ROTATION: INFANT, CHILD AND ADOLESCENT INPATIENT SERVICE AT KCHC – Senior Resident (weekdays) and Senior Supervisory In- hospital Resident (Night Shift, on-call and on weekends).

RESIDENTS: Pediatric Residents at the PL3 level

Prerequisite: Satisfactory completion or waiver of PL2 training year, completing 3 years of training or being in the final year of training, satisfactory performance on junior resident rotation in the PICU, maintenance of PALS certification.

PATIENT CARE: Residents must be able to provide family-centered care for children and adolescents who require inpatient 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. Assure junior resident conduct effective interviews with parents and children at late childhood and adolescent developmental stages.

OBJECTIVES:

a. Assure junior residents 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. Obtain and interpret detailed history from adolescent patients including health concerns, social history, sexual history, etc.
f. Make use of all resources in gathering information: parents, patient, teachers, primary care providers.
g. Avoid judgmental questions and responses
h. Use openings, transitions and closures sensitively and effectively.
i. Assure that necessary information is gathered
    1. History of present illness
    2. Birth history
    3. Past medical and surgical history
    4. Developmental and school performance history
    5. HEADSS history
    6. Nutritional history
    7. Family history
    8. Social history
    9. Review of systems
    10. Summarize findings to verify or clarify.

GOAL II: Gathering Data by Physical Examination. Demonstrate and assure junior residents 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. Demonstrate 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. Describe ways to modify the approach to examination with an uncooperative child.
c. Act on clinical situations which require a rapid focused exam and those which allow for a complete and comprehensive exam.
d. Demonstrate sensitivity to the needs of the child and parent when performing the exam.
e. Demonstrate technical proficiency in the comprehensive examination of infants, children and adolescents and develop proficiency in junior residents.
    1. Appropriate hand-washing and infection control
    2. Effective use of observation
    3. Complete each step of the exam in a technically proficient manner including appropriate use of diagnostic instruments
    4. Perform gender specific and age appropriate exam
    5. Pursue, confirm and explain abnormal findings
    6. Assure that junior residents record findings accurately
    7. Identify common and important abnormalities of all major organ systems (e.g. recognize range of normal for given ages).
    8. Describe findings in terms of anatomy and physiology.
    9. Enforce situations when parent should be excluded from the room and those that should be accompanied by another adult.
    10. Respect patient privacy and need to not damage the child's self-image.
    11. Discuss consent and confidentiality with respect to treating adolescent patient and parental involvement. Discuss when confidentiality should be abrogated.

GOAL III: Monitoring and Therapeutic Modalities. Assure that junior residents 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 assure use of techniques appropriate for age and clinical setting, describe indications and limitations, and assist junior residents in interpreting the results/measurement:
    1. Body temperature monitoring
    2. Anthropomorphic measurement monitoring (weight, head circumference, girth)
    3. Cardiac monitoring
    4. Respiratory monitoring
    5. Pulse oximetry
    6. Blood pressure monitoring
    7. Fuid intake and output

b. Coordinate 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. Supervise junior residents in justifying procedures, obtaining consent and explaining risks, benefit, and alternatives for procedures (such as lumbar puncture, suprapubic tap, joint aspiration, central line).

e. 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 plans with junior residents and assure they understand basis for clinical decision making and approach to patient managment

h. Discuss management options with and involve parents in the decision making process

i. Effectively utilize available resources including medical informatics (computers), libraries, and consultant specialists.

GOAL IV: 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. Teach junior residents to perform procedure correctly using appropriate techniques and pain management.
2. Counsel patient/parents about indications, contraindications, risks, benefits, and alternatives.
3. Assist juniors in obtaining informed consent where necessary for procedure and/or sedation.
4. Teach and supervise junior residents, medical students and other healthcare workers.
5. Provide proper documentation and supervise documentation by junior residents.

a. Incision and drainage/abscess aspiration

b. Anesthesia

a. Conscious sedation
b. Topical anesthesia

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. IM/SC/ID
    b. Intravenous
    c. Rectal
    d. Inhalation/aerosol
l. Intravenous line placement
m. Lumbar puncture
n. Mantoux testing
o. Oxygen delivery systems
p. Physiologic monitoring
    a. Blood pressure
    b. Body temperature
    c. Cardiac
    d. Respiratory
    e. Oximetry
q. Pneumatic otoscopy
r. Peak flow meter use
s. Specimen collection and handling
t. Sterile technique
u. Transfusion of blood products
v. Standard (universal) precautions and isolation requirements
w. Venipuncture
x. Wound care
y. Interpretation of x-ray, nuclear, CT scan, MRI and ultrasound examinations
    a. Head and neck
    b. Chest
    c. Abdominal
    d. Pelvis
    e. Extremities

GOAL V: 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 and coordinate 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.

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 sick 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 VI: Common Signs and Symptoms. Understand how to assess and manage common signs and symptoms associated with illness and hospitalization of children, pre-adolescents and adolescents.

OBJECTIVES:

a. Perform an age-appropriate directed history and physical examination and supervise junior resident in performing these skills.
b. Recognize and identify physical findings and growth and development characteristics that are within range of normal versus those suggestive of pathology
c. Assist junior residents in formulating a differential diagnosis with age appropriate considerations.
d. Know clinical significance and pathophysiologic basis for disease.
e. Evaluate indications for hospitalization.
f. Supervise junior residents in formulating a plan for inpatient diagnosis and management.
g. Identify signs and symptoms indicating need for critical care.

Signs and symptoms (Inpatient)

1. **General:** Growth failure, weight loss, fever without localizing signs, constitutional symptoms (such as malaise, fatigue, lethargy, anorexia)

2. **Cardiovascular:** Hypotension, hypertension, rhythm disturbance/palpitation, syncope, heart murmur, cardiomegaly, shock
3. **Dermatologic:** Rashes, petechiae, purpura, ecchymoses, urticaria, edema, erythema, induration, pruritis, acne
4. **EENT:** Trauma, conjunctival injection, hyphema, acute visual changes, edema, epistaxis, conjunctivitis, otalgia, hearing loss, throat pain, tonsillopharyngeal injection, exudates
5. **Endocrine:** Polydipsia, polyuria, bow legs, short stature, tetany, hypogonadism, disproportionate/excessive growth, premature or delayed puberty, hirsuitism, gynecomastia
6. **GI/Nutrition/Fluids:** Diarrhea, vomiting, dehydration, inadequate intake, dysphagia, regurgitation, abdominal pain, abdominal masses, hematemesis, hematochezia, melena, rectal bleeding, jaundice, ascites, constipation
7. **GU/Renal:** Hematuria, edema, decreased urine output, scrotal masses, dysuria
8. **GYN:** genital trauma, sexual assault, abnormal vaginal bleeding/discharge, ambigious genitalia, cryptorchidism, dysmenorrhea, amenorrhea, priapism
9. **Hematologic/Oncology:** Pallor, abnormal bleeding, lymphadenopathy, hepatosplenomegaly, masses, bone pain/swelling
10. **Musculoskeletal:** Bone and soft tissue trauma, limp, arthritis/arthralgia, 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, drug overdose, depression
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 VII: Common Conditions. Understand how to assess and manage common childhood and adolescent conditions cared for in the inpatient setting.

OBJECTIVES:
For the conditions in the list below:

a. Describe criteria for admission to inpatient service.
b. Formulate and explain to junior residents a plan for the inpatient evaluation, diagnosis, monitoring and treatment.
c. Know the progression of the condition from presentation through improvement.
d. Assist junior residents in avoiding unnecessary interventions and testing.
e. Assure consideration of psychosocial implications and interactions.
f. Describe criteria for discharge and principles of discharge planning.
g. Assure 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, rheumatic heart disease), dysrrhythmias
4. **Endocrine:** Diabetes, including DKA, congenital adrenal hyper/hypoplasia, inborn errors of metabolism
5. **GI/Nutritional/Fluids:** Gastritis/enteritis, including with dehydration, electrolyte abnormalities, and/or acidosis, gastroesophageal reflux, protein/carbohydrate malabsorption/intolerance, duodenal hematoma, Hirschsprung's Disease, intussusception, volvulus, malrotation, hepatitis, eating disorders, obesity
6. **GU/Renal:** UTI/pyelonephritis, nephrotic syndrome, glomerulonephritis, renal failure/transplant
7. **Gynecology:** cervical dysplasia, pregnancy, sex abuse
8. **Hematology/Oncology:** neutropenia, sickle cell crisis and other complications, thrombocytopenia, common malignancies, hemoglobinopathies, hemophilia, anemia
9. **Infectious Disease:** Cellulitis, periorbital and orbital cellulitis, cervical adenitis, pneumonia (viral or bacterial), laryngotracheobronchitis, meningitis (bacterial or viral), sepsis/bacteremia (including newborns), osteomyelitis, septic arthritis, shunt or line infection, infections in AIDS patients, sexually transmitted diseases, tuberculosis, PID
10. **Neurology:** Seizures, severely handicapped children with acute medical conditions, developmental delay
11. **Pharmacology/Toxicology:** Common drug poisoning or overdose, substance abuse
12. **Psychosocial:** substance abuse (alcohol, tobacco, drugs), sexual abuse, depression, suicide, behavioral/conduct disorders, violence, risk-taking behaviors, self-image disorders
13. **Respiratory:** Apnea including sleep disordered breathing, airway obstruction, cystic fibrosis, complicated asthma, congenital pulmonary anomalies, complicated/recurrent/persistent pneumonia, acute chest syndrome, smoke inhalation
14. **Surgery:** Know how to diagnose, stabilize, and refer conditions generally requiring surgical evaluation.
    a. Appendicitis
    b. Biopsy
    c. Dental restoration
    d. Exploratory laporatomy
    e. Fractures and dislocations
    f. Gastrotomy tube placement
    g. Central venous line placement
    h. Intestinal obstruction repair
    i. Cryptorchidism
    j. Genital urinary anomalies
    k. Herniorrhaphy
    l. Tonsillectomy and adenoidectomy

m. Airway reconstruction
n. Congenital orthopedic anomalies
o. Ventriculoperitoneal shunt malfunction
p. Trauma (head, abdomen, etc.)

15. 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.

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

OBJECTIVES:
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. Assist junior residents in interpreting results and abnormalities in the context of specific physiologic derangements as well as the prevalence of disease in the community.
c. Determine therapeutic options for correction of abnormalities when appropriate.
d. Assure the cost-effective use of diagnostic tests.
e. Assure junior residents 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, syphilis, EBV, etc.)
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.
16. PPD Interpretation
17. Pregnancy testing

Imaging Studies

1. Chest, abdominal, neck, extremity spine x-ray
2. Abdominal films
3. Lateral neck x-ray
4. Computerized tomography of head, chest, abdomen
5. Ultrasound of abdomen and pelvis
6. Echocardiogram
7. Nuclear scans of bone, kidneys, gallium
8. Magnetic resonance imaging
9. Other studies as indicated by the individual patients' condition

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 IX: Communication Skills. Understand and appreciate the basic principles of effective communication with children and families.

OBJECTIVES:

a. Demonstrate and teach the following considerations for communication with children and families:
    1. Learning style
    2. Developmental stage of patient and family
    3. Educational level of family
    4. Cultural, ethnic, socioeconomic issues
    5. Language barriers
    6. Hearing, vision, speech impairments
    7. Health and religious beliefs

8. Personal factors
9. Demonstrate non-verbal communication skills and cues
10. Explain need to negotiate effectively
11. Listen, avoid interruptions and allow for periods of silence
12. Demonstrate empathy, reassurance, encouragement and supportive communication
13. Respond non-defensively and non-judgmentally
14. Avoid medical jargon
15. Attend to privacy and confidentiality
16. Verify understanding
17. Create and sustain a therapeutically and ethically sound relationship with parents
18. Work effectively as a leader of other members of a health care team
19. Coordinate exchange of information among members of the healthcare team, especially between day shifts, on-call coverage and night shifts.
20. Be able to act in a consultative role to other physicians and health care professionals

GOAL X: Medical Records. Assure junior residents maintain accurate, timely, and legally appropriate medical records in the hospital inpatient setting.

OBJECTIVES:

a. Supervise junior residents in maintaining notes which clearly document the patient's diagnoses, progress, relevant investigations, plan and the need for continued hospitalization.
b. Appropriately identify those cases when more frequent than daily documentation is required.
c. Assure junior residents document precisely and concisely.
d. Assure preparation of appropriate discharge summaries and off-service notes, including written or telephone 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.

GOALXI: Teaching. Effectively utilize the methods for teaching to students, junior residents, parents, patients, and other members of the healthcare

OBJECTIVES:

a. Utilize principles of adult learning
b. Be responsible for teaching of junior residents, parents, healthcare staff and medical students
c. Coordinate and 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 of junior residents and students

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. Provide sensitive support 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 unique problems involved in the care of children with serious acute illness, multiple problems or chronic illness, and serve effectively as an advocate and case manager for such patients.
b. Demonstrate sensitivity and skills in dealing with death and dying in the hospital setting.
c. Listen carefully to the concerns of patients and families, and provide appropriate information and support.
d. Identify and attend to issues such as growth and nutrition, developmental stimulation, and schooling during hospitalizations.

e. Identify problems and risk factors in the child and the family, even outside the scope of his 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. Coordinate and facilitate the transition to home care by appropriate discharge planning and parental/child education.
j. Act as a patient advocate by assuring appropriate responses to address patients' and family's problems and needs.
k. With junior residents, 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.
l. Assure junior residents maintain a problem list towards which care plans are addressed.
m. Work with health care managers and health care providers to assess, coordinate and improve care and know how these activities can affect system performance.
n. Advocate for the promotion of health and the prevention of disease.

GOAL XIII: Financial Issues and Cost Control. Know key aspects of cost control, billing, and reimbursement in the hospital inpatient setting.

OBJECTIVES:

a. Utilize the common mechanisms of inpatient cost control in managed care settings, including pre-authorization, concurrent review, and discharge planning.
b. Develop an awareness of costs of inpatient care and its impact on families.
c. Coordinate 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
h. Know the principles of hospital reimbursement for care and coding and billing strategies

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

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:

a. Analyze practice experience of self and of junior residents to recognize strengths, deficiencies and limits in knowledge and expertise. 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.
b. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and apply principles of evidence-based medicine.
c. Obtain and use information about the population of patients and the larger population from which the patients and families are drawn.
d. 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.
e. 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.
f. Facilitate the learning of junior residents, students, parents, families and other health care professionals as well as the recognition of individual limitations and ways to improve

GOALXV: Professionalism. Understand the need to function professionally and responsibly.

COMPETENCIES

GOAL: Pediatric Competencies in Brief: Demonstrate high standards of professional competence while working with patients on the Inpatient Service.
Competency 1: Patient Care. Pediatric residents on the in-patient rotation should be able to do the following with 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
c) 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

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 e) learn to perform procedures independently f) gain expertise in managing acute patient care situations which arise on the floor g) function independently during night-float, with attending supervision from home as needed.
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) Develop effective strategies for teaching students, colleagues, other professionals and
e) 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. d) teach medical students, sub-interns and junior house staff
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.
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.
e) Be involved with performance-improvement committees, as well as other improvement efforts of the hospital system, and should investigate QA issues that come up on the in-patient service.

OBJECTIVES:

a. Accept responsibility for patient care and continuity of care
b. Take responsibility for the actions of those being supervised
c. Demonstrate respect, honesty, integrity compassion, and empathy
d. Be responsive to the needs of patients and society that supercedes self-interest
e. Be accountable to patients, society, supervising physicians and the profession
f. Demonstrate high standards of ethical behavior with a commitment to ethical principles pertaining to clinical care, confidentiality, informed consent, and business practices
g. Demonstrate sensitivity and responsiveness to patients'/families' and colleagues' culture, gender, age, disabilities, ethnicity, religion, sexual orientation
h. Reads current literature
i. Recognizes hierarchal authority
j. Effectively balances common sense, clinical impressions, anecdotal information and intuition
k. Respects the roles of and interacts well with peers, faculty, nursing and other health care providers
l. Functions well as a leader of the healthcare team
m. Accepts feedback, suggestions and criticisms
n. Seeks assistance when needed and not when unnecessary
o. Accepts responsibility for own education and professional development
p. Participates in teaching medical students, peers and junior residents
q. Likes his/her patients and pediatrics
r. Behave in a reliable, dependable, trustworthy and responsible manner

METHODS

a. Serve at the team leader for the Child/Adolescent Unit at KCHC.
    1. Daytimes weekdays
b. Serve as the senior supervising inpatient physician
    1. Short calls every 3rd to 4th night
    2. Weekend days and overnight calls several times per month
    3. Night shift
c. Attend and participate in departmental conferences
    1. Resident's Conferences
    2. Grand Rounds
    3. Patient Management Conferences
    4. Radiology Conferences
    5. Morning Report
    6. Morbidity and Mortality Conferences

d. Attend rounds and present and discuss patients
1. Work Rounds
2. Attending Rounds
3. Subspecialty service rounds and consultations
4. Chief Resident Rounds
5. Sign-out Rounds
6. Self-directed learning activities and literature search
7. Small group learning activities with the unit team
8. Documentation in the medical record

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 its content were 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:
1. Junior residents
2. Chief residents
3. Supervising attending faculty

b. Review of medical records by:
1. Chief residents
2. Supervising attending faculty
3. Presentations during various rounds and conferences
4. Participation in discussions during rounds and small-group activities
5. Demonstration of attributes of professionalism
6. In-training examination performance
7. Successful performance of procedures and documentation
8. Nursing, patient and family member comments including compliments, complaints and use of 360 degree evaluation cards
9. Patient outcomes
10. 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.