

SYNOPSIS OF RULES AND REQUIREMENTS

**State University of New York
Downstate Medical Center
(Health Science Center at Brooklyn)
Brooklyn, New York**

Department of Pediatrics

Pediatric Residency Training Program

Stanley Fisher, M.D., Chairman
Stephen Wadowski, M.D., Vice Chair for Education, Residency Program Director
Amy Suss, M.D., Sr. Associate Program Director
Laura Dattner, M.D., Associate Program Director
Christina Guillen, M.D., Associate Program Director
Margherita Rotondi-Eisenberg, Residency Coordinator
Darrel Banks, Associate Coordinator
Joyce Smith, Assistant Coordinator

The American Board of Pediatrics and the American Academy of Pediatrics define pediatrics and pediatrician as follows:

Pediatrics is the specialty of medical science concerned with the physical, emotional, and social health of children from birth to young adulthood. Pediatric care encompasses the broad spectrum of health services ranging from preventive help care to the diagnosis and treatment of acute and chronic diseases.

Pediatrics is a discipline that deals with biological, social, and environmental influences on the developing child and when the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, and metabolically.

The pediatrician understands this constantly changing functional status of his/her patients incident to growth and development and the consequent changing standards of "normal" for age.

A pediatrician is a medical specialist who is primarily concerned with the health, welfare, and development of children and is uniquely qualified for these endeavors by virtue of interest and initial training. Maintenance of these competencies is achieved by experience, training, and continuous education.

A pediatrician is able to define accurately the child's health status as well as to serve as a consultant and to make use of other specialists as consultants. Because the child's welfare is heavily dependent on the home and family, the pediatrician supports efforts to create a nurturing environment. Such support includes education about healthful living and anticipatory guidance for patients and parents.

A pediatrician participates at the community level in preventing or solving problems in child health care and publicly advocates the cause of children.

Residents in the Pediatrics Training Program at S.U.N.Y. Downstate will acquire the requisite knowledge, skills, and attitudes expected of a well-trained pediatrician able to provide excellent and compassionate care. This will be accomplished through abundant diverse clinical experiences, didactics, rounds, role modeling, teaching, research, review of current literature, advocacy and interpersonal interactions. Progress will be determined by a demonstrated clinical competence with particular attention to the following components defined by the A C G M E: medical knowledge, interpersonal skills and communication, professionalism, practice-based learning and improvement, systems-based practice, and patient care. For residents in our training program our aim is to see to it that you complete the program as well-qualified and competent pediatricians. We will do whatever we can to help you succeed. When you do well, the program does well.

The following summary of rules and expectations has been developed in order to allow you and your colleagues to most effectively and efficiently meet the goals described above and provide for good patient care and a professional and pleasant working environment. These expectations are in addition to those described in the institutional G M E Handbook as well as specific hospital policy manuals. More detailed descriptions of pertinent policies are available in the Departmental Policy Manual.

Program Rules, Requirements and Expectations

- 1) daily routine (weekdays) on the Clarkson Avenue campus (may vary elsewhere) (arrive promptly)
 - a) 7:00 am: evaluate and assess patients
 - b) 7:00 am until 7:50 am: work rounds
 - c) 8:00 am until 9:00 am: daily conferences, Friday: grand rounds (begins Oct.) or M&M/QA
 - d) 8:00 am until 9:00 pm: monthly pathophysiology conference (3rd Thurs.) or journal club (3rd Fri.)
 - e) 9:00 am: morning subspecialty clinics
 - f) 9:00 am until 11:30 am: ward attending rounds
 - g) 11:30 am until 12:30 pm: morning report (July through Dec. seniors only except separate Monday PL1 report)
 - h) 1:00 pm until 5:00 pm: most continuity practice/clinics
 - i) 1:00 pm: afternoon subspecialty clinics
 - j) 4:00 pm: evening call sign out rounds (whole team)
 - k) 8:00 pm: night shift sign out Sunday through Thursday only (both junior and senior); completed by 9:00 p.m.
- 2) Unit specific shifts (Speak to the chief residents for clarifications)
 - a) KCHC Green, KCHC Red, PICU Senior, NS42
 - i) Day shift: 7 a.m. – 5 p.m.
 - ii) Short call: 4 p.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
 - iii) Night shift: 8 p.m. – 10 a.m.
 - iv) Weekends: Saturday 8 a.m. – 8 a.m., Sunday 7 a.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
(1) Exception is floor senior/junior if on call Saturday then start 8 a.m. Monday
 - b) Nursery
 - i) Day shift: 7 a.m. – 5 p.m.
 - ii) Short call: 4 p.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
 - iii) Nights shifts: covered by floor team with sign outs
 - iv) Weekend: 8 a.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
 - c) KCHC PICU Junior
 - i) Day shift: 7 a.m. – 5 p.m.
(1) When on call come in at 8 a.m. – 11 a.m. next day (all patient care signed out by 8 a.m.)
(2) Weekends: Saturday 8 a.m. – 8 a.m., Sunday 7 a.m. – 10 a.m. next day (patient care sign out by 8 a.m.)
 - d) Term Nursery/Urgicare
 - i) Short call: 4 p.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
 - ii) Weekend: 8 a.m. – 8 p.m. plus 1 hour until 9 p.m. for sign out
 - e) KCHC NICU (UHB NICU as specifically scheduled)
 - i) Day shift: 7 a.m. – 5 p.m. (In order to assure compliance with hours limitations, residents may be permitted to leave at 1 p.m. on certain days when they are not on or post call and when they do not have clinic and the other senior resident in NICU does not have clinic. Alternatively, residents may come in at 1 p.m. in order to only attend continuity clinic. These determinations will be made by the chief residents.)
 - ii) Night call: 4 p.m. – 8 a.m. (direct patient care ends by 7 a.m.)
 - iii) Weekend: 7 a.m. – 8 a.m. (direct patient care ends by 7 a.m.)
- 3) Conduct of rounds
 - a) Begin promptly
 - b) Be thorough but focused
 - c) Be organized
 - d) Demonstrate an understanding of all of the patients and their problems
 - e) Round as and with the complete team (seniors and juniors together)
- 4) Conduct of conference attendance
 - a) Attendance required unless 405/ACGME hours limitations would be violated
 - b) Arrive on time (within 5 mins.)
 - c) Sign attendance sheet
 - d) If available, complete evaluation form or post-test
 - e) Participate
 - f) Conference calendars are emailed and also may be accessed on the department's webpage (www.downstate.edu/peds)

- 5) Conduct of night shift
 - a) Admit new patients
 - b) Be responsible for and manage all patients throughout shift
 - c) Must attend all morning conferences
 - d) Can attend attending rounds only until 405/ACGME hours limitations are reached (must have 10 hrs off)
 - e) Should attempt to see continuity patients early before leaving or reschedule their visits
- 6) Unexpected absence or lateness
 - a) Under all circumstances chief residents must be notified immediately and supervising attending informed
 - b) Occurrence is logged
 - c) Explanation may require documentation
 - d) Additional stipulations as per Leave Policy
- 7) Essential medical equipment you must possess (please be sure to keep in a safe and secure place – not on a desktop)
 - a) Stethoscope
 - b) Otoscope with specula and insufflation bulb
 - c) Ophthalmoscope
 - d) Reflex hammer
 - e) Tape measure
 - f) Penlight
 - g) Calculator
 - h) Harriet-lane handbook
 - i) Pager with working battery
- 8) Communications
 - a) Critical factor in avoiding problems, errors and disasters
 - b) Essential for learning, effective teamwork, rendering patient care, being happy
 - c) You are expected to actively participate in all discussions regarding pediatrics, medicine, patients, etc. You are encouraged to inquire about, discuss, review and examine pediatric patients throughout the department's services. However, patient confidentiality must always be paramount, so do not carry on discussions in public places and do not identify patients. You must comply with HIPAA patient protected information regulations.
 - d) Sign up by emailing to downstatepediatrics-subscribe@yahoogroups.com for access to the listserver to get emails of everything you need and want to know (including all announcements and schedules and changes)
 - e) Regularly check the bulletin boards in front of the chief resident's office
 - f) Regularly check the bulletin boards adjacent to the Coordinator's office
 - g) Regularly check your departmental mailbox on the 4th floor at UHB
 - i) Do not use your department mailbox for personal mail or subscriptions; it is for department business only
 - h) Keep in contact as frequently as necessary with Drs. Wadowski, Suss, Dattner and Guillen regarding any problems, concerns, crises, issues or unhappiness so that they don't interfere with your training or well-being
- 9) Pager requirements
 - a) Must be carried at all times (except vacation) and on all rotations at any hospital
 - b) Must be on and working at all times (except vacation) (make sure the battery is good)
 - c) Must be replaced if lost
 - d) Pages should be responded to promptly
 - e) Current pager number must be provided to chief residents and program coordinator
 - f) Accessibility is a critical responsibility toward patients, colleagues, and the department
- 10) Patient logs (ACGME Case Log System)
 - a) Individual and personal logs must be kept on all patients admitted/assigned
 - b) Individual and personal logs must be kept on all patients followed in continuity practice/clinic
 - c) Critical for tracking depth and breadth of experience (don't count on hospital MIS to track your experiences.)
 - d) Will be reviewed periodically
- 11) Procedure logs (both SUNY Downstate Procedure Logs and ACGME Case Log System)
 - a) Must be completed for all procedures performed, especially those not yet privileged
 - b) Must include procedure code, patient identifier, date, your name, signature and identifier of qualified and privileged supervising physician and indication of level of proficiency
 - c) Must be regularly updated in ACGME Case Log system AND submitted to Mr. Darrel Banks
 - d) Acquired privileges should be routinely reviewed

- e) **NEVER** perform a procedure for which you have not received privileges without being under the direct supervision of a physician who is privileged. Always inform your supervising resident/attending of your procedure privilege status.
- f) Will be reviewed semi-annually
- g) Insufficient privileges to function as a supervising senior may prevent promotion
- 12) United States Medical Licensing Examinations (USMLE) – New Institutional Policy
 - a) Step II CK and CS must be taken and passed by December of PGY1 year
 - b) Step III must be taken and passed by November of PGY 2 year
 - c) Failure to successfully complete Step II (CK and CS) or Step III by the required time can result in non-renewal of appointment to the residency program.
- 13) Curricula
 - a) Must be reviewed at the start of each rotation and should be discussed with supervising attending, chief or senior
 - b) If not previously received must be requested (all can be found on the Program Curricula and Policies CDROM and on SUNY Downstate Pediatrics website)
 - c) Specific for individual rotations, year of training, rotation site
 - d) Use to come to an understanding of what is expected from you and what your learning objectives are
 - e) Provide the basis for guiding evaluations
 - f) Geared towards developing proficiency in all competency domains
- 14) Evaluations
 - a) Engage in self-reflection and self-assessment: use PediaLink for individualized learning plans (see item 17) and PREP self assessment exams
 - b) Seek feedback early and often
 - c) Discuss final summative evaluation directly with attending
 - d) Review your evaluations and complete assigned rotation, faculty, peer and program evaluations on webesprit.net
 - e) Periodically review file and evaluations. Most evaluations will be accessible on WebEsPRIT.
 - f) Annual in-training examination
 - g) Monthly house staff affairs committee reviews (Committee for evaluation, promotion and intervention)
 - h) Semiannual performance evaluation and guidance meetings
 - i) Contract renewal by Dec. 15 for PL1s, Nov. 15 for PL2 and 3s who are on cycle unless notified otherwise
 - i) “Report cards” mid-year – summarizes evaluations, procedure privileges, conference attendance
 - j) Final ABP verification of clinical competence at completion of training program
 - k) Final summative evaluation for permanent record
 - l) Importance of professionalism, professional conduct, ethics, and moral character – poor performance here will adversely impact your future.
- 15) Professionalism
 - a) Honesty and integrity
 - b) Reliability, responsibility and accountability
 - c) Respectful of others
 - d) Compassion, empathy and attentiveness
 - e) Self-improvement; aspires to excellence
 - f) Self-awareness and knowledge of limits
 - g) Communication and collaboration
 - h) Altruism and advocacy; puts best interest of the patient first
- 16) Give feedback
 - a) Rotation evaluations required
 - b) Attending evaluations required
 - c) Program evaluations
 - d) Conference evaluations
 - e) Student evaluations required
 - f) Self-assessments and personal goals for each rotation experience and throughout training
- 17) Individualized Learning Plans
 - a) Use AAP PediaLink Resident Section
 - b) Establish ILP and keep updated
 - c) Review ILP and progress toward objectives with mentor and PD
 - d) Do PREP questions to identify areas that need attention

- 18) Faculty mentors
 - a) Faculty available to casually help you navigate the course through residency
 - b) Assist with career development
 - c) Provide guidance in educational advancement
 - d) Provide assistance for personal issues or concerns
 - e) Liaison to program or department administration
 - f) Discussions/meetings are off the record unless otherwise specified
 - g) Initially assigned by program
 - h) May be switched to mutually agreeable resident-mentor arrangements annually and as needed; program director to be informed
 - i) Generally should meet every 3-4 months and more frequently if necessary or desirable
 - j) Resident should print out their evaluations to review and discuss with mentor.
 - k) Individualized Learning Plans and progress in attaining objectives to be reviewed with mentor
- 19) 405 compliance (see details in Duty Hours Limitations Policy)
 - a) Complete and submit mandated quarterly 405 hours surveys
 - b) Anticipate being interviewed for annual NYS IPRO site surveys
 - c) Moonlighting prohibited without express written approval from chairman or program director (as per policy)
 - d) Abide by the legislation (NYS 405 supercedes ACGME requirements)
 - i) Hours limitations
 - ii) Supervision requirements
 - iii) Procedure privileging
 - iv) Time off-duty hour requirements
- 20) ACGME Hours Limitations
 - a) All of the stipulations of 405 must still be followed
 - b) Requires 10 hours off-duty between shifts
 - c) Also requires one 24 hours period off per 7 days
 - d) No more than 80 hours per week averaged over 4 weeks
 - e) Allows up to 30 hours of work although only 24 hours of new patient contacts 9NYS limits to 27 hrs)
- 21) Be aware of and comply with program policies
 - a) This synopsis of 'Rules and Requirements'
 - b) Leave policy
 - c) Away elective policy
 - d) Dual employment policy
 - e) PGY level policy
 - f) Promotion, remediation, dismissal policy
 - g) Selection policy
 - h) Evaluation policy
 - i) Due process and grievance policy
 - j) Religious observance policy
 - k) Duty Hours Policy
 - l) Pediatric General Competencies
- 22) Lines of authority ** this is important and helpful ** (always know that there is someone else to go to)
 - a) Clinical supervision (responsibility from least to most)
 - i) Student – students have no independent patient care privileges and must always be supervised
 - ii) Junior resident (or intern) – may be PL1 or PL2
 - iii) Senior resident – may be PL2 or PL3
 - iv) Senior supervising resident – during nights and weekends when chiefs and attendings are not in-house – PL3
 - v) Chief resident or fellow
 - vi) Attending physician or designee
 - vii) Division Director
 - viii) Director of Service
 - ix) Chairman or designee
 - b) Residency education
 - i) Junior resident
 - ii) Senior residents

- iii) Chief resident
- iv) Attending physician
- v) Director of Service
- vi) Associate program director
- vii) Program director
- viii) Vice chairman for education
- ix) Chairman
- x) GME Office: Designated Institutional Official or Vice Dean for GME
- xi) Dean, College of Medicine
- c) Hospital nursing and ancillary staff
 - i) Refer to specific hospital policy and procedure manual
 - (1) Nurse aide
 - (2) Patient care associate
 - (3) Staff nurse (LPN)
 - (4) Head nurse (RN)
 - (5) Nursing supervisor
 - (6) Nursing administrator (Assistant or Associate Director of Nursing)
 - (7) Director of Nursing
- 23) Attending physician obligations
 - a) Supervision of and, as needed, direct participation in patient care
 - i) Attending physician must be informed/aware of hospital admission within eight hours
 - ii) Attending physician must be available by phone immediately and in person within 30 minutes if needed (presumes a PL3 or above is available in the hospital)
 - iii) Attending physician patient rounds seven days per week
 - iv) Attending physician must approve all consultation requests
 - v) Attending physician must provide daily medical record documentation
 - vi) Attending physician must act as a suitable pediatrician role model
 - vii) Attending physician has an obligation to teach/encourage learning
- 24) Consultations
 - a) Provide advisory recommendations only
 - b) Must be requested only with the assent of the attending physician
 - c) Emergency consultations must be seen within 30 minutes (all ER consults unless otherwise specified and those identified by patient's attending)
 - d) Urgent consultations must be seen within four hours (all ICU consults unless otherwise specified and those determined by patient's attending)
 - e) Routine consultations must be seen within 24 hours
- 25) On call rooms and lockers
 - a) Keep all call rooms and lockers clean, neat and free of debris
 - b) Housekeeping will clean rooms and change linen as long as the space is not abused and made filthy
 - c) Dispose of all uneaten food in appropriate receptacles; do not save food in refrigerator beyond your shift
 - d) These are your shared spaces, treating them well demonstrates mutual respect
 - e) Do not sequester a locker beyond the time of your rotation in a specific site since others will need it.
 - f) Do not leave money, wallets, medical equipment or any valuables unattended in the open, they will manage to disappear
- 26) Committee participation
 - a) Residents are expected to participate on institutional and departmental committees involving, patient care, quality assurance and matters pertinent to resident education.
 - i) Hospital QA Committees
 - ii) Departmental and Divisional QA Committees
 - iii) GME Committee, Resident Subcommittee, Internal Review Committees
 - iv) Pediatric Education Committee
 - v) Resident Task Group
 - vi) Resident Social Activities Committee
- 27) General resident responsibilities
 - a) Maintain an environment of academic inquisitiveness, collegiality and professionalism with peers

- b) Function as a member of an integrated team – communicate
 - c) Look out for each other not just as a team, but as a family
 - d) Be there when you're expected by others (and you are always expected)
 - e) Be responsible, reliable and trustworthy
 - f) Take ownership, responsibility and pride in your patients
 - g) Respond to messages and answer pages
 - h) Seek feedback, give feedback and self-reflect
 - i) Diligently and promptly attend clinics – the patients came there to see you
 - j) Attend clinic and establish a cohort of patients followed
 - k) Provide documentation/paperwork as requested, it is a professional responsibility (e.g. 405 survey, evaluations)
 - l) Notify chiefs of absence, sickness, problems and all schedule changes (i.e. call changes)
 - m) Attend formal didactics and be on time
 - n) Educate and look after medical students
 - o) Be aware of and comply with policies and procedures established by individual hospitals
 - p) Complete records and proper documentation
 - q) Provide the highest level of care and caring for the patients
 - r) Be altruistic
 - s) Be aware of and sensitive to differences in cultures with patients and with other professionals
 - t) Demonstrate high moral and ethical standards as well as professional integrity
- 28) Taking good care of yourself and your own needs
- a) Education
 - i) Exercise curiosity
 - ii) Read
 - iii) Attend conferences
 - iv) Ask questions
 - v) Be involved
 - vi) Have an inquiring mind and attitude
 - vii) Go to the library and both access and assess the current literature
 - viii) Learn from your patients and from others around you
 - ix) Let someone know if faculty are wrong or misinformed
 - b) Personal well-being
 - i) Be careful, after all this is still inner-city New York
 - (1) Try not to travel beyond the campus alone
 - (2) If needed, hospital policy can provide an escort to your car
 - (3) If using the subway, use the Church Avenue Station. SUNY operates a shuttle between UHB or HSEB on Lenox Road and the Church Avenue stop and to the Beneficial Parking Lot
 - (4) If leaving at night, the Department can reimburse for car service fares (keep receipts)
 - (5) Parking is available via SUNY in the Beneficial Fund Lot (see Margherita for tickets) and may be available at KCHC at the ProPark Services office in E-building
 - ii) If you aren't happy, let someone who can help know (chiefs, mentors, faculty, program director or coordinator)
 - iii) If your mentor is not working out, definitely speak to the program director or associate PD
 - iv) Talk to others in good times and in bad
 - v) Socialize and take advantage of the Social Activities Committee's events
 - vi) Take part in activities provided for you by the program
 - vii) Stay flexible and keep an open mind; change is a part of life and entropy is a law of nature
 - viii) Enjoy your free time too
 - ix) Exercise (Student Center has great facilities)
 - x) Maintain personal hygiene (for the sake of yourself and all those around you)
 - xi) Have fun and don't forget to laugh

Revised June 22, 2007