

Department of Pediatrics

MINIMUM RESPONSIBILITIES

June 2010

UMC HOSPITAL PEDIATRIC UNIT – Ward

FACULTY SUPERVISION and TEACHING RESPONSIBILITIES

Each faculty is required to:

1. Supervise senior residents in the areas of inpatient care and educational activities
2. Ensure appropriate patient care by interns
3. Make sure residents are documenting correctly
4. Make sure billing/fee tickets are done appropriately
5. Ensure that patient satisfaction is maximized by addressing issues directly with the chief of pediatrics
6. Coordinate with residents and nursing staff case management, discussions, and discharge planning
7. Make sure that patients receive appropriate treatment and follow-up in clinic
8. Conduct teaching rounds on daily basis or arrange for substitute
9. Provide residents with mid-rotation progress performance evaluation; identify process of remediation if necessary
10. Complete monthly evaluations in a timely manner
11. Report unsatisfactory or superior performance of residents on service to advisors
12. Coordinate monthly section meetings including the designation of which patients will be discussed and the resident who will carry the discussion
13. Call consultants and answer consults to pediatrics while on the floor
14. Provide coverage for patients on the Ward throughout the morning
15. Review resident charts and procedures

WARD SENIOR RESIDENT (PL-2 or PL-3) is required to:

1. Conduct pre-rounds
2. Know all patients on the Ward
3. Teach/supervise junior residents, medical students and rotators
4. Orient rotators from other departments with the direction of the administrative chief (chief resident)
5. Identify and co-manage patients which may be sent to the PICU
6. Coordinate bed-side check-out rounds
7. Evaluate medical students, PL-1 and PL-2 residents, and faculty
8. Ward seniors are also responsible for assigning patients to interns, MS-III and MS-IV on their team.

9. Work in conjunction with assigned MSIII to teach appropriate skills (i.e. taking the H & P, writing orders)
10. Admit patients from the ER
11. Primarily manage all PICU patients during PICU coverage
12. Know all patients on the floor
13. Answer ER/inpatient consults
14. Supervise interns, medical students and rotators

PL-1 RESIDENT is required to:

1. Admit patients-must write H and Ps and progress notes on all patients
2. Perform organized and consistent H and P on every patient
3. Order and follow up on labs
4. Research material for patient care prior to rounds
5. Review patient status before rounds and compile information for efficient and appropriate oral presentation on rounds
6. Evaluate medical students, PL-2 and PL-3 residents and faculty
7. PL-1 floor resident should participate in the critical care management during calls, to enhance medical knowledge

MEDICAL STUDENT (MS IV) is required to:

1. Follow patients in conjunction with assigned senior resident
2. Follow an average of 3 – 4 patients daily with 1 being a PICU patient
3. Complete 1 work-up
4. Complete a total of 4 calls (2 weekdays, 1 Friday, 1 Saturday)
5. Attend daily rounds, Morning Report, and all pediatric lectures
6. Evaluate residents and faculty

MEDICAL STUDENT (MS III) is required to:

1. Follow patients in conjunction with assigned PL-1 Intern
2. Write H & Ps on assigned patients and submit one for evaluation
3. Follow patients under supervision of PL-1; needs to follow an average of 3-4 patients per day; can acquire 1 to 2 patients per day and 2 per night if on call
4. Attend all morning reports, student lectures, and Friday Small Group series.
5. Evaluate residents and faculty
6. Complete 3 weekday calls as described in Ward Orientation information

A **written discharge summary** should be provided upon patient transfer to the floor.

- Dictated report should be done by the PICU resident if patient is discharged within 48 hours after transfer to the floor.

- Dictation should be performed by the resident on the floor if discharge occurs after 48 hours after been transfer.

Residents are responsible for keeping their duty hours log. If at any time they approach the 80-hr limit, the resident must report immediately to the Chief Resident.

All individuals assigned to this rotation must report to the Ward at 7:00 a.m. and leave at 5 pm after proper bedside check-out of patients as a team (PL-1 AND Senior).

UMC HOSPITAL NURSERY

FACULTY SUPERVISION and TEACHING RESPONSIBILITIES

Each faculty is required to:

1. Supervise all residents in the areas of inpatient care and educational activities
2. Ensure appropriate patient care by interns
3. Make sure residents are documenting correctly
4. Make sure billing/fee tickets are done appropriately
5. Ensure that patient satisfaction is maximized
6. Coordinate with residents and nursing staff case management, discussions and discharge planning
7. Make sure that patients receive appropriate treatment and follow-up in clinic
8. Conduct teaching rounds on daily basis and/or coverage provided
9. Provide residents with mid-rotation progress performance evaluation; identify process of remediation if necessary
10. Complete monthly evaluations in a timely manner
11. Report unsatisfactory or superior performance of residents on service to advisors and to the Program Director
12. Coordinate monthly section meetings including which patients will be discussed and who will discuss the patients
13. Review resident charts and procedures

NURSE PRACTITIONERS are required to:

1. Teach, supervise pediatric residents in training
2. Teach procedures and patient management
3. Manage assigned patients in order to alleviate resident workload
4. Share L & D afternoon coverage (at which time they supervise and teach residents required skills)
5. Follow-up on labs and H and Ps in a timely fashion
6. Present appropriate information in an orderly and efficient manner on rounds
7. Share neonatal transport call with pediatric Administrative Chief
8. Instruct new residents in nursery protocols once a week
9. Conduct special teaching activities as necessary
10. May have to substitute for the senior on the team which has no PL-2 resident, thus leading that team

SENIOR RESIDENT (PL-2 or PL-3) is required to:

1. Admit patients from the L&D, Wellbaby and ER
2. Supervise, lead, instruct, and counsel interns, rotators, medical students and nursing staff
3. Teach junior residents how to manage patients by supporting them with appropriate medical information
4. Supervise care for patients in all nurseries
5. Lead efforts of Neonatal Resuscitation team at high risk deliveries
6. Manage patient distribution to members of both teams including labeling of patients team at the patient's bedside and the board
7. Conduct pre-rounds with junior residents and medical students
8. Respond to perinatal consultations and notify neonatologists within 24 hours
9. Anticipate problem deliveries by reviewing OB board twice daily and planning with neonatologists as needed
10. Evaluate medical students, PL-1 residents and faculty
11. Attend High Risk clinic on Monday afternoon unless they have continuity clinic or post-call
12. Notify and consult with neonatologists regarding all patients newly admitted or transferred to Intensive Care Nursery
13. Maintain daily progress notes on all assigned patients
14. Notify Chief Resident and maintain patient coverage during residents' planned absences or planned days off

PL-1 RESIDENT is required to:

1. Perform thorough, complete and organized history and physical exams on every patient admitted to the Specialty Care Nurseries
2. Maintain daily problem-based progress notes on all assigned patients
3. Research material for patient care and compile information for efficient and appropriate oral presentation on rounds
4. Retrieve patient laboratory data in a timely fashion and follow-up on results
5. Review patient status before rounds and consult with PL-2 regarding problems or changes in treatment plans
6. Consult with PL-2 or neonatologist before admitting a patient or initiating non-emergency care
7. Teach and supervise medical students
8. Address problems/concerns of Wellbaby nursery during night and weekend call, or when Wellbaby resident is unavailable
9. Evaluate medical students, senior residents and faculty
10. Learn resuscitation techniques in the L & D by attending high risk deliveries with the PL-2, Floater or NNP
11. Communicate with mother/families soon after admission (or before admission when possible) of patient to special care nurseries

12. Each PL-1 must check-out with an incoming intern on call for IMCN patients and senior resident on call for ICN patients

MEDICAL STUDENT (MS IV) is required to:

1. Complete a total of 4 calls (2 weekdays, 1 Friday, 1 Saturday)
2. Prepare and present 50 min. Power Point presentation on a pediatric topic of your choice as approved by attending and presented during a Wednesday Didactic session. It is the students' responsibility to contact Lourdes Davis to coordinate the presentation on the Didactic schedule

MEDICAL STUDENT (MSIII) is required to:

1. Admit at least one patient in intermediate nursery while on call under the management of the supervising resident
2. Write an H&P for submission to and evaluation by faculty
3. Examine:
 - a. 2 normal newborns (2 H&Ps) per day
 - b. Additional 2 at night while on call
4. Carry a minimum of three patients with an intern
 - a. should follow at least 2 patients in the IMCN
 - b. do one H&P in the IMCN
5. Complete General Clinical Observation – Nursery
6. Complete 2 Nursery Clipp Cases

Individuals assigned to this rotation must report to the NICU by 7:00 a.m. in order to be organized and ready to present on rounds.

CLINIC

FACULTY SUPERVISION and TEACHING RESPONSIBILITIES

Each faculty is required to:

1. Provide supervision of housestaff and continuity of care for the involved families
2. Assign patients to housestaff as indicated
3. Ensure variety of patients in resident clinics/clinic rotations
4. Select families for presentation to the team conference
5. Review cases/diagnoses with residents and provide written note on medical chart
6. Coordinate teaching conferences
7. Provide on-going quality assurance of charts, procedures

SENIOR RESIDENTS (PL-2 and PL-3) are required to:

1. Teach medical students, interns and rotators according to schedule
2. See walk-in patients as possible
3. Answer Hotline calls according to schedule
4. Look at no-show charts and labs and make appropriate determinations
5. Check out patients and labs with in-coming evening clinic resident
6. Participate in section lectures

PL-1 RESIDENT is required to:

1. Consult with attending supervisor on each patient
2. Consult with attending when a change in therapy is contemplated

MEDICAL STUDENT (MS IV) is required to:

1. Attend all Morning Reports and didactic lectures
2. May see patients on his/her own, but must present patient to attending physician

MEDICAL STUDENT (MSIII) is required to:

1. MSIII will see patients in conjunction with the senior resident and/or faculty
2. Will attend all Morning Reports and didactic lectures

Individuals assigned to the clinic rotation must report to the clinic at 8:30 a.m. Resident is responsible for reviewing the afternoon schedule and needs to report to the appropriate clinic by 1:00p.m.