Pediatric Ward Goals and Objectives  
PGY – 2

Rotation Description
PGY 2 residents on this 4 week rotation will develop the skills to evaluate and manage a variety of common pediatric conditions encountered in the inpatient setting. The depth of experience for each resident during this rotation is structured to meet their practice needs and will occur in the Hospital Inpatient Setting. PGY2 residents will obtain the experience to be the primary decision maker for hospitalized pediatric patients. They will learn this using an approach that emphasizes team based care, evidence based medicine, cost-effective care and patient safety.

Goals and Objectives:
Patient Care
1. Cares for acutely ill pediatric patients in urgent and emergent situations in the emergency department and hospital setting
   a. Obtain a complete history and perform appropriate physical examination
   b. Interpret vital signs
   c. Develop a differential diagnosis
   d. Effectively stabilizes acutely ill patients with appropriate treatment plan
   e. Consistently recognizes common and complex situations that require urgent or emergent medical care
   f. Appropriately prioritizes the response to acutely ill patients
   g. Arranges appropriate transition of care
   h. Coordinates care with consultants and community services in patients with acute illness
2. Cares for patients with chronic conditions seen in the hospital setting
   a. Recognizes chronic conditions
   b. Identifies risk factors for chronic conditions
   c. Accurately documents a clinical encounter on a patient with chronic conditions and generates a problem list
   d. Develops a management plan that includes appropriate clinical guidelines
   e. Uses quality markers to evaluate the care of patients with chronic conditions
   f. Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple comorbidities
   g. Leads care team to consistently and appropriately manage patients with chronic conditions and comorbidities
3. Demonstrate ability to supervise the inpatient service and medically manage all patients on the service.
   a. Supervise junior residents, reviewing their assessments and plans
   b. Assist junior residents in medically managing their patients.
4. Partners with patients, family’s, and community to improve health through disease prevention and health promotion
   a. Effectively communicates lifestyle changes that affect patients condition
   b. Collaborates with the patient and family regarding the plan of care
c. Effectively communicates diagnosis and prognosis

5. Acquire the skills to perform appropriate procedures under supervision of an attending physician
   a. Develops the knowledge of indications and contraindications for different procedures in the inpatient setting, including but not limited to: lumbar puncture.

**Medical Knowledge**

1. Has sufficient medical knowledge to practice pediatric care in the hospital setting.
   a. Demonstrates the knowledge of the indications for inpatient consultations
   b. Demonstrates the capacity to improve medical knowledge through targeted study
   c. Able to integrate and synthesize knowledge to make decisions in complex clinical situations.
   d. Shows the ability to synthesize information from multiple resources to make clinical decisions

2. Applies critical thinking skills in patient care to understand the diagnostic approach (including history, physical exam, laboratory and imaging assessments, and clinical reasoning) and management of patients with common inpatient diagnosis including, but not limited to: Anemia, Seizure Disorder, Respiratory Distress & Hypoxia, Pneumonia, Bronchiolitis, Croup & Epiglottitis, Asthma Exacerbation, Skin and Bone Infections, SIRS and Sepsis, Failure to Thrive, AGE and Dehydration, Vasculitis, Peri-operative management, Diabetes Mellitus, DKA, Non-Accidental Trauma and Abuse, Acute life threatening event, UTI, and Meningitis

3. Understands the indications for hospital admission, specialty consultation, and hospital discharge.
   a. Able to anticipate expected and unexpected outcomes of the patients clinical condition and data

4. Understand the psychosocial impact of these disorders on the pediatric patient and family, as well as the role stress plays in these acute illnesses.

**Interpersonal and Communication Skills**

1. Develops meaningful, therapeutic relationships with patients and families
   a. Creates a non-judgemental and safe environment for patients and family
   b. Respects patient’s family autonomy in their health care decisions

2. Demonstrates effective communication with patients, families, and the healthcare team
   a. Effectively participates in family meeting to discuss patients condition, prognosis and treatment plan
   b. Engages patient’s family perspective in shared decision making

3. Effectively communicating and working collaboratively with all staff including resident physicians, attending physicians, specialists and hospital personnel in a way that fosters mutual respect and effective patient care.
a. Maintain accurate medical records regarding patient encounters including procedures, consults and discharge summaries.

**Practice-Based Learning and Improvement**
1. Locates, appraises, and assimilates evidence from scientific studies related to the paediatric patients’ health problems
   a. Utilizes the best evidence in caring for patients with or at risk for various conditions.
   b. Critically evaluates information from others, including colleagues, experts, pharmacists, patients
   c. Formulates a searchable question from a clinical scenario
   d. Learns how to critically evaluate literature about common conditions.
2. Demonstrates self-directed learning
   a. Uses information technology to manage and retrieve information about adult medicine and support own education.
   b. Uses feedback to improve learning and performance
3. Improves systems in which the physician provides care
   a. Able to implement changes in patient care based on new information obtained from attending rounds, clinical experience, review of the literature, office experience and other sources.

**Professionalism**
1. Completes a process of professionalization
   a. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with patients.
   b. Dress appropriately and maintain good personal hygiene in accordance with hospital policy
2. Maintains emotional, physical, and mental health; and pursues continual personal and professional growth
   a. Maintain patient privacy adhering to standards set forth by HIPAA.
   b. Recognizes fatigue, sleep deprivation and impairment
3. Demonstrates professional conduct, accountability and good work habits
   a. Recognizes the importance of timeliness, efficiency, and punctuality.
4. Demonstrates humanism and cultural proficiency
   a. Recognizes impact of culture on health and health behaviors
   b. Consistently demonstrates compassion, respect and empathy.
   c. Shows sensitivity and responsiveness to patients’ and families’ culture, race, gender, sexual orientation, age, socioeconomic status and physical or mental disabilities.

**Systems-Based Practice**
1. Emphasizes patient safety for patients who are hospitalized
   a. Verifies patient identification with at least 2 identifiers
   b. Recognizes the mechanisms that result in medical errors
2. Provides cost-conscious medical care
a. Demonstrates an awareness of the larger context of health care
b. Gains an understanding of procedure coding and basic insurance reimbursement.
c. Able to show an understanding of the reasoning for ordering tests

3. Coordinates team based care
   a. Appropriately utilizes consultation and referrals to specialists in the management and co-management of complex conditions
   b. Participates in effective and safe hand-off process for transitions of care

Syllabus

1. Normal anatomy and physiology
2. Changes in physiology within the pediatric and adolescent period
3. Relevant laboratory interpretation: CBC, chemistry, ABG, Blood sugars, ESR, CRP, pre-albumin, UA, body fluid cultures
4. Using the interpretation of tests in the management of patients: CXR, EKG, Echo, CT scans, MRI, and nuclear medicine studies
5. Pharmacology
6. Diagnosis, management, and appropriate referral of medical problems in pediatrics
   a. Allergic/immunologic
      i. Asthma
      ii. Anaphylaxis
      v. Immunodeficiency
   b. Inflammatory
      i. Arthritis including juvenile idiopathic arthritis (formerly juvenile rheumatoid arthritis)
      ii. Vasculitis syndromes
         1). Kawasaki disease
         2). Henoch-Schönlein purpura
         3). Wegener granulomatosis
      iii. Rheumatic fever
      iv. Systemic lupus erythematosus (SLE)
      v. Juvenile dermatomyositis
   c. Renal and urologic
      i. Glomerulonephritis
      ii. Hematuria and proteinuria
      iii. Urinary tract infections, including pyelonephritis
      iv. Vesicoureteral reflux
      v. Nephrolithiasis
      vi. Electrolyte and acid-base imbalance (mild)
   d. Endocrine/metabolic and nutritional problems
      i. Thyroid disorders
      ii. Diabetes (type 1 and type 2) and DKA
      iii. Adrenal disorders
e. Neurologic problems
   i. Seizure disorders (including non-epileptic seizures)
   ii. Syncope
   iii. Altered mental status
   iv. Ataxia
   v. Traumatic brain injury, including concussion
f. Common skin problems
   i. Bacterial and fungal infections
   ii. Burns

g. Musculoskeletal problems
   i. Aseptic necrosis of the femoral head (Legg-Calvé-Perthes disease)
   ii. Slipped capital femoral epiphysis
   iii. Nursemaid’s elbow
   iv. Other common sprains, dislocations, and fractures
   v. Limping differential by age group
h. Gastrointestinal problems
   i. Gastroenteritis (viral, bacterial, and parasitic)
   ii. Hepatitis
   iii. Food intolerance and malabsorption, protein-calorie malnutrition
   iv. Pyloric stenosis
   v. Intussusception
   vi. Volvulus
   vii. Meckel diverticulum
   viii. Inflammatory bowel disease (Crohn disease, ulcerative colitis)
   ix. Appendicitis
   x. Pancreatitis
   xi. Bilious emesis
   xii. Hematemesis
   xiii. Hematochezia
   xiv. Jaundice in the non-neonate
i. Cardiovascular problems
   i. Congenital heart disease and valvular disease
   ii. Acquired heart disease
   iii. Evaluation of heart murmurs
   iv. Syncope
   v. Innocent and pathologic murmurs
j. Respiratory tract problems
   i. Reactive airway disease and asthma
   ii. Cystic fibrosis
   iii. Bronchiolitis
   iv. Foreign body aspiration
   v. Viral or bacterial pneumonia
   vi. Pertussis
   vii. Epiglottitis
   viii. Croup
ix. Bacterial tracheitis
x. Apparent life-threatening events (ALTEs), blue spells
xi. Sudden infant death syndrome (SIDS)
l. Eye problems
i. Periorbital and orbital cellulitis
m. Childhood malignancies
i. Lymphoma
ii. Neuroblastoma
iii. Wilms tumor
iv. Leukemia
v. Retinoblastoma
vi. Central nervous system (CNS) tumors
o. Hematologic problems
i. Anemias
ii. Hemoglobinopathies, including thalassemia and sickle cell
iii. Thrombocytopenia
iv. Bleeding diathesis
v. Thrombophilias
vi. ITP, TTP and HUS

Assessment:
1. Assessment by the Pediatrician on a daily basis through direct observation
2. Formal evaluation at the completion of the rotation by the Pediatric Attending

Reading Assignments
1. www.clinicalkey.com
2. www.aafp.org
3. www.aap.org

Block/Week Schedule: PGY 2 residents. Residents take a Q4 call shift from 8am-8pm and the inpatient service is covered by a Night Float resident from 8pm – 8am. FCC continuity clinic days may change based on call schedule.