

**NAME OF ROTATION:** Hospitalist Elective

**CO-COURSE DIRECTORS:** Chevon Brooks, MD  
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**LOCATION:** Scottish Rite Medical Center  
1001 Johnson Ferry Rd NE  
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**TRAINING LEVEL:** PGY-2 or PGY-3

**LENGTH OF ROTATION:** 1 month

**COURSE DESCRIPTION:**

The hospitalist elective is designed to prepare pediatric residents to become Pediatric hospitalists with the appropriate knowledge and skills to care for hospitalized patients. The resident will become competent in evaluating and caring for children who require hospitalization under general pediatrics. The resident will learn how to determine admission parameters for ill patients, perform the initial assessment, appropriately and adequately treat patients and plan for discharge and follow up. The course will stress professional competencies, technical and procedural skills and health supervision. Residents will understand inpatient health care services in their cultural, ethnic and community context.

**GOALS, OBJECTIVES, AND CORE COMPETENCIES:**

**GOAL 1:** Understand the continuum of care for children with acute illnesses, from initial presentation, through acute hospital care, to discharge planning, home health services as appropriate, and follow up with the primary care physician (PGY-1 except where noted).

**Objective 1.1:** The resident will become well versed in providing care across the full continuum of services, which include:

1. Presentation of acute illness either by phone, clinic, or emergency department
2. Decision by emergency clinicians to admit to the hospital
3. Inpatient acute care
4. Potential transfer to PICU
5. Discharge planning
6. Follow up care including home health services and follow up with the primary physician

**Objective 1.2:** The resident will understand and be able to discuss the impact of a child's illness on the psychosocial and financial ramifications of the family unit.

**GOAL 2:** Understand how to assess and manage signs and symptoms, which typically present during the acute phase of illness (PGY-1 except where noted).

**Objective 2.1:** The resident will be able to perform a history, physical examination and formulate a differential diagnosis for the following signs and symptoms:

1. General conditions such as poor weight gain, fever without a focus, constitutional symptoms
2. Cardiovascular conditions such as hypertension, syncope, murmurs
3. Dermatologic conditions including typical rashes, petechiae, purpura, ecchymoses, urticaria
4. HEENT conditions including minor trauma, abnormalities of the eyes, neck, ears, nose and throat disorders
5. Endocrine conditions including, polydipsia, polyphagia, polyuria, behavior changes, weight changes, menstrual irregularity
6. GI nutritional and fluid imbalances consisting of diarrhea, emesis/regurgitation, dehydration, inadequate fluid intake, dysphagia, abdominal pain and masses, hematemesis, rectal bleeding, jaundice, and ascites
7. GU abnormalities including genital trauma, sexual assault, pelvic pain, abnormal vaginal bleeding
8. Hematologic and oncologic conditions including pallor, abnormal bleeding, lymphadenopathy, hepatosplenomegaly
9. Musculoskeletal conditions including soft tissue and bone trauma, arthritis, arthralgia, and limb pain
10. Neurologic conditions including seizures, headache, delirium, lethargy, weakness, ataxia, altered mental status, vertigo
11. Psychiatric conditions including child abuse and neglect (PGY-1) psychosis, attempted suicide, depression, conversion symptoms, (PGY-2)
12. Respiratory conditions including increased work of breathing, cyanosis, apnea, dyspnea, tachypnea, wheezing, stridor, cough, hemoptysis, chest pain, respiratory failure

**GOAL 3:** Understand how to assess and manage common childhood conditions typically seen in the in-patient setting (PGY-1).

**Objective 3.1:** The resident will be able to discuss the criteria for admission to the in-patient service (and transfer to a higher level of care), formulate a differential diagnosis and treatment plan, provide patient education and correlate discharge planning for the following conditions:

1. General conditions such as failure to thrive and fever of unknown origin
2. Allergy and immunological conditions such as asthma, drug allergies and reactions
3. Endocrine disorders such as type I and type II diabetes mellitus, hyperthyroidism, hypothyroidism
4. GI, nutritional, and fluid abnormalities including gastroenteritis, electrolyte disturbances, acid-base disorders, and gastroesophageal reflux
5. GU abnormalities including pyelonephritis, glomerulonephritis, nephrotic and nephritic syndromes
6. Hematologic and oncologic conditions including neutropenia, sickle cell disease, thrombocytopenia, common malignancies
7. Infectious diseases such as cellulitis, periorbital and orbital cellulitis, viral croup, osteomyelitis, PID, sepsis, bacteremia, AIDS, and septic arthritis
8. Toxicology such as common drugs seen in poisonings or overdose
9. Neurologic conditions such as seizures and developmental delay
10. Respiratory disorders such as apnea, airway obstruction, cystic fibrosis, pneumonia

**GOAL 4:** Understand the limitations, indications, and interpretation of common laboratory tests and imaging procedures commonly utilized in the in-patient setting (PGY-1).

**Objective 4.1:** The resident will be able to explain the indications, limitations, interpret, and discuss the therapeutic options for the following laboratory tests.

1. CBC with differential, platelet count, indices
2. Blood chemistry
3. Renal function test
4. Liver studies
5. Serologic tests for infection
6. CRP, ESR
7. Drug levels
8. Coagulation studies
9. Arterial, capillary, and venous blood gases
10. Cultures

11. Urinalysis
12. CSF analysis
13. Gram stain
14. Stool studies
15. Chest x-ray
16. Abdominal films
17. Laternal neck films

**GOAL 5:** Understand the application of physiologic monitoring and special technology and treatment in the general in-patient setting (PGY-1).

**Objective 5.1:** The resident will be able to list techniques appropriate for clinical setting, discuss indications, limitations, and interpret results for common types of monitoring including body temperature, cardiac, blood pressure and respiratory monitoring, and pulse oximetry.

**Objective 5.2:** The resident will be able to participate in the daily care of children who require technologic support, parenteral hyperalimentation or enteral feedings as well as arrange for at home care.

**GOAL 6:** Develop a logical and appropriate clinical approach to the care of hospitalized children (PGY-1).

**Objective 6.1:** The resident will be able to apply the principles of decision making and problem solving in the care of hospitalized children.

**Objective 6.2:** The resident will learn to recognize his/her own tolerance for stress and ask for assistance as appropriate.

**Objective 6.3:** The resident will at all times act responsibly and adhere to the highest standard of ethical conduct.

**Objective 6.4:** The resident will actively seek information needed for patient care and at all times practice evidenced based medicine.

**Objective 6.5:** The resident will maintain a comprehensive problem list and prioritize as appropriate.

**Objective 6.6:** The resident will be aware of and adhere to the quality control and quality improvement process.

**GOAL 7:** Understand how to function as a part of an interdisciplinary team on a general pediatric ward as the primary care provider (PGY-1 except where noted).

**Objective 7.1:** The resident will communicate effectively with fellow residents, attendings, consultants, nurses, ancillary staff, and referring physicians.

**Objective 7.2:** The resident will function effectively as a team player.

**Objective 7.3:** The resident will communicate effectively with the primary care provider in order to facilitate continuity of care and appropriate out patient follow up.

**Objective 7.4:** The resident will communicate often and effectively with the patient and family to provide support, education, and referral for outside financial or counseling assistance when needed.

**Objective 7.5:** The resident will function effectively as the consulting physician when requested by other providers.

**Objective 7.6:** The resident will be able to work effectively with the managed care case managers to optimize health outcomes.

**Objective 7.7:** The resident coordinate the care team and supervise the care of the patients (with consultation of the attending) assigned to the team of fellow residents, consultants, nurses, ancillary staff, and referring physicians (PGY-2-3).

**GOAL 8:** Understand how to provide sensitive support to patients and families of children with acute illness and arrange for on going services upon discharge (PGY-1).

**Objective 8.1:** The resident will demonstrate an awareness of the problems involved in the care of children with multiple problems or chronic illnesses.

**Objective 8.2:** The resident will demonstrate sensitivity and skills in dealing with death and dying in the hospital setting.

**Objective 8.3:** The resident will provide support services and outside referrals to families in need.

**Objective 8.4:** The resident will identify problems and risk factors in the child and the family including beyond the scope of the immediate hospital admission.

**Objective 8.5:** The resident will demonstrate sensitivity to the family with special attention and consideration for cultural, ethnic, and, religious differences.

**GOAL 9:** Understand key concepts of cost control, billing, and reimbursement in the hospital inpatient setting (PGY-2-3).

**Objective 9.1:** The resident will demonstrate an awareness and appreciation for common mechanisms of inpatient cost control in managed care settings including preauthorization and discharge planning.

**Objective 9.2:** The resident will understand and be considerate of the specific financial circumstances of each family and refer for to social services when appropriate.

**GOAL 10:** Maintain accurate, timely, and legally appropriate medical records in the in-patient setting (PGY-1-3).

**Objective 10.1:** The resident will maintain daily notes, which clearly and legibly document the patient's progress and plan.

**Objective 10.2:** The resident will prepare appropriate discharge summaries and off service notes.

**COMPETENCIES:**

**Competency 1: Patient Care.** Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health

1.1: Gather essential and accurate information using the following clinical skills: medical interviewing, physical examination, diagnostic studies and developmental assessments.

1.2: Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment, using clinical problem-solving skills, recognizing the limits of one's knowledge and expertise, gathering appropriate information and using colleagues and consultants appropriately.

1.3: Develop and carry out patient care plans, using principles of evidence-based decision-making and appropriate prioritization, and taking into account the needs, beliefs and resources of patient and family.

1.4: Effectively use common therapies within the scope of general pediatric practice, including a variety of prescription and non-prescription medications, intravenous fluids, and inhalation treatments, as well as special diets and nutritional supplements. Be familiar with therapies commonly used by subspecialists and other professionals who care for children.

1.5: Prescribe and perform competently all medical procedures considered essential for the scope of general pediatric practice; be familiar with those procedures commonly used by subspecialists and other professionals who care for children.

1.6: Counsel patients and families in a supportive manner so they can understand their illness or injury and its treatment, share in decision-making, make informed consent and participate actively in the care plan.

1.7: Provide effective preventive health care and anticipatory guidance to patients and families.

**Competency 2: Medical Knowledge.** 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.

2.1: Demonstrate that you know or can efficiently access the knowledge base needed for effective patient care.

2.2: Critically evaluate current medical information and scientific evidence and modify your knowledge base accordingly.

2.3: Recognize the limits of one's knowledge and expertise by seeking information needed to answer clinical questions and using consultants and referrals appropriately. Use this process to guide life-long learning plans.

2.4: Apply current medical information and scientific evidence effectively to patient care (e.g., use an open-minded, analytical approach, sound clinical judgment, and appropriate attention to priorities).

**Competency 3: Communication Skills.** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

3.1: Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.

3.2: Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

3.3: Develop effective approaches for teaching students, colleagues, other professionals and lay groups.

3.4: Work effectively as a member or leader of a health care team, and collaborate productively with professional organizations.

3.5: Serve as a consultant on pediatric matters to other physicians and health professionals.

3.6: Maintain comprehensive, timely and legible medical records.

**Competency 4: Practice-based Learning and Improvement.** 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.

4.1: Use scientific methods and evidence to investigate, evaluate and improve one's own patient care practice; continually strive to integrate best evidence into one's daily practice of medicine.

4.2: Systematically assess the health care needs of one's practice population, and use this information to direct population-based problem-solving, with special attention to preventable morbidity and risk.

4.3: Demonstrate willingness and capability to be a life-long learner by pursuing answers to clinical questions, using journal articles, texts, information resources, patients, colleagues and formal teaching conferences.

4.4: Be prepared to alter one's practice of medicine over time in response to new discoveries and advances in epidemiology and clinical care.

4.5: Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g., use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

**Competency 5: Professionalism.** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

5.1: Demonstrate commitment, responsibility, and accountability for patient care, including continuity of care.

5.2: Be honest and use integrity in your professional duties.

5.3: Consistently use compassion and empathy in one's role as a physician.

5.4: Maintain professional boundaries in one's dealings with patients, family, staff, and professional colleagues.

5.5: Place the needs of patients and society over your own self-interest.

5.6: Demonstrate sensitivity and responsiveness to patients' and colleagues' gender, age, culture, disabilities, ethnicity, and sexual orientation.

5.7: Meet high standards of legal and ethical behavior.

5.8: Develop a healthy lifestyle, fostering behaviors that help balance personal goals and professional responsibilities. Recognize and respond to personal stress and fatigue that might interfere with professional duties.

**Competency 6: Systems-Based Practice.** Understand how to practice quality health care and advocate for patients within the context of the health care system.

6.1: Know how types of medical practice and delivery systems differ from one another with respect to how they control health care costs, allocate resources, and assure quality.

6.2: Practice cost-effective health care and resource allocation that does not compromise quality of care.

6.3: Advocate for patients in one's practice by helping them with system complexities and identifying resources to meet their needs.

6.4: Work with health care managers and providers to assess, coordinate, and improve patient care, consistently advocating for high quality.

6.5: Advocate for the promotion of health and the prevention of disease and injury in populations.

6.6: Acknowledge medical errors and develop practice systems to prevent them.

### **PROCEDURES:**

**Technical and therapeutic procedures.** Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- Anesthesia/analgesia: pain management
- Arterial puncture
- Bladder: catheterization
- Central line: use/care
- Chest physiotherapy
- Gastric tube placement (OG/NG)
- Gastrostomy tube replacement
- Intravenous line placement
- Lumbar puncture
- Medication delivery: IM/SC/ID
- Medication delivery: inhaled
- Medication delivery: IV
- Medication delivery: rectal
- PPD: placement
- Pulmonary function tests: peak flow meter
- Pulmonary function tests: spirometry
- Pulse oximeter: placement
- Rectal swab
- Sterile technique
- Suctioning: nares
- Suctioning: oral pharynx
- Suctioning: tracheostomy
- Tracheostomy tube: replacement
- Venipuncture

**Diagnostic and screening procedures.** Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- ECG: emergency interpretation
- ECG: perform
- Electroencephalogram (EEG)
- pH probe (Tuttle test)
- PPD: interpretation
- Monitoring interpretation: cardiac
- Monitoring interpretation: Holter
- Monitoring interpretation: pulse oximetry
- Monitoring interpretation: respiratory
- Pulmonary function tests: interpretation
- Radiologic interpretation: abdominal ultrasound
- Radiologic interpretation: abdominal X-ray
- Radiologic interpretation: chest X-ray
- Radiologic interpretation: CT of head
- Radiologic interpretation: extremity X-ray
- Radiologic interpretation: GI contrast study
- Radiologic interpretation: MRI of head
- Radiologic interpretation: nuclear medicine GI scanning
- Radiologic interpretation: renal ultrasound
- Radiologic interpretation: skeletal X-ray (incl. abuse)
- Radiologic interpretation: skull film for fracture
- Radiologic interpretation: sinus films
- Radiologic interpretation: voiding cystourethrogram

**Source.** Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: [www.ambpeds.org/egweb](http://www.ambpeds.org/egweb). [Accessed 07/27/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

### **SCHEDULE:**

Residents will rotate with different hospitalist and will work their same schedule. Residents will attend weekly assigned continuity clinic. Residents are required to attend all Grand Rounds, weekly didactic lectures, resident meetings, and participate in the regularly scheduled calls. Residents are scheduled to take one-week vacation during this rotation. Residents will give a presentation at the end of the rotation.

**DIDACTIC SESSIONS:**

To be determined by preceptors.

**EVALUATION:**

The preceptor and resident will complete evaluation forms on the six core competencies via electronic evaluation form.

**REFERENCES:**

- Nelson’s Textbook of Pediatrics
- Oski’s Practice and Principles of Pediatrics
- Pediatrics in Review