those that should be accompanied by another adult.

GOAL III: Continuum of Care. Understand the continuum of care for children with acute illness/injury, from initial presentation (office, clinic, ED), through acute hospital care (including transfer in and out of PICU), to discharge planning, home health services, and office follow-up care.

OBJECTIVES:

- a. For a representative sample of children and families, provide/participate in care across the full continuum of services, including:
 1. Presentation of acute illness by phone, clinic/office, ED
 2. Decision to admit to the hospital
 3. Inpatient acute care
 4. Decision to transfer to and out of the PICU
 5. Discharge planning to facilitate transition to home care
 6. Post hospital care (coordinating home health services, providing office/clinic follow-up care)
- b. Discuss for a given family and child the impact of each phase of care on final health care outcome, psychosocial impact of illness on child and family, and financial burden to family and health care system. Recognize the burdens of illness and limitations of health care resources in an underprivileged urban population.

GOAL IV: Diagnostic Testing. Understand the indications, limitations, and interpretation of common laboratory tests and imaging studies utilized in inpatient care.

OBJECTIVES:

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For each of the tests in the lists below:

- a. Explain the indications and limitations of each test and be aware of the age-appropriate normals.
- b. Interpret results and abnormalities in the context of specific physiologic derangements as well as the prevalence of disease in the community.
- c. Discuss therapeutic options for correction of abnormalities when appropriate.
- d. Understand the cost-effective use of diagnostic tests.
- e. Communicate orders appropriately to other healthcare staff.

Laboratory Tests

1. CBC with differential, platelet count, indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Renal function tests
4. Tests of hepatic function and damage
5. Serologic tests for infection (e.g., hepatitis, HIV)
6. CRP, ESR
7. Drug levels
8. Coagulation studies
9. Arterial, capillary, and venous blood gases
10. Cultures and rapid antigen tests for bacterial, viral, and fungal pathogens
11. Urinalysis
12. CSF analysis
13. Gram stain
14. Stool studies
15. Other tests as indicated by the individual patients' condition.

Imaging Studies

15. Chest, abdominal, neck, extremity and spine x-rays
16. Abdominal films
17. Lateral neck x-rays
18. Computerized tomography of head, chest, abdomen
19. Ultrasound of abdomen and pelvis
20. Echocardiogram
21. Nuclear scans of bone, kidneys, gallium
22. Magnetic resonance imaging
23. Other studies as indicated by the individual patients' condition.

GOAL V: Monitoring and Therapeutic Modalities. Understand the application of physiologic monitoring and special technology and treatment in the general inpatient setting.

OBJECTIVES:

- a. For the following types of monitoring, list techniques appropriate for age and clinical setting, describe indications and limitations, and interpret the results/measurement:
 1. Body temperature monitoring

2. Anthropomorphic measurement monitoring (weight, head circumference, girth)
 2. Cardiac monitoring
 3. Respiratory monitoring
 4. Pulse oximetry
 5. Blood pressure monitoring
 6. Fluid intake and output
- b. Participate in the daily care of "technology dependent" children and those who require parenteral hyperalimentation and enteral tube feedings; describe key issues for on-going management both in the hospital and at home.
 - c. Demonstrate the skills for assessing and managing pain as well as administering conscious sedation.
 - d. Justify procedures, obtain consent and explain risks, benefit, and alternatives for procedures (such as lumbar puncture, suprapubic tap, joint aspiration, central line).
 - e. Justify and be able to explain risks, benefits, and alternatives to treatment modalities (such as antibiotics, anticonvulsants, parenteral fluids and enteral nutrition, diuretics, cardiac drugs, respiratory medications, immunomodulators, etc.)
 - f. When using therapeutics:
 1. Consistently strive to keep up-to-date on efficacy information, contraindications, complications, costs.
 2. Recognize variables such as age, weight, co-existing conditions, allergies, drug interactions which may require modification of standard practices.
 3. Use correct procedures for instituting and monitoring therapy and response.
 4. Complete orders, prescriptions and maintain medical records properly.
 5. Discuss factors that may contribute to variations in pharmacokinetics
 6. Describe and take into consideration key factors that affect compliance
 - g. Discuss management options with and involve parents in the decision making process
 - h. Effectively utilize available resources including medical informatics (computers), libraries, and consultant specialists.

GOAL VI: Proficiency in Therapeutic and Technical Procedures. Demonstrate technical proficiency and appropriate use of procedures and technical skills required of general pediatricians.

OBJECTIVES:

- a. Maintain certification and proficiency
 1. Basic Life Support (BLS)
 2. Pediatric Advanced Life Support (PALS)
- b. For each of the following procedures:
 1. Perform procedure correctly using appropriate techniques and pain management.
 2. Counsel patient/parents about indications, contraindications, risks, benefits, and alternatives.
 3. Obtain informed consent where necessary for procedure and/or sedation.
 4. Provide proper documentation.
 - a. Incision and drainage/abscess aspiration
 - b. Topical Anesthesia

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- c. Arterial puncture
- d. Bladder catheterization
 - a. Suprapubic aspiration
 - b. Straight catheterization
 - c. Foley catheterization
- e. Developmental screening
- f. Electrocardiography
- g. Gastric suction/lavage
- h. Gastric tube placement
- i. History (comprehensive and focused) and physical exam
- j. Inhalation equipment use
- k. Injection/medication (including fluids and nutrients) delivery
 - a. IV/IM/SC/ID
 - b. Rectal
 - c. Inhalation/aerosol
- l. Intravenous line placement
- m. Lumbar puncture
- n. Mantoux testing
- o. Oxygen delivery systems
 - a. Physiologic monitoring - Blood pressure, temperature, HR, RR, O2 % saturation
- p. Pneumatic otoscopy
- q. Peak flow meter use
- r. Specimen collection and handling
- s. Sterile technique
- t. Transfusion of blood products
- u. Standard (universal) precautions and isolation requirements
- v. Venipuncture
- w. Wound care
- x. Interpretation of x-ray, nuclear, CT scan, MRI and ultrasound examinations
 - a. Head and neck
 - b. Chest
 - c. Abdominal
 - d. Pelvis
 - e. Extremities

MEDICAL KNOWLEDGE: Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, and the application of this knowledge to care of the critically ill infant, child and adolescent. The resident will demonstrate an investigatory and analytic thinking approach to clinical situations. The resident will critically evaluate and use current medical information and scientific evidence for patient care.

GOAL VII: Common Signs and Symptoms. Understand how to assess and manage common signs and symptoms associated with acute illness and hospitalization of infants and

young children.

OBJECTIVES:

- a. Perform an age-appropriate directed history and physical examination.
- b. Recognize physical findings and growth and development characteristics that are within range of normal versus those suggestive of pathology
- c. Generate a differential diagnosis with age appropriate considerations.
- d. Know clinical significance and pathophysiologic basis.
- e. Discuss indications for hospitalization.
- f. Formulate a plan for inpatient diagnosis and management.
- g. Identifies signs and symptoms indicating need for critical care.

Signs and symptoms

1. **General:** Failure to thrive, weight loss, fever without localizing signs, constitutional symptoms
2. **Cardiovascular:** Hypotension, hypertension, rhythm disturbance, syncope, heart murmur, cardiomegaly, shock
3. **Dermatologic:** Rashes, petechiae, purpura, ecchymoses, urticaria, edema, erythema, induration
4. **EENT:** Trauma, conjunctival injection, acute visual changes, edema, epistaxis, conjunctivitis, otalgia, throat pain, tonsillopharyngeal injection, exudates
5. **Endocrine:** Polydipsia, polyuria, bow legs, short stature, tetany, hypogonadism, disproportionate/excessive growth
6. **GI/Nutrition/Fluids:** Diarrhea, vomiting, dehydration, inadequate intake, dysphagia, regurgitation, abdominal pain, abdominal masses, hematemesis, hematochezia, melena, rectal bleeding, jaundice, ascites
7. **GU/Renal:** Hematuria, edema, decreased urine output, scrotal masses, dysuria
8. **GYN:** genital trauma, sexual assault, vaginal discharge, ambiguous genitalia, cryptorchidism
9. **Hematologic/Oncology:** Pallor, abnormal bleeding, lymphadenopathy, hepatosplenomegaly, masses, bone pain/swelling
10. **Musculoskeletal:** Bone and soft tissue trauma, limp, arthritis/arthritis, limb pain, skeletal anomalies
11. **Neurologic:** Seizure, headache, delirium, lethargy, weakness, ataxia, coma, head trauma, vertigo, irritability, meningismus, focal neurologic deficits
12. **Psychiatric/Psychosocial:** Acute altered mental status, conversion symptoms, child abuse or neglect
13. **Respiratory:** Increased work of breathing, cyanosis, apnea, dyspnea, tachypnea, wheezing, stridor, snoring, retractions, inadequate respiratory effort, cough, hemoptysis, chest pain, respiratory failure, pectus deformity

GOAL VIII: Common Conditions. Understand how to assess and manage common childhood conditions cared for in the inpatient setting.
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OBJECTIVES:

For the conditions in the list below:

- a. Describe criteria for admission to inpatient service.
- b. Formulate a plan for the inpatient evaluation, diagnosis, monitoring and treatment.
- c. Know the progression of the condition from presentation through improvement.
- d. Avoid unnecessary interventions and testing.
- e. Consider psychosocial implications and interactions.
- f. Describe criteria for discharge and principles of discharge planning.
- g. Arrange for appropriate discharge follow-up and outpatient therapy.
- h. Utilize medical information sciences to obtain current knowledge.

List of Common Conditions

1. **General:** Failure to thrive, fever of unknown origin
2. **Allergy/Immunology:** Acute exacerbation of chronic asthma, acute and significant hypersensitivity reactions/drug allergies, congenital immunodeficiency, acquired immunodeficiency (AIDS)
3. **Cardiac:** congenital heart disease, acquired heart disease (myocarditis, Kawasaki's), dysrhythmias
3. **Endocrine:** Diabetes, including DKA, congenital adrenal hyper/hypoplasia, inborn errors of metabolism
4. **GI/Nutritional/Fluids:** Gastritis/enteritis, including with dehydration, electrolyte abnormalities, and/or acidosis, gastroesophageal reflux, protein/carbohydrate malabsorption/intolerance, pyloric stenosis, Hirschsprung's Disease, intussusception, volvulus, malrotation, hepatitis
5. **GU/Renal:** UTI/pyelonephritis, nephrotic syndrome, glomerulonephritis
6. **Hematology/Oncology:** neutropenia, sickle cell crisis and other complications, thrombocytopenia, common malignancies, hemoglobinopathies, hemophilia
7. **Infectious Disease:** Cellulitis, periorbital and orbital cellulitis, cervical adenitis, pneumonia (viral or bacterial), laryngotracheobronchitis, meningitis (bacterial or viral), sepsis/bacteremia, osteomyelitis, septic arthritis, shunt or line infections, infections in AIDS patients
8. **Pharmacology/Toxicology:** Common drug poisoning
9. **Neurology:** Seizures, severely handicapped children with acute medical conditions, developmental delay
10. **Respiratory:** Apnea, airway obstruction, cystic fibrosis, congenital pulmonary anomalies, bronchopulmonary dysplasia
11. **Surgery:** Know how to diagnose, stabilize, and refer conditions generally requiring surgical evaluation.
 - a. Appendicitis
 - b. Biopsy
 - c. Fractures and dislocations
 - d. Gastrotomy tube placement
 - e. Central venous line placement
 - f. Intestinal obstruction repair

- g. Cryptorchidism
 - h. Genital urinary anomalies
 - i. Herniorrhaphy
 - j. Tonsillectomy and adenoidectomy
 - k. Tracheostomy
 - l. Congenital orthopedic anomalies
 - m. Ventriculoperitoneal shunt malfunction
 - n. Trauma (head, abdomen, etc.)
12. Pre- and post-op evaluation of surgical patients.
- a. Demonstrate knowledge about available surgical resources
 - b. Demonstrate ability to evaluate patients and provide medical clearance with regard to risk of anesthesia, bleeding, and possible respiratory complications.
 - c. Consult on post operative surgical patients with attention to fluid and electrolyte therapy, fever, stridor, bleeding, and other complications.

SYSTEMS-BASED PRACTICE: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents must practice quality health care and advocate for patients in the health care system.

GOAL IX: Patient Support and Advocacy. Understand how to provide sensitive support acutely to patients and families of children with acute critical illness, and arrange for on-going support and/or preventive services at discharge.

OBJECTIVES:

- a. Demonstrate awareness of the problems involved in the care of children requiring inpatient medical care with acute illness, multiple problems or chronic illness, and serve effectively as an advocate and case manager for such patients.
- b. Demonstrate respect, sensitivity and skill in dealing with the sick child, family and other health care professionals.
- c. Listen carefully to the concerns of families, and provide appropriate information and support.
- d. Identify and attend to issues such as growth and nutrition, developmental stimulation and rehabilitation during hospitalizations.
- e. Identify problems and risk factors in the child and the family even outside the scope of this inpatient admission (e.g., immunizations, social risks, developmental delay); appropriately intervene or refer
- f. Contact outside agencies as appropriate (Poison Control, FDA, CDCP, DOH, etc.)
- g. Demonstrate sensitivity to family, cultural, ethnic, and community issues when assessing patients and making health care plans.
- h. Facilitate the transition to home care by appropriate discharge planning and parental/child education.
- i. Act as a patient advocate by seeking appropriate responses to address patient's and family's problems and needs.

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- j. When there are competing options and/or other constraints on therapy, base decisions on the overall best interest of the whole patient and his/her functional status and the family's needs and limitations.
- k. Maintain a problem list towards which care plans are addressed.
- l. Know how to work with health care managers and health care providers to assess, coordinate and improve care and know how these activities can affect system performance.
- m. Know how to advocate for the promotion of health and the prevention of disease seen in neonatology in the general population.

GOAL X: Financial Issues and Cost Control. Understand key aspects of cost control, billing, and reimbursement in the PICU setting.

OBJECTIVES:

- a. Demonstrate familiarity with the common aspects of hospitalization cost, including pre-authorization, concurrent review, and discharge planning.
- b. Develop an awareness of costs of inpatient care and its impact on families.
- c. Practice appropriate utilization of consultants and other resources.
- d. Show concern for financial circumstances of the patient and refer for social service support as needed.
- e. Know approximate costs of hospital care, devices, medications, supplies
- f. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs, assuring quality and allocating resources.
- g. Practice cost-effective health care and resource allocation that does not compromise quality of care

INTERPERSONAL AND COMMUNICATION SKILLS: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

GOAL XI: Communication. Understand and appreciate the basic principles of effective communication with children and families.

OBJECTIVES:

- a. Consider the following during communication with children and family:
 - a. Learning style
 - b. Developmental stage of patient and family
 - c. Educational level of family
 - d. Cultural, ethnic, socioeconomic issues
 - e. Language barriers
 - f. Hearing, vision, speech impairments
 - g. Health and religious beliefs

- h. Personal factors
- b. Non-verbal communication skills and cues
- c. Need to negotiate effectively
- d. Listen, avoid interruptions and allow for periods of silence
- e. Demonstrate empathy, reassurance, encouragement and supportive communication
- f. Respond non-defensively and non-judgmentally
- g. Avoid medical jargon
- h. Attend to privacy and confidentiality
- i. Verify understanding
- j. Create and sustain a therapeutically and ethically sound relationship with parents
- k. Work effectively with others as a member of a health care team
- l. Be able to act in a consultative role to other physicians and health care professionals

GOAL XII: Medical Records. Understand how to maintain accurate, timely, and legally appropriate medical records in the hospital inpatient setting.

OBJECTIVES:

- a. Maintain notes which clearly document the patient's diagnoses, progress, relevant investigations, plan and the need for continued hospitalization.
- b. Appropriately select those cases when more frequent than daily documentation is required.
- c. Document precisely and concisely.
- d. Prepare appropriate discharge summaries and off-service notes, including written communication with the primary care provider.
- e. Indicate in notes contacts with consultants and supervisors especially noting involvement of the attending of record.
- f. Participate in chart audits as part of a quality assurance process: describe how this process can improve charting and patient care.

GOALXIII: Teaching. Understand the methods for teaching to students, peers, parents, patients, and other members of the healthcare

OBJECTIVES:

- a. Demonstrate familiarity with principles of adult learning
- b. Be responsible for teaching of peers, parents, healthcare staff and medical students
- c. Participate in group educational activities
- d. Prepare topic presentations for small groups and when directed for large group patient management conferences and morning report
- e. Give and receive feedback in order to improve performance and change behaviors
- f. Participate in formative and summative evaluations

PRACTICE-BASED LEARNING AND IMPROVEMENT: Residents must be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.

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GOAL XIV: Performance Improvement. Residents will participate in the analysis of their own and other's practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:

1. The learner will analyze his/her practice experience to recognize one's strengths, deficiencies and limits in knowledge and expertise. He/she will use evaluations of performance provided by peers, patients, and superiors to improve practice. Residents are expected to acknowledge medical errors and develop mechanisms to prevent them.
2. Residents will be able to locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and apply principles of evidence-based medicine.
3. Residents will obtain and use information about their own population of patients and the larger population from which their patients and families are drawn.
4. Knowledge of study design and statistical methods will be attained and applied to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
5. Information technology will be used to manage information, access on-line medical information and support their education in the course of the pediatric intensive care experience.
6. Residents will facilitate the learning of students, parents, families and other health care professionals.

Goal: Residents will become proficient in aspects of systems-based practice and practice-based learning and improvement through experiential learning as an integral component of their inpatient rotation.

Needs Assessment:

The ACGME, the American Board of Pediatrics as well as other accrediting bodies and licensing agencies have established core competencies for physicians in-training to achieve. Among these competencies are systems-based practice and practice-based learning and improvements. To achieve competency in systems-based practice residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. To achieve competency in practice-based learning and improvement residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices

Objectives:

1. Residents will know the philosophy behind continuous quality improvement/total quality management.
2. Residents will understand the importance of team work and collaboration among all levels and disciplines of the healthcare staff.
3. Residents will be able to participate in identifying better ways of doing things and areas in need of improvement.

4. Residents will learn how to communicate and cooperate with different levels and disciplines of the healthcare staff and with different departments in order to optimize healthcare services and patient care activities.
5. Residents will use evidence-based medicine skills in addressing performance improvement activities.
6. Residents will utilize the PDCA (plan, do, check, act) methodology as a simple and measurable process for achieving performance improvements.
7. Residents will know standards of care relative to identified problems and participate in development of standards and monitoring and evaluation activities.
8. Residents will demonstrate the ability to use data to make informed decisions and recommendations.
9. Residents will show concern and take responsibility for making improvements which affect patients, healthcare providers, healthcare facilities and themselves.

Methods:

During the course of inpatient rotations at KCHC and UHB, each resident will engage in a performance improvement project for at least 5 half-day sessions. In general, these sessions will occur on the same day the resident has continuity clinic, but final assignments will be made by designated chief residents. Residents will work collaboratively with and be assisted by the multidisciplinary members of the healthcare team including but not limited to administration, nursing and medical staff. Under the guidance and supervision of pediatric hospitalists as assigned by the Site Director, the resident is expected to:

1. Identify a problem or area in need of improvement.
2. Research the problem and determine appropriate standards.
3. Appraise existing literature and determine strength of existing evidence.
4. Communicate findings with other members of the healthcare team and with supervising attendings.
5. Implement suggestions for improvement.
6. Utilize available information technology and information management tools.
7. Measure and evaluate results of implemented improvements using appropriate data analysis tools.
8. Recommend additional changes or corrections as needed.
9. Present results of the quality improvement activity to their inpatient team and supervising attending(s).

Additional resources:

Reference articles provided

Evaluation:

Performance improvement activities including project methodology, intervention, results and presentation will be evaluated by supervising attending(s), peers and other healthcare providers. Ongoing formative evaluation will be provided by the supervising attending(s). Summative evaluation will be part of the monthly rotation evaluation. Performance improvement project reports will be retained as part of the resident's competency portfolio and will be subject to

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evaluation by program leadership to determine competency. Residents will be encouraged to submitted significant improvement projects for publication where feasible.

PROFESSIONALISM: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

GOAL XV: Personal Attitude. Understand the need to function professionally and responsibly.

OBJECTIVES:

- a. Accept responsibility for patient care and continuity of care
- b. Demonstrate respect, honesty, integrity compassion, and empathy
- c. Be responsive to the needs of patients and society that supercedes self-interest
- d. Be accountable to patients, society, and the profession
- e. Demonstrate a commitment to excellence and on-going professional development
- f. Respect patient and family privacy and autonomy
- g. Demonstrate high standards of ethical behavior with a commitment to ethical principles pertaining to clinical care, confidentiality, informed consent, and business practices
- h. Demonstrate sensitivity and responsiveness to patients'/families' and colleagues' culture, gender, age, disabilities, ethnicity, sexual orientation
- i. Recognizes hierarchal authority
- j. Effectively balance common sense, clinical impressions, anecdotal information and intuition
- k. Respect the roles of and interact well with peers, faculty, nursing and other health care providers
- l. Function well as a member of the healthcare team
- m. Accepts feedback, suggestions and criticisms; acknowledges mistakes and makes every effort to correct
- n. Cooperates effectively
- o. Feels competent but accurately acknowledges appropriate limits of ability, skills and knowledge
- p. Recognize limits of tolerance for stress and ask for help as needed
- q. Seeks assistance when needed and not when unnecessary
- r. Accepts responsibility for own education and professional development
- s. Demonstrates initiative and interest in self-directed learning
- t. Likes his/her patients and pediatrics
- u. Behave in a reliable, dependable, trustworthy and responsible manner
- v. Is punctual and completes all duties and responsibilities in a timely manner, and is readily available and willing to participate in all clinical and educational activities

COMPETENCIES

GOAL: Pediatric Competencies in Brief: Demonstrate high standards of professional competence while working with patients on the Inpatient Service.

Competency 1: Patient Care.

PGY1 pediatric residents on the in-patient rotation should be able to do the following with adequate supervision as needed:

a) Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

b) Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating:

1. Careful data collection and synthesis
2. Appropriate orders for vital signs, I & Os, medications, nutrition, activity
3. Well thought-out daily care plans
4. Good clinical judgment and decision-making
5. Execution of careful discharge plans (orders, patient education, followup)

c) Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.

d) act with increasing independence to initiate and develop expertise in daily care plans

Competency 2. Medical Knowledge.

Pediatric residents should

a) Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

b) Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.

c) Learn to independently access medical information efficiently, learns to evaluate it critically, and apply it to inpatient care appropriately.

Competency 3: Interpersonal Skills and Communication.

With supervision as needed, residents should:

a) Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

b) Learn to provide effective patient education, including reassurance, for condition commonly seen on the inpatient service.

c) Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians).

d) Maintain accurate, legible, timely and legally appropriate medical records.

Competency 4: Practice-based Learning and Improvement.

With supervision, residents should

a) Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.

b) Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting. This includes preparing and presenting EBM-based presentations for case presentations on rounds and/or in morning report

c) Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism.

Residents should:

a) Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

b) Demonstrate personal accountability to the well being of patients (e.g., following-up on lab results, writing high quality notes, and seeking answers to patient care questions).

c) Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

d) Adhere to ethical and legal principles, and sensitivity to diversity while providing care in the inpatient setting.

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Competency 6: Systems-Based Practice.

Residents should

- a) Learn to practice high-quality health care and advocate for patients within the context of the health care system.
- b) Identify key aspects of health care systems and cost control in the inpatient setting.
- c) When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.
- d) Take steps to avoid medical errors; work with the health care team to recognize and address systems errors.

METHODS

- a. Serve at the primary caretaker for patients admitted or transferred to the Pediatric Intensive Care Unit at KCHC on a team consisting of 3 PL2 or equivalent, 1 PL3 senior resident, 1 PL3 night shift senior, 1 attending physician.
- b. Be prepared to attend and participate in resuscitations in children anywhere in the hospital including the wards, the ED, the OPD
- c. Attend and participate in departmental conferences as possible
 - a. Resident’s Conferences
 - b. Grand Rounds
 - c. Patient Management Conferences
 - d. Radiology Conferences
 - e. Morning Report
 - f. Morbidity and Mortality Conferences
- d. Attend rounds and present and discuss patients
 - a. Work Rounds
 - b. Attending Rounds
 - c. Subspecialty service rounds and consultations
 - d. Weekly discharge planning rounds
 - e. Psychosocial or Ethics Rounds as needed
 - f. Monthly Interdisciplinary Performance Improvement Meeting
 - g. Sign-out Rounds
- e. Self-directed learning activities and literature search (internet connection available in unit)
- f. Small group learning activities with the unit team

EVALUATION

There will be ongoing formative feedback throughout all activities by all supervisory staff. At the end of the rotation, the attending physician will constructively discuss the final summative evaluation with the resident. Both the attending and the resident are expected to sign the written evaluation form attesting to the fact that the content was discussed. The supervising faculty will subsequently discuss the resident’s performance at the monthly house staff affairs committee meeting attended by the program director (or designee) and representative faculty.

- a. Observation for attainment of objectives by:
 - a. Senior residents
 - b. Chief residents

- c. Supervising attending faculty
- b. Review of medical records by:
 - a. Senior residents
 - b. Chief residents
 - c. Supervising attending faculty
- c. Presentations during various rounds and conferences
- d. Participation in discussions during rounds and small-group activities
- e. Demonstration of attributes of professionalism
- f. Pre and post rotation quiz performance
- g. In-training examination performance
- h. Successful performance of procedures and documentation
- i. Nursing, patient and family member comments including compliments and complaints
- j. Patient outcomes
- k. Involvement in total quality management: performance improvement (QA) trending files, incident reports, risk management reports

The resident is expected to complete and submit an evaluation of the rotation, peers and teaching faculty at the conclusion of the rotation. This evaluation may be submitted anonymously and confidentially.