

PEC GENERAL PEDIATRIC HOSPITALIST ELECTIVE

Rotation Director

Jennifer Everhart, MD

Introduction

Welcome to the General Pediatric Hospitalist Elective at PEC! We are excited to have you join us! At the Packard Unit at El Camino Hospital (PEC), our focus is on the care of acutely and chronically ill children. You will be exposed to a lot of “bread-and-butter” general pediatrics, as well as complex chronically ill children and diagnostic dilemmas.

Objectives

The goal for this elective is to expose you to the field of pediatric hospital medicine in a community hospital setting. We hope that you will develop skills in inpatient medical care, care coordination, and efficiency as well as skills in teaching and precepting students, as applicable.

Objectives for the rotation include:

1. Provide compassionate but efficient patient- and family-centered care to acutely ill children
2. Confidently formulate evidence-based plans of care utilizing resources available in a community hospital setting
3. Partner with referring and primary care providers to optimize patient care through effective communication
4. Appropriately triage requests for admission and ED consults
5. Effectively lead a multidisciplinary patient care team, including nurses, social workers, and members of other ancillary services
6. Utilize accurate and efficient handoffs to ensure undisrupted quality patient care
7. Capitalize on opportunities to teach: medical students, nursing, ancillary staff, referring physicians, fellow residents/hospitalists

General Information

Orientation

On the first day of your rotation, please come to the PEC Hospitalist Office at 8 am (in time for sign-out). The attending on service will orient you to PEC and discuss the expectations for pre-rounding, presentations, notes, dictations, and interaction with medical students (if applicable), attendings, and other medical staff, and will review your curricular goals.

Location

El Camino Hospital is located at 2500 Grant Road, Mountain View, CA 94040. The PEC unit is located on the fourth floor of the main hospital, Tower C. Use the intercom to ask to be let onto the unit; badge access will be arranged later in the day.

Parking

There is a free El Camino Hospital parking garage located at the corner of North Drive and Hospital Drive. From Grant Road (heading west), turn right onto North Drive. Drive straight and you will see the garage on your right (just after Hospital Drive intersects North Drive).

Main Phone Numbers

PEC/CCP Nursing Station: 650-988-8381

PEC Hospitalist Office: 650-988-4102

PEC Hospitalist Cell: 650-644-8299

Sample Weekly Schedule

Attendance is requested Monday-Friday, 0800-1730. You may need to arrive earlier than 0800 to complete pre-rounding prior to family-centered rounds, especially at the beginning of the rotation or if the patient census is high. You may also be asked to stay later than 1730 on occasion to complete patient care. Optional overnight shifts can be arranged with the attending hospitalists on-service. ACGME duty hour restrictions apply.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0830	Handoff	Handoff	Handoff	Handoff	Handoff
0830-0900	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds
0840-0845	Touch base with Spanish interpreter	Touch base with Spanish interpreter	Touch base with Spanish interpreter	Touch base with Spanish interpreter	Touch base with Spanish interpreter
0900-0910	Run list with RSN; plan FCR	Run list with RSN; plan FCR	Run list with RSN; plan FCR	Run list with RSN; plan FCR	Run list with RSN; plan FCR
0910-1100	Family-centered rounds	Family-centered rounds	Family-centered rounds	Family-centered rounds	Family-centered rounds
1100-1700	Patient care & teaching	Patient care & teaching	Patient care & teaching	Patient care & teaching	Patient care & teaching
1700-1730	Handoff	Handoff	Handoff	Handoff	Handoff

Rotation Specifics**Teaching**

Formal and informal teaching will occur in a number of ways:

- (1) Daily rounds, including sharing physical exam findings and modeling effective communication
- (2) Discussion of management options and care coordination
- (3) Supervised triage of admission referrals
- (4) Precepted consults in the El Camino Hospital ED
- (5) Precepted admissions to the unit
- (6) Modeled and supervised communication with primary care providers
- (7) Supervised delivery and receipt of handoff
- (8) Case-based Blue Team modules on the peds.stanford.edu website

3rd year pediatric clerkship students rotate occasionally at PEC. If a medical student is on-service, you and the attending will likely share teaching responsibilities (informal teaching on rounds, formal didactic sessions approximately 3 afternoons per week, providing feedback on verbal communication and written documentation).

Call

Call is not required on this elective. Optional overnight shifts can be arranged with the attendings on-service based on residents' individual rotation goals.

Rounds

We practice patient- and family-centered I-PASS formatted walk rounds at PEC. You and your attending will discuss how to best run daily rounds, allowing for graduated autonomy as your confidence and clinical skills progress. The expectation is that you will round independently by the end of the rotation, staffing patients with the attending hospitalist after developing and communicating your own clinical assessment and plan. An in-person interpreter is made available at 0910 for assistance with Spanish-speaking patients – please check-in with him/her each morning. Please also run your list with the resource (charge) nurse each morning at 0900 to determine the order of rounds and assess resources for the day. Priority should be placed on ill patients, followed by discharges.

Team Size

Residents will cover up to 8 patients at a time. Any additional patients will be covered solely by the hospitalist on-service.

Procedures

Residents may be able to acquire procedure skills for the following:

- Lumbar puncture
- Intravenous line placement
- Venipuncture
- Arterial puncture
- Urethral catheterization

Resident Roles and Responsibilities

Triage

Community physicians and the Stanford ED call the unit or hospitalist directly to request admission. Outside hospitals/EDs and the El Camino Hospital ED contact the hospitalist through the Transfer Center. You will have the opportunity to answer these calls and triage patients as appropriate, with the guidance of the attending LPCH hospitalist.

As PEC is a community-based satellite unit of a quaternary children's hospital, the decision to admit and care for a patient at PEC must take into account the following special considerations:

1. No on-site PICU
 - Infants requiring ICU care may be transferred to the ECH NICU (if < 28 days), LPCH NICU (if declined by ECH NICU).
 - Young adults requiring ICU care may be transferred to the ECH adult ICU.
 - All other patients requiring ICU care must be transferred off-site to the LPCH PICU.
2. Hospitalist guidelines
 - Available on LPCH Intranet: Forms, Policies, & References -> Hospitalist Guidelines
 - PEC Admission Guidelines
 - PEC Hyperbilirubinemia Admission Guidelines
 - PEC Transfer Guidelines
 - Care guidelines: acute gastroenteritis, asthma, bronchiolitis, febrile seizure, fever without a source < 2 months, fever without a source 2-36 months, and uncomplicated community acquired pneumonia.

Consultants

The following consultants are available at PEC:

- Adolescent
- Cardiology (San Jose Pediatric Cardiology Associates, affiliated w/ LPCH: Drs. Grady, Kim, Lappen and Tran)
- Dermatology (+/- Call attending on-service before accepting patient to verify)
- Endocrinology (+/- Call attending on-service before accepting patient to verify)
- Gastroenterology (+/- Call attending on-service before accepting patient to verify)
- Genetics (+/- Call attending on-service before accepting patient to verify)
- Hematology (+/- Call attending on-service before accepting patient to verify)
- Neurology (+/- Call attending on-service before accepting patient to verify)
- Oncology (+/- Call attending on-service before accepting patient to verify)
- Pulmonology (+/- Call attending on-service before accepting patient to verify)
- Psychiatry
- Rheumatology (+/- Call attending on-service before accepting patient to verify)
- Case Management (M-F)
- Social Services (M-F)
- Child Life (MW 1200-2030, TuFr 0900-1730, Th 0700-1530)
- School Teacher (M-F)
- Chaplain (M-F)
- Occupational Therapy (2-3x/week)
- Physical Therapy (2-3x/week)
- Nutrition (M-F)
- Lactation (ECH; daily)
- Interpreter Services (Spanish interpreter available in-person M-F 0900-1700; see Interpreter Requests information sheet for instructions)

Admissions

Patients are admitted to PEC from the LPCH/Gardner clinics, community pediatricians' offices, local subspecialists' offices, emergency departments, and as transfers from the LPCH PICU, LPCH acute care units, and outside hospital acute care units.

Resident Roles and Responsibilities:

- Coordinate intake
 - 1. Take intake call (can be on speaker phone with attending hospitalist listening in)
 - 2. Complete intake sheet
 - 3. Discuss case with resource nurse, provide photocopy of intake sheet
 - 4. Confirm acceptance with referring MD
 - 5. Call Patient Placement at 650-725-8877
- Perform history and physicals on new patients
 - Include all aspects of H&P, including:
 - 10-14 point ROS
 - PMD name and contact information (phone, fax, address)
 - CC the PMD and any pertinent consultants on the H&P
 - Assessment and Plan should be listed by problem list (not systems)
 - Include discharge goals as one of the problems

- Call PMD when patient is admitted (if PMD is not referring physician). If the patient is admitted at night, then please call them the next morning. Document attempts to communicate with PMD in Epic.
- Route completed H&P to PMD via Epic
- Start Discharge Navigator in Epic (if time available)

Daily Work

Resident Roles and Responsibilities:

- Perform the primary patient care role
- Pre-round on patients and complete daily progress notes and orders (need to enter a complete progress note in Epic on all patients, including those followed by medical students)
- Present patients on rounds, with assessment and plan presented by problem (not system-based)
- Take care of daily work associated with patient care
- Update Handoff in Epic
- Communicate with patients, families and primary physicians
- Update Discharge Navigator in Epic as needed
- Supervise medical students caring for your patients
- Support medical students with informal teaching about ward logistics and patient care

Transfers from PEC

Resident Roles and Responsibilities:

- Write Transfer Summary
- Complete Transfer Navigator in Epic and associated orders
- Obtain written consent to transfer from parent(s)
- Call accepting resident/attending and handoff patient

Discharges

Resident Roles and Responsibilities:

- Coordinate and complete patient discharges
- Complete Discharge Navigator in Epic
- Write Discharge Summary in Epic if patients are at PEC (or LPCH + PEC) \geq 48 hours or are particularly complicated
 - Route the Discharge Summary to the PMD and any pertinent consultants
- Call PMD at time of discharge and arrange follow-up.

El Camino ED Consults

You may perform pediatric consults on patients in the El Camino Hospital ED under the supervision of the LPCH/PEC hospitalist. It is important to note that residents are not on staff at ECH and must therefore be accompanied by an LPCH/PEC hospitalist. Please do NOT go to the ECH ED on your own and do NOT document anything in the ED chart nor recommend orders directly to the ED attending without having an LPCH/PEC hospitalist present and in agreement.

Additional Learning Opportunities

Quality Improvement

Residents are invited to participate in ongoing quality improvement initiatives at PEC and attend the following committee meetings:

1. PEC Quality Oversight Committee meeting – 1st Wednesday of each month, 1200-1300, in the PEC conference room
2. El Camino Hospital Department of Pediatrics meeting – 1st Thursday of odd-numbered months, 0800-0900, ECH NICU conference room

Additional Clinical Opportunities

We want to do our best to tailor this elective to your personal professional and clinical goals. Additional clinical opportunities include:

1. Nursing – observe a bedside nurse for a half day, providing hands-on patient care and gaining a better understanding of a bedside nurse’s daily workflow and challenges
2. Nursing leadership – observe a resource nurse for a half day, gaining a better understanding of a resource nurse’s daily workflow and systems issues which affect patient care (could include attendance at resource nurse sign-out and beginning of shift huddle)
3. Moderate sedation – though moderate sedation is not often performed at PEC, you may choose to work with the Consult Hospitalist at LPCH for a day or two to observe sedations

Evaluation and Feedback

The methods of evaluation for the PEC General Pediatrics Hospitalist Elective will include:

- For the residents (which will be included in their portfolios):
 - Competency-based global rating scales through MedHub from attendings
 - Global rating scales through E*value from Medical Students (anonymous)
- For the fellows & attendings (which will be included in their portfolios):
 - Competence-based global rating scales through MedHub from interns (anonymous)
- For the rotation:
 - Global Rating Scales through MedHub from Interns (anonymous)
 - Review at Curriculum Committee every 15-18 months

Feedback should be provided by the fellow and/or attending hospitalist to the resident on a regular basis – at least weekly. The focus of feedback will be on competency-based goals and objectives and the resident’s own identified goals for the rotation. At the end of the rotation, an end-of-rotation feedback session will be conducted by the hospitalist attending. Residents are also welcome to call or email Dr. Everhart with any comments or suggestions. In addition, the resident should provide the medical student feedback and vice versa.