

General Inpatient Pediatric Upper Level

Section 1: Administrative Information

Rotation Director: Susie Gerik MD

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Other Participating Faculty: Lemuel Aigbivbalu MD, Purushothaman Madhu MD, Judy Rowen MD

Required or Elective: Required

Where to show on first day of rotation: Inpatient Unit

PGY1: contact your upper level resident for first day patient assignments

Faculty Responsibilities:

- 1 At the beginning of the rotation, the curriculum manager (or attending physician) will review with the Resident the expectations and duties and the learning goals & objectives, emphasizing their relationship to the six competency domains.
- 2 During the rotation, faculty are expected to provide feedback to the resident to encourage continuous improvement.
- 3 Faculty are expected to complete an end-of-rotation evaluation in the MyUTMB Evaluation system

Resident Responsibilities: It is the Resident's responsibility to do the following:

Education-related activities

- 1 Read this curriculum prior to the start of the rotation, complete the pre-rotation self-assessment, and determine personal learning goals.
- 2 Review learning goals with the curriculum manager (or designee) on Day 1 of the rotation.
- 3 Provide evaluation of the experience and of the faculty at the conclusion of the rotation.

Clinical responsibilities:

Please refer to General Inpatient Pediatrics Team Handbook

Section 2: Educational and Clinical Activities

Recommended readings:

- Perkin RM. Pediatric Hospital Medicine: *Textbook of Inpatient Management*
- Kleigman RM. *Nelson Textbook of Pediatrics*
- AAP Clinical Practice Guidelines : Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation
- Practice Parameter: The Diagnosis, Treatment, and Evaluation of the Initial Urinary Tract Infection in Febrile Infants and Young Children
- Practice Parameter: The Neurodiagnostic Evaluation of the Child With a First Simple Febrile Seizures

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
< 8:00	Inpatient Care	Inpatient Care	Inpatient Care	Inpatient Care	Inpatient Care		
8:00	Morning Report	Morning Report	Morning Report	Morning Report	Grand Rounds		
9:00	Work Rounds	Work Rounds	Work Rounds	Work Rounds	Work Rounds		
12:00							
1:00	Inpatient Care	Inpatient Care	Inpatient Care	Inpatient Car	Inpatient Care		
3:00	Teaching Rounds *	Teaching Rounds *	Teaching Rounds *	Teaching Rounds *	Teaching Rounds *		
4:00	Inpatient Care	Inpatient Care	Inpatient Care	Inpatient Care	Inpatient Care		

* Group discussions about important topics will take place about 3-4 times/week in the team work room and include presentations by faculty, residents, or students, article reviews , ethics discussions, coding and billing teaching, educational games

1. Friday PM may be Core curriculum Conference
2. Resident spends one half-day per week in Continuity Practice

Section 3: Evaluation Methods

1. Every Resident will receive an evaluation of competency in the 6 ACGME-defined competency domains, from at least one Faculty using the UTMB-GME tool at MyUTMB.
2. Every Resident is expected to evaluate the supervising Faculty in the 6 ACGME-defined competency domains, using the UTMB-GME tool at MyUTMB.

Section 4: Rotation-specific Learning Goals and Objectives		
<p>At the BEGINNING of the rotation, determine which of these objectives will be your primary focus and guide the development of your learning goals. ✓</p>	<p>At the END of the rotation, self-assess your competency on each of the objectives. circle number ○</p>	<p>PRE ✓</p> <p>POST ○</p> <p>1 = I still have a lot to learn 2 = 3 = I am <i>moderately</i> confident I have met this objective 4 = 5 = I am <i>very</i> confident I have met this objective</p>
Goal 1: Child Abuse and Neglect: Recognition		
Objective 1.1. General: acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss		1 2 3 4 5
Objective 1.2. Cardiorespiratory: apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, hypotension, inadequate respiratory effort, rhythm disturbance, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing		1 2 3 4 5
Objective 1.3. Dermatologic: ecchymoses, edema, petechiae, purpura, rashes, urticaria		1 2 3 4 5
Objective 1.4. EENT: acute visual changes, conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma		1 2 3 4 5
Objective 1.5. Endocrine: heat/cold intolerance, polydipsia, polyuria		1 2 3 4 5
Objective 1.6. GI/Nutrition/Fluids: abdominal masses or distention, abdominal pain, ascites, dehydration, diarrhea, dysphagia, hematemesis, inadequate intake, jaundice, melena, rectal bleeding, regurgitation, vomiting		1 2 3 4 5
Objective 1.7. Genitourinary/Renal: change in urine color, dysuria, edema, hematuria, oliguria, scrotal mass or edema		1 2 3 4 5
Objective 1.8. GYN: abnormal vaginal bleeding, pelvic pain, vaginal discharge		1 2 3 4 5
Objective 1.9. Hematologic/Oncologic: abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor		1 2 3 4 5
Objective 1.10. Musculoskeletal: arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp		1 2 3 4 5
Objective 1.11. Neurologic: ataxia, coma, delirium, diplopia, headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness		1 2 3 4 5
Objective 1.12. Psychiatric/Psychosocial: acute psychosis, child abuse or neglect, conversion symptoms, depression, suicide attempt		1 2 3 4 5
GOAL 2: Common Conditions (Inpatient). Recognize and manage common childhood conditions presenting to the Inpatient Unit.		
Objective 2.1. General: failure to thrive, fever of unknown origin		1 2 3 4 5
Objective 2.2. Allergy/Immunology: acute drug allergies/reactions, anaphylaxis, immunodeficiencies, recurrent pneumonia, serum sickness, severe angioedema		1 2 3 4 5
Objective 2.3. Cardiovascular: bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, Kawasaki disease, myocarditis, rheumatic fever		1 2 3 4 5
Objective 2.4. Endocrine: diabetes (including diabetic ketoacidosis), electrolyte disturbances secondary to underlying endocrine disease		1 2 3 4 5
Objective 2.5. GI/Nutrition: appendicitis, bleeding, cholangitis, complications of inflammatory bowel disease, complications of liver transplantation, gastroenteritis (with/without dehydration), gastroesophageal reflux, hepatic dysfunction (including alpha-1 antitrypsin disease), bowel obstruction, pancreatitis, severe malnutrition		1 2 3 4 5

Objective 2.6. GU/Renal: electrolyte and acid-base disturbances, urinary tract infection/pyelonephritis	1	2	3	4	5
Objective 2.7. Infectious Disease: cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, HIV, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis	1	2	3	4	5
Objective 2.8. Pharmacology/Toxicology: common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels	1	2	3	4	5
Objective 2.9. Neurology: acute neurologic conditions (acute cerebellar ataxia, Guillain Barre syndrome, movement disorders), developmental delay with acute medical conditions, seizures	1	2	3	4	5
Objective 2.10. Respiratory: airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, epiglottitis	1	2	3	4	5
Objective 2.11. Rheumatologic: Henoch Schonlein purpura (HSP), juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE)	1	2	3	4	5
GOAL 3. Monitoring, Therapeutic and Diagnostic Modalities. Understand how to use physiologic monitoring and special technology in the general inpatient setting, including issues specific to care of the chronically ill child.					
Objective 3.1. BP measurement and interpretation	1	2	3	4	5
Objective 3.2. ECG: emergency interpretation	1	2	3	4	5
Objective 3.3. Monitoring interpretation: cardiac	1	2	3	4	5
Objective 3.4. Monitoring interpretation: pulse oximetry	1	2	3	4	5
Objective 3.5. Monitoring interpretation: respiratory	1	2	3	4	5
Objective 3.6. Radiologic interpretation: abdominal ultrasound	1	2	3	4	5
Objective 3.7. Radiologic interpretation: abdominal X-ray	1	2	3	4	5
Objective 3.8. Radiologic interpretation: chest X-ray	1	2	3	4	5
Objective 3.9. Radiologic interpretation: CT of head	1	2	3	4	5
Objective 3.10. Radiologic interpretation: GI contrast study	1	2	3	4	5
Objective 3.11. Use appropriately the treatments and techniques used in the inpatient setting such as universal precautions, nasogastric tube placement, administration of nebulized medication, injury, wound and burn care , oxygen delivery systems, I.V. fluids, I.V. pharmacotherapy (antibiotics, antiepileptics, etc.	1	2	3	4	5
Objective 3.12. Describe key issues in the inpatient and home management of the technology-dependent child with the following care needs: Tracheostomy, chronic mechanical ventilation, chronic parenteral nutrition, gastrostomy tube for feedings, permanent central venous catheter	1	2	3	4	5
Objective 3.13. Demonstrate the skills for assessing and managing pain, use age-appropriate pain scales in assessment, describe indications for use and side effects of common narcotic and nonnarcotic analgesics, administer medications to control pain in appropriate dose, frequency and route, describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.	1	2	3	4	5
GOAL 4. 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.					
Objective 4.1.Arterial puncture	1	2	3	4	5
Objective 4.1.Bladder: catheterization	1	2	3	4	5
Objective 4.3. Breast pump use	1	2	3	4	5
Objective 4.4. Burn: management of 1st & 2nd degree	1	2	3	4	5
Objective 4.5. Capillary blood collection (PKU, hct)	1	2	3	4	5
Objective 4.6. Chest physiotherapy	1	2	3	4	5
Objective 4.6.Conjunctival swab	1	2	3	4	5

Objective 4.7. Suctioning: nares		1	2	3	4	5
Objective 4.8. Gastric tube placement (OG/NG)		1	2	3	4	5
Objective 4.9. Intravenous line placement		1	2	3	4	5
Objective 4.10. Lumbar puncture		1	2	3	4	5
Objective 4.11. Medication delivery: IM/SC/ID/rectal		1	2	3	4	5
Objective 4.12. Medication delivery: inhaled		1	2	3	4	5
Objective 4.13. Medication delivery: IV		1	2	3	4	5
Objective 4.15 Pulmonary function tests: peak flow meter		1	2	3	4	5
Objective 4.16. Rectal swab		1	2	3	4	5
Objective 4.17. Suctioning: nares		1	2	3	4	5

Additional Goals and Objectives for Upper Level Residents						
GOAL 5: Decision-Making and Clinical Judgment. Apply sound decision-making skills and clinical judgment when assessing data to define a patient's problems and arrive at a diagnosis, and when making decisions about therapy and management.						
Objective 5.1. Describe the key principles of clinical decision-making and apply them to the clinical care of patients.		1	2	3	4	5
Objective 5.2. Recognize potential biases and sources of error in diagnosis.		1	2	3	4	5
Objective 5.3. Use clinical algorithms and decision analysis in the evaluation of choices in clinical practice.		1	2	3	4	5
Objective 5.4. Discuss the role of clinical practice standards or pathways in current pediatric practice, be familiar with several of them, and know where to access current guidelines.		1	2	3	4	5
Objective 5.5. In clinical decision-making, recognize ethical, cultural, religious or spiritual issues that are important to patients and families.		1	2	3	4	5
Objective 5.6. Be sensitive to ethical issues related to unequal allocation of health care resources, especially in managed care health systems.		1	2	3	4	5
GOAL 6: Leadership. Develop and demonstrate effective leadership and collaboration skills for a variety of health care settings.						
Objective 6.1. Manage a health care delivery team (e.g., ward or clinic team) to optimize effectiveness and efficiency, meeting the needs of the patient as the first priority.		1	2	3	4	5
Objective 6.2. Skillfully lead a case management team for complex and acute care patients.		1	2	3	4	5
Objective 6.3. Demonstrate flexibility in assuming the role of leader, collaborator, or team member in a variety of health care-related activities.		1	2	3	4	5
Objective 6.4. Demonstrate leadership by providing direction, managing the dynamics of a group, and facilitating a positive work environment.		1	2	3	4	5
Objective 6.5. Discuss differences in leadership styles demonstrated by pediatricians, other health professionals, and non-health professionals, and emulate successful styles and techniques as a member of a team.		1	2	3	4	5
Objective 6.6. Effectively model professional attitudes and behaviors, such as respect, intellectual curiosity, empathy and cooperation, in interactions with other members of the health care team, including physicians-in-training.		1	2	3	4	5
Objective 6.7. Motivate others to work at their highest capacity to accomplish common goals.		1	2	3	4	5

Practice Based Learning and Improvement						
1. During this rotation, what resources did you learn about and/or practice using that you might use again?		1	2	3	4	5
2. During this rotation, what did you read that helped you with your learning?		1	2	3	4	5
3. Consider how what you have learned on this rotation impacts your own practice in your Continuity Practice.		1	2	3	4	5

Section 5: PROFESSIONALISM	
Throughout this rotation, demonstrate professionalism by showing the following CHARACTER attributes:	✓ Check here which ones you demonstrated during the rotation*
1. Compassion (empathy; awareness of other's feelings and experiences)	
2. Honesty (truthfulness, including admission of mistakes)	
3. Altruism (unselfish concern for the welfare of others)	
4. Responsibility (for conduct, work obligations, and self-improvement)	
5. Aiming for excellence (in self, others, and the system of healthcare)	
6. Confidentiality	
7. Team Player	
8. Ethical approach	
9. Respect to patients/families, colleagues, team members and faculty (including respect and sensitivity for diversity)	
Comments or examples:	

*note: not demonstrating this during the rotation does not mean that you do not possess these qualities. It just means that it is not likely that your faculty would have seen observable behaviors on which to evaluate this aspect of professionalism.

Section 6: Personal Learning Goals or Targets (we provide 5 boxes, but you can decide how many targets you want to identify)		
At the BEGINNING of the rotation, design your personal learning goals - what to you really want to focus on during this rotation	At the END of the rotation, self-assess your competency on each of goals.	POST-ROTATION 1 not met 2 met partially 3 accomplished
		1 2 3
		1 2 3
		1 2 3
		1 2 3
		1 2 3

Resident's Name _____

Section 7: Resident-Faculty Agreement



It is expected that **Resident and Faculty will meet** at the **beginning of the rotation** to review expectations and learning goals and again at the **end of the rotation** to review learning accomplishments and competencies.

The Resident is expected to submit on-line confirmation of these two meetings:
http://www.utmb.edu/pedi_ed/CURRICULUM/CurriculumReviewConfirmation.asp

Last updated 10-17-09

For electronic version of this document, go to Pediatric Dept. Education website or contact V. Niebuhr.