**Stafford Hospital**

**Elective Rotation for Children’s National Pediatric Residents**

**Location of Rotation:** Stafford Hospital – LDRP (Labor, Delivery, Recovery, Postpartum) and ILN (Intermediate Level Nursery) Units, Pediatric consultations in the Emergency Department

**Length of Rotation:** 1-2 week elective rotation

**Residents:** Children’s National Pediatric Residents, PGY 2 or 3

**Local Program Director:** Allison Markowsky, MD

**Day-to-day Supervision:** Children’s National Pediatric Hospitalists

**Goals of the Rotation:**

1. General Principles – Under the supervision of the Pediatric Hospitalist group, residents will gain exposure to the care of newborns and pediatric patients in the community hospital setting. Through patient care and multidisciplinary interactions, they will gain insight into the differences in a community hospital as compared to one that is university affiliated. By the end of the rotation, residents should be able to:
   1. Understand the unique roles and responsibilities of a Pediatric Hospitalist in a community hospital setting
   2. Identify key differences in a community hospital setting (ie. availability of resources, cost/utilization management, etc.)
2. Patient Care – Under the supervision of the Pediatric Hospitalists, residents will be responsible for the care of newborns from birth until discharge as well as the assessment and management of pediatric patients consulted on from the Emergency Department. Residents are expected to provide quality care that is family-centered, efficient, evidence-based, safe, and compassionate. By the end of the rotation, residents should be able to:
   1. Gather pertinent information from all sources including the medical record, patient interview, laboratory and imaging reports, and other key providers (ie. OB, Perinatology, Subspecialty care, PCP)
   2. Initiate NRP-based infant resuscitation and effectively lead the team in the initial care of a preterm or term infant
   3. Make informed decisions and recommendations about the ongoing management of infants requiring an advanced level of care
   4. Make informed decisions and recommendations about the ongoing management of infants requiring routine newborn care
   5. Perform initial assessment and provide management recommendations for pediatric patients consulted on in the Emergency Department
3. Medical Knowledge – Residents should enter this rotation with baseline knowledge of normal newborn care and trained in neonatal resuscitation. This rotation will provide the opportunity to expand on that knowledge and skills through delivery attendance and stabilization, and subsequent assessment and management of the newborns. They will also have the opportunity to assess pediatric patients in the Emergency Department. By the end of the rotation, residents should have a strong foundation of knowledge and skills in:
   1. Delivery attendance, stabilization, and resuscitation utilizing NRP-based methods
   2. Normal newborn assessment, care, and management
   3. Care of infants requiring advanced management and treatment in the ILN including but not limited to: preterm infants, full term infants, respiratory issues, feeding issues, and infectious issues
   4. Initial assessment and management of pediatric patients presenting with acute issues in the Emergency Department.
4. Practice-Based Learning and Improvement – Residents should be using evidence-based practice methods to evaluate and treat their patients. By the end of the rotation, residents should be able to:
   1. Identify areas for self-improvement and implement strategies to enhance their own knowledge, skills, and quality of care they provide
   2. Use appropriate resources to guide and support their patient care decisions and enhance patient and physician education
5. Interpersonal Communication Skills – Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams. By the end of this rotation, residents should be able to:
   1. Facilitate multidisciplinary discussions and consultations as part of the health care team
   2. Describe the role of each team member involved in the care of the patient
   3. Provide effective and professional education to patients and their families as well as demonstrate effective listening, questioning, and non-verbal skills while communicating
   4. Maintain comprehensive documentation in the medical record and provide thorough sign-out to providers to ensure appropriate and safe care
6. Professionalism - Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity and a responsible attitude towards their patients, their profession and society. Residents should be able to:
   1. Demonstrate respect, compassion, integrity and altruism in relationships with patients, families and colleagues
   2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
   3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
7. System-Based Practice and Improvement – Residents are expected to demonstrate an understanding of the health care system in which they work and apply their knowledge to improve and optimize health care. Residents should be able to:
   1. Identify areas for process or quality improvement within the hospital setting and develop strategies to optimize care for their patients
   2. Apply evidence-based, cost-conscious strategies for the treatment and management of patients
   3. Collaborate with other members of the health care team to improve processes of care and optimize management and discharge plans for patients

**Scope of Practice:**

Resident Daily Responsibilities

1. Obtain sign-out from covering overnight provider
2. Pre-round on the healthy newborns and newborns in the ILN
3. Lead family-centered rounds on assigned patients which includes patient assessment and development of daily plan
4. Write daily notes on assigned patients
5. First call for any clinical issues on all assigned patients
6. Attend all deliveries requiring physician attendance and lead stabilization and resuscitation under the supervision of the Pediatric Hospitalist
7. Assess and develop management plan for all patients admitted to the ILN
8. Write accurate and appropriate admitting orders for all new patients
9. Gather all needed maternal information and history for all new patients and write the History and Physical note
10. Prepare discharge paperwork and discuss discharge plan with the families
11. Update daily sign-out to provide accurate/current information to oncoming provider
12. Coordinate/discuss plan with all members of the health care team (ie. nursing, RT, case manager, social work, etc.)
13. Provide initial evaluation and assessment for all ED consultations
14. Prepare at least one presentation on a topic of choice to present during the rotation

Procedures – Under the guidance and supervision of the Pediatric Hospitalist, residents will participate in any needed procedures. Once they demonstrate appropriate and proficient skills, they will be able to perform them independently. Procedures to include:

1. Newborn phlebotomy (heel, venous, and atrial sticks)
2. IV placement
3. Lumbar puncture
4. Umbilical venous catheter line placement
5. Endotracheal intubation
6. Urethral catheterization