

**Department of Pediatrics**

**MINIMUM RESPONSIBILITIES**

**June 2008**

**All residents on all services are required to:**

1. Write a complete history and physical exam on each patient including appropriate history of present illness plus PMH, FH, SH and ROS, thorough physical exam, problem list with differential diagnosis, assessment and treatment plan
2. Maintain accurate, timely, and legally appropriate medical records
3. Meet all charting requirements established by medical services in all areas
4. Document all procedures and progress notes clearly describing patient's status, relevant investigations, etc.
5. Prepare appropriate, timely and concise discharge and transfer notes with clear documentation of management and follow-up plans
6. Write legible orders in a clear, concise, understandable format; all verbal/telephone orders must be read back immediately (read-back must be documented in patient chart) and must be signed within 24 hours
7. Write prescriptions which meet all state regulations, guidelines and medical staff requirements
8. Complete all forms regarding:
  - a. Billing
  - b. Consults
  - c. Consent
  - d. Financial assistance
  - e. School placement
  - f. Authorization
  - g. Physical exams
  - h. Deaths
9. Perform procedures appropriate to service and training level
10. Provide adequate communication to the family about their patients in a timely fashion
11. Assure adequate follow-up of all patients
12. Teach junior residents, medical students and rotators
13. Report to sections on time
14. Conduct additional reading or research in preparation for cases and patient management
15. Attend all morning report, lecture, small group, Nelson Bowl, Perinatal M&M and Tumor Board meetings unless excused by an attending

**ADMINISTRATIVE CHIEF or CHIEF RESIDENT is required to:**

1. Coordinate teaching activities in each section
2. Assist with service orientation of students, residents and rotators in conjunction with the senior residents assigned to the services

3. Assure senior coverage in the Ward, Clinic, Nursery, Providence and Hotline
4. Identify and provide intervention for resident performance and behavior issues in coordination with attending faculty, program director and resident's faculty advisor
5. Monitor resident-resident, resident-faculty, and resident-student interactions and provide mediation in cases of conflict
6. Monitor resident attendance to lectures
7. Evaluate medical students, faculty, PL-1, PL-2 and PL-3 residents
8. Participate in Evaluation, Curriculum, and Policy committees
9. Develop didactics curriculum per year or for each 18 months, as appropriate
10. Monitor CMN Always Kids Hotline procedures, schedules and meetings with social workers
11. Develop monthly call schedules and record a distribution tally on the "Resident Call Distribution" form
12. Coordinate monthly resident meetings
13. Coordinate Grand Rounds including assignments of tasks to residents
14. Coordinate monthly Radiology conference
15. Coordinate monthly M&M and Perinatal Roundtable conferences in conjunction with neonatologists
16. Arrange coverage in cases of resident absence
17. Coordinate mock codes
18. Act as liaison between residents and faculty
19. Participate in neonatal Transport activities 7 a.m. to 5 p.m. weekdays. This responsibility will be shared with NNPs.
20. Attend monthly faculty meetings

**FLOATER is required to:**

Resident floaters attend high risk deliveries 7 a.m. – 1 p.m. on weekends. Resident floaters write admission orders for patients and immediately notify Nursery Senior Resident or NNP to ensure continuity of care. They also do H&P on admitted patients to ICN or IMCN from 7 a.m. to 1 p.m. on weekends

***Responsibilities are not limited to those listed above, and may include assisting in other services as needed. The floater may be reassigned to other duties at the discretion of the Chief Resident.***

**HOTLINE resident is required to:**

1. Answer Hotline calls from 8 a.m. to 5 p.m. as backup
2. Answer Hotline as Night Call or Weekend Call as follows:
  - Monday to Friday: 5:30 p.m. – 8 a.m. on following day
  - Friday: 5:30 p.m. – 7 a.m. on following day

- Saturday: 7 am – 7pm / 7 pm – 7 am on Sunday
  - Sunday: 7 am – 7pm / 7 pm – 8 am (until 8 am on Monday)
3. Weekends Hotline coverage is a “supervised activity.”
  4. Review all no-show charts, checking and signing as appropriate
  5. Review lab results

When there is an assigned nurse covering the Hotline, the HL resident will serve as backup and assist with walk-ins in the clinic. The assigned Hotline resident *must be on campus from 8:30 a.m. to 4:30 p.m.*

### **THOMASON 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. Senior resident during a ward rotation will split the ICU coverage
9. *Ward seniors are also responsible for assigning patients to interns on their team.*
10. Admit patients from the ER
11. Primarily manage all PICU patients during PICU coverage
12. Know all patients on the floor and in the PICU
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. Teach medical students as appropriate
8. PL-1 floor resident should participate in the critical care management during calls, to enhance medical knowledge

**MEDICAL STUDENT is required to:**

1. Follow patients in conjunction with PL-1 residents (MSIIIs)
2. Write H & Ps on assigned patients and submit one for evaluation
3. Follow patients under supervision of senior resident (MSIV); needs to follow an average of 5-6 patients per day; can acquire 1 to 2 patients per day and 2 per night if on call
4. Attend all section/department/student teaching conferences/sessions
5. Evaluate residents and faculty

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).**

## **PROVIDENCE HOSPITAL WARD**

### **FACULTY SUPERVISION and TEACHING RESPONSIBILITIES**

**The attending faculty is required to:**

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

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

1. Admit patients to the PICU and Floor, and complete all appropriate paperwork
2. Round and consult with appropriate clinical faculty
3. Research material for patient care prior to rounds
4. Review patient status before rounds and compile information for efficient and appropriate oral presentation
5. Evaluate patients, develop plan, call clinical faculty and follow-up with him/her

6. When census reaches 10 patients per intern, the senior resident is responsible for calling the ER and Pediatric Ward and advising staff that the resident service is full

**PL-1 RESIDENT is required to:**

1. Admit, follow-up and discharge all Ward patients (in coordination with senior resident)
2. Write progress notes on all patients
3. Research material for patient care prior to rounds
4. Review patient status before rounds and compile information for efficient and appropriate oral presentation
5. Evaluate patients, develop plan, call clinical faculty and follow-up with him/her
6. PL1 floor resident should participate in the critical care management during calls, to enhance medical knowledge

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 transfer.

*All second and third year residents will participate in daily rounds and teaching activities with the Providence Residency Coordinator. When on call at night, the senior will take care of patients in both the PICU and on the Ward. Transfer notes must be written for all patients to be transferred from PICU to floor or vice versa.*

**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).**

**THOMASON HOSPITAL NURSERY**

**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

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
12. Coordinate monthly section meetings including which patients will be discussed and who will discuss the patients
13. Review resident charts and procedures

### **SENIOR RESIDENT RESPONSIBILITIES**

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. Arrange for 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

## **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

#### **PL-3 and PL-2 (SENIOR) RESIDENTS 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. Make plan for coverage (who can leave early)
6. Check out patients and labs with in-coming evening clinic resident
7. 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 is required to:**

1. MSIII will see patients in conjunction with the senior residents
2. MSIV will see patients on their own and then present patient to attending

**Individuals assigned to the clinic rotation must report to the clinic at 8:30 a.m. and 1:00 p.m.**



## **LAS PALMAS HOSPITAL**

### **Senior Resident Responsibilities**

#### **ER Las Palmas**

1. Arrive to the assigned shift on time
2. There are 3 types of shift; morning shift from 7am - 5pm, afternoon shift from 3pm - 1am, and night shift from 9pm - 7am)
3. Examine all the pediatric patients available and complete all the appropriate paperwork.
4. Check-out the patient with the appropriate faculty physician.
5. Develop plans, order laboratory and radiologic tests in a timely manner and follow up the results.
6. If pediatric patients are unavailable you may examine non-critical sick young adults.
7. Perform repairs of lacerations, splinting and fracture reduction and minor procedures to the pediatric population, and some adults if no pediatric patients are available.
8. Keep a tract of patient status at all times.
9. If at the end of shift a patient has pending laboratory test or pending evaluation and cannot be discharged from the ED, the resident will do a bed-side check-out with the attending in charge of the next shift.
10. If at the end of shift if no work is pending and there are no more patients to be seen, the resident must report to the attending in charge before going home.

#### **PICU Las Palmas**

1. Admit patients to the PICU and complete all appropriate paperwork.
2. Round and consult with the appropriate clinical faculty
3. Research material for patient care prior to rounds.
4. Review the patient status before rounds and compile information for efficient and appropriate oral presentation.
5. Evaluate patients, develop plan, call clinical faculty and follow up with him/her.
6. All individuals assigned to the rotation must report to the PICU at 7:00am and leave at 5:00pm.
7. Will be responsible for all the admission notes, H&P, progress notes and discharge summaries during the assigned time.
8. Inform to the attending on call for any new admission or any important changes of a patient's status.

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

**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

**MEDICAL STUDENT is required to:**

1. Admit at least one patient in intermediate nursery while on call with a 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

**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.**