GOALS OF HOSPITALIST SENIOR ELECTIVE AT KAISER SANTA CLARA

ROTATION AIM:
To expose pediatric residents to the core clinical and non-clinical skill sets required of a Pediatric Hospitalist in an academic-affiliated hospital setting.

ACGME Competency-based Goals and Objectives

1. Resident Objective: Exploration of Definition of a Hospitalist

Instructional Strategies:

- Understand the role of the Pediatric Hospitalist on a hospitalist-based service in an academic-affiliated institution that includes residents and medical students on the team.
- Evaluate patients based upon information obtained from students and residents during bedside rounds.
- Explore team dynamics and Hospitalist leadership structure on a hospitalist-led inpatient team.

Assessment of Competency:
- Direct observation
- Attending discussion and assessment

ACGME Competency Goals:
- P, SBP, ICS, PC

2. Resident Objective: Clinical Skills (Diagnostic and Therapeutic Practice)

Instructional Strategies:

i.) Admissions:
- Triage patients by phone using objective findings obtained from the referring provider.
- Generate an initial differential diagnosis based upon information obtained from referring provider.
- Generate an initial plan and list of potential complications based upon information obtained from referring provider or from information gathered in the ED.
- Communicate essential information and thought process with the accepting team in an organized way.

ii.) Daily Patient Care
- Approach the care of medically complex and sub-acute patients in an organized fashion through generating a comprehensive problem list for each patient.
- Appreciate the jobs of ancillary services including physical therapy, occupational therapy, recreation therapy, speech and language therapy, child life, and nutrition services by participating in evaluation and therapy sessions.
- Apply appropriate screening exam/ labs to well newborns and instruct parents in the care of their children.
- Participate in Floor care, PICU, and Well-baby Nursery

iii.) **Consults:**
- Effectively convey a clinical question to consultants in sub-specialty services located in a separate facility and
- Obtain a targeted history and physical exam with the goal of answering questions for physician requesting consult and deciding disposition for patients in the emergency department.

iv.) **Surgical Co-management:**
- Generate a problem list for medically complex surgical patients.
- Address potential complications of medically complex surgical patients.
- Communicate effectively with co-managing surgical team via written and verbal methods.

v.) **Procedures:**
- Understand potential complications of medical devices and perform routine tracheostomy tube changes, gastrostomy tube changes/replacement, endotracheal intubation, lumbar puncture, PICC removal, and IV placement.

vi.) **Sedation:**
- Achieve understanding of basic principles of sedation, including:
  - Define levels of sedation
  - Identify clinical indications for performing sedation
  - Describe anatomic landmarks of pediatric airway
  - Perform effective bag-mask ventilation
- Develop competency in performing pre-sedation assessment, including:
  - Define ASA Airway classification
  - Identify risk factors for poor sedation outcome and impact of coexisting disease on anesthesia management
  - Define NPO requirements and why they are important to a safe sedation procedure
  - Perform pre-operative history and physical prior to sedation procedure including obtaining consent and demonstrating required documentation.
- Develop knowledge of medications used for pediatric procedural sedation
- Understand how to perform a safe procedural sedation, including:
  - Demonstrate knowledge of anesthesia equipment
  - Demonstrate intra-procedure monitoring
  - Describe complications of sedation procedure and how to perform resuscitation
  - Describe post-procedural monitoring and discharge requirements.

vii.) **Transport:**
- Explain the members of transport team and primary responsibilities of each.
- List key information that must be obtained from facility sending patient prior to departure.
- Review situations in which patient is unstable for transport.
- Describe equipment and resources available during transport.
- Effectively communicate necessary information to accepting resident team.
- Improve critical care skills involved during transport (NRP and CAPE, including airway management, basic code medications, and diagnostic skills).

viii.) **Throughput:**
- Describe the impact of early discharges and transfers.
- Explore ways that the Hospitalist can assist with inpatient resource management.
- Identify opportunities to improve throughput and explore methods to appropriately apply hospital clinical practice guidelines through use of inclusion/exclusion criteria, order sets, and available documents.

**Assessment of Competency:**
- Direct observation
- Attending discussion and assessment
- Verbal discussion with other members of care team, including nurses, social work, and transport specialists.

**ACGME Competency Goals:**
- P, SBP, ICS, PC, PBLI, MK

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3. **Resident Objective: Multidisciplinary Patient Care**

**Instructional Strategies:**

i.) **Family Centered Rounds**
- Communicate effectively with patients and families during and outside of rounds and identify and create a plan to address any communication issues.
- Elicit and guide students in the pursuit of their learning objectives.

ii.) **Patient Safety**
- Communicate effectively with primary care physicians and consultants and consider methods to ensure appropriate communication.
- Awareness of and compliance with nosocomial infection control protocols.

iii.) **Communication and Transitions in Care**
- Effectively communicate with transferring and accepting medical facilities, and primary care physicians.

iv.) **Children with Complex Medical Needs**
- Demonstrate awareness of difficulties faced by families of children with special medical needs, and address unique patient requirements, both for in-house patient care and discharge planning.
- Discuss advance directives and code status with patients and families.

v.) **Case Management/Documentation Experience**
- Generate patient care documentation that is useful from multiple perspectives, including cross-covering providers, case management, and risk management.
- Work with case management to gain insight into home needs, coordination of follow-up care, and interaction with third party payors required for patients with complex medical conditions.
- Confer with a multi-disciplinary team to assess patients and plan for their healthcare needs.

vi.) **Discharge Safety**
- Discharge patients in a manner that is appropriate from a medical perspective, organized, and timely efficient.
- Deliver patient instructions to families and ensure appropriate discharge follow-up.
- Plan for discharge of patients with complex medical problems addressing medical equipment and parental training needs.

**Assessment of Competency:**
- Direct observation
- Attending discussion and assessment
- Self-reflection
- Verbal discussion with other members of care team, including nurses, social work, and case management.

**ACGME Competency Goals:**
- P, SBP, ICS, PC, PBLI

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4. **Resident Objective: Academics and Research**

**Instructional Strategies:**

i.) **Teaching at the Bedside**
- Incorporate bedside teaching skills outlined into daily practice.
- Provide constructive feedback to students and residents.
- Direct attention to medical student education through teaching clinical reasoning, supervising documentation, providing bedside physical exam teaching regarding shared patients.

ii.) **Evidence-Based Medicine**
- Propose of clinical question that may be addressed in a hospital setting such as Kaiser using patient information as a database and generate an abstract that outlines a feasible, publishable journal-worthy investigation.

**Assessment of Competency:**
- Direct observation
- Attending discussion and assessment
- Self-reflection
- Student, nurse, and resident feedback
5. Resident Objective: Administrative Duties

Instructional Strategies:

i.) Coding and Billing Experience
- Determine appropriate billing for patient encounters and provide sufficient medical documentation to support levels billed.

ii.) Documentation
- Appropriately document in electronic medical record, including H and P, daily notes, discharge summaries, consultations, transfer summaries, and procedures.

iii.) Quality Improvement/ Hospital practice guidelines
- Adhere to current hospital practice guidelines
- Recognize gaps or weak areas where current hospital protocol may be improved, and bring suggestions for change to attention of administrative staff.

Assessment of Competency:
- Direct observation
- Attending discussion and assessment
- Self-reflection

ACGME Competency Goals:
- P, SBP, PBLI

PBLI = practice based learning and improvement
ICS = interpersonal and communication skills
MK = professionalism
PC = patient care
SBP = systems based practice
PROPOSED SCHEDULE

WEEK 1
Daytime Pre-attending for Floor team
- Run floor rounds
- Decision-making re: admission and discharge of inpatients
- Attend and participate in PICU rounds

WEEK 2
Overnight call
- 5 nights of overnight call for floor and PICU (with current hospitalist)
- ED consults

WEEK 3
Sedation/Transport/Well Baby
- Participate in procedural sedation
- Attend and assist in transports to and from Kaiser
- See babies and write daily notes on patients in nursery

WEEK 4
Daytime Pre-attending for Floor team
- Run floor rounds
- Decision-making re: admission and discharge of inpatients
- Attend and participate in PICU rounds

Other required components:
- Resident must receive teaching sessions on critical aspects of sedation and transport
- Resident must give weekly teaching session to the team on a relevant clinical topic
- Resident must write and present an abstract that asks a clinical question capable of being researched in a setting such as Kaiser
- Resident will run a mock code created by other attendings on service
- Perform procedures as described in rotation aims
- Resident will receive and give feedback at the 2 week time point and at conclusion of rotation