

WATSONVILLE COMMUNITY HOSPITAL - PEDS HOSPITALIST ELECTIVE  
5 MINUTE CURRICULUM

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***Welcome to Watsonville Community Hospital.*** WCH is a 106-bed hospital and has served south Santa Cruz County for over 100 years. You will be joining our team of 3 pediatric hospitalists. We see a full spectrum of community hospital pediatrics with tremendous variety in presentation and acuity. As the resident here, our goal is for you to be the primary physician caring for our diverse and busy service, which includes a general peds ward, a Level II NICU, and a well baby unit. Here, you will get a sense of how the “whole” pediatrician attends to children in the absence of readily available subspecialty consultation, with an eye towards practicing effective community hospital medicine and delivering quality care to a semi-rural and largely migrant population.

*Community hospital pediatrics is distinct from academic hospital pediatrics in many ways, but especially in its emphasis on the care of newborns. We spend a significant amount of time caring for infants in the NICU and for well babies. Gen Peds volume fluctuates seasonally.*

**Rotation Information:**

- **Schedule:** 7am – 5pm Monday – Friday. There will be some flexibility to account for staying for interesting patients or procedures, with adjustments to stay within ACGME work-hours requirements. In general, for a sick or interesting patient, you may stay until 9pm, or at the latest 11pm, prior to returning the next morning. Generally, you will be home by late afternoon.
- **Resident role:** The resident will be the primary physician responsible for this busy general pediatrics community hospitalist service. Attendings will be in-house and will co-manage the service but will be “2<sup>nd</sup> call” while the resident is on-service.
- **What you will learn:** broadly, this is a rotation where you will learn bread-and-butter care of hospitalized children in a community setting, with a focus on autonomy for experienced residents. More specifically, duties include:
  - Delivery and resuscitation of late preterm and term infants (common problems: meconium; respiratory distress; preparation for transport and therapeutic hypothermia)
  - Care of well newborns (common problems: hyperbili, mild/moderate congenital anomalies)
  - Care of premature and term infants in a Level II NICU (common problems: respiratory distress; sepsis evaluations; TPN management; preterm feeders/growers; retinopathy of prematurity; periventricular leukomalacia)
  - Care of hospitalized infants, toddlers, and children (common problems: sepsis evaluation, bronchiolitis, RAD/asthma exacerbations, community acquired pneumonia, urinary tract infection / pyelonephritis, seizure disorder, ingestions)
  - Procedures: endotracheal intubation, umbilical artery/vein catheterization, LP, peripheral venous catheterization, bladder catheterization / aspiration

- **Orientation:** Residents are to arrive on the 1<sup>st</sup> day of service at 8am for badging, EMR training, and on-site orientation with the attending. There are minimal pre-arrival requirements (i.e. no on-line / remote pre-orientation tasks); we will contact you by email to assist in completing these.
- **Signout:** Following orientation, and each Monday, the attending will run the list with the resident, which will serve as “signout” and designate the resident as 1<sup>st</sup> call pager. Resident will subsequently signout again with the attending (who will have been on overnight) at the beginning and end of each day. *Please see separate document on the typical rounding schedule.*
- **Parking:** Residents may park in the patient visitor lot at the entrance to the hospital at 75 Nielson St., Watsonville, CA 95076. Upon arrival, page the peds hospitalist attending at 831.661.2722
- **EMR:** The hospital is in transition to a complete EMR. Several systems currently collaborate. Training will be during your 1<sup>st</sup> day, with the Attending.
- **Team:**
  - Peds Hospitalists: Our group of 3 hospitalists are all Stanford faculty:
    - Peter Rowinsky, MD (rowinsky@stanford.edu/206.369.8606)
    - Donna Takahashi, MD (department chair) (donnat1@stanford.edu)
    - David Finnigan, MD (david57@stanford.edu)
  - Medical Director: Ned McNamara, MD (emcnamara@stanford.edu)
  - MBU Charge Nurse: rotates daily, a good resource for checkin on the board
  - IICN / MBU Resource Nurse: attends deliveries and assists with resuscitations
  - OBs: Drs. Burke, Gamboa, Chamberlain, Loehr, Granthom, Magaña, Northey, Shah
- **Peds Hospitalist Team responsibilities:**
  - **IICN:** Infant Intensive Care Nursery (ICN), a Level II NICU with a typical census of 3 to 6
  - **MBU:** Mother-Baby Unit, census ranges typically from 5 to 15
  - **Wards:** General Peds beds, 3<sup>rd</sup> floor, census 2 to 5 (higher seasonally)
  - **Deliveries:** attend all C-sections, all mec deliveries, and any delivery by request of OB
  - **ED: Consults and Admissions:** Busy community ED with high peds volume, especially at night and on weekends. Staffed by MDs and PAs. Occasional unstable patients.
  - **Transports:** Resident to coordinate transports from the ED, floor, or IICN to higher level of care (typically to LPCH). This includes assessing need for transport, discussion with accepting facility and physician, and bedside management with the WCH attending until the transport team arrives. Residents will not be accompanying patients to any other facility. Transport phone communication *does* require Attending-Attending communication.
  - **Sedation:** moderate; typically for imaging, occasionally for procedures; residents can observe these with attendings but cannot run these unsupervised
- **Rounds and workflow: see separate document for details**
  - On daily arrival at 0700, begin with rounds in the IICN. Discuss overnight events with the attending.
  - Workflow as per separate document.

- Divide work flow with attending as needed, otherwise assume that you will round on and manage each patient.
- Attending to see each patient prior to discharge.
- We will co-sign your notes, but not your orders.
- Review any clinical decision-making for sick kids with attending prior to initiating plan.
- Resident workroom: Room 338, includes a desk and workstation. There are no facilities in the hospital to allow a resident to take overnight call. **Room 338 does not lock; store valuables in the Attending work/call room.**
  - Electronic resources: use your Stanford login to access UpToDate, Lane Library, Webmail, etc.
- Attending work/call room: Room 328. Combination is 1-5-9-\*
- Attending signout is typically every 48 hrs at 12 noon in the Attending work/call room. Resident is to lead signout in a “Pre-tending” role.
- **Multidisciplinary rounds:** Once weekly on Thursday at 9am, typically either in the IICN or in the Lactation Room (between 2E and 2W). Rounds include Dr. McNamara (consulting neonatologist and the IICN Medical Director), the IICN nurse, the peds hospitalist attending, and typically Social Work and Nutrition. Families do not attend.
- **Consults: Discuss with Attending Prior to calling consults**
  - Available within WCH: Gyn; Adult GI; General Surgery; General Ortho; Adult Anesthesia
    - In contrast to typical protocols at LPCH, consulting services will not always call you with their recommendations and sometimes put in orders on your patients without informing you. **Be proactive**, contact the consultant once they have left a note in the chart to discuss the plan.
  - Mental Health note: in Santa Cruz County, a **Psychiatrist** has to “clear” a suicidal patient for discharge. At present, there is *no Psychiatry consultation available at WCH*.
  - Available to come to WCH: Neonatology; Peds Cards
  - All other peds subspecialists: call LPCH Dispatch 650.723.7342 for phone consultation
- **Pharmacy resources:** inpatient pharmacy is closed 10pm – 6am. For anything that’s not in the Pyxis (e.g. anything other than commonly used IV fluids or antibiotics), think ahead to be sure orders are in place for the evening.
- **Lab resources:** all of your basics are available in-house. Rapid viral respiratory testing is flu A/B and RSV only (no vFA or rapid respiratory panel). All PCRs are sendouts, including HSV and enterovirus.
- **Imaging resources:** in-house XR 24/7. Daytime US, technicians experienced with common peds presentations. CT available 24/7. Daytime MRI. Daytime fluoroscopy, including VCUG. In-house rads group includes a peds radiologist and an adult neuroradiologist.
- **Department meetings:** Once monthly; attendance highly encouraged, though patient care trumps. Schedule variable, but always on a weekday afternoon.

- **Attire:** either standard professional attire or scrubs (use in-house WCH scrubs). If you want to wear professional attire, be ready to put on a bunny suit for a delivery or procedure.
- **OR:** Peds scrubs in for cases, in order to be able to transfer the baby from the OR table to the warmer. 1<sup>st</sup> scrub of your shift must be with water; thereafter, within 24 hrs, you may do a waterless scrub. If it's been a while since you've scrubbed, ask for a refresher!
- **Journal Club / CPI:**
  - Residents may present Journal Club at our monthly meeting. Additionally, pick a Continuous Process Improvement project (e.g. review and development of a clinical pathway, implementation of a communication process, etc.). Goals to be identified at the beginning of the rotation. CPI due by the end of the month.
- **Nursing students:** Intermittently rotating through the hospital, these are students from Cabrillo College. They are eager and bright and will appreciate any efforts you make to teach them.
- **Feedback:** Formal feedback at the end of the 1<sup>st</sup> week and at the end of the rotation with Dr. Rowinsky. Ad hoc sessions at your request or at the request of any faculty or staff.
  - Formal written feedback will be provided via MedHub (both for the resident and for the attending) at the end of the rotation.
  - *Good feedback should be timely. Call Dr. Rowinsky immediately with any problems.*

### **Communication:**

- **Patients and families:** Plan to communicate the team plan to patients each day. Access communication tools (interpreters, Spanish-speaking nurses) effectively.
  - Spanish language skills will help significantly but are **not** mandatory.
  - There is a *large* monolingual Spanish population in Watsonville; others are bilingual but with minimal English. Many are fully bilingual. A smaller group has very limited Spanish and speaks mainly Mixteco.
    - *Tip: check to see what language is on the television in their room... odds are, that's the language in which you should communicate.*
  - **Medical Spanish:** If your own Spanish is sufficient for patient communication, you may speak directly with patients. Please be mindful of your own limits; do not be afraid to ask for help. *If you are not a certified medical interpreter, you may **not** obtain informed consent in the target language.*
  - **Spanish Rounds:** For those with advanced Spanish skills and those looking to develop their medical Spanish. When rounding with Dr. Rowinsky, we can conduct rounds and run the list in Spanish.
- **Nursing staff:** Effective, respectful, closed-loop communication = better patient care. We are working on developing multidisciplinary, bedside, family-centered rounds.
- **PCPs:**
  - Primary care practices seeing children in Watsonville:
    - Family Practice:

- Weber/McDaniel (Monterey Bay Family Physicians)
- Solinas (La Plazita)
- Peds
  - Shaw/Simon/Truong (Pacific Coast Pediatrics)
  - Clyne/Hsu (Pediatric Medical Group of Watsonville)
  - Raghavan (eponymous)
- FQHC / Public Clinics
  - Salud Para la Gente (SPLG): Large FQHC network of clinics, which sees the majority of peds patients in Watsonville. Includes Clinica del Valle (CDV), which is on-campus at WCH. Devon Francis is the CDV pediatrician.
  - Watsonville Health Center: county clinic
- Any patient sent to the ED by their PCP who is then evaluated by our service merits a phone call or email to the PCP. See separate list for PCP contact information.
- Admits and discharges for all except well babies require phone call or email to the PCP.
- **Email communication:** Use secure email (send from your Stanford email and initiate subject line with “secure:”) for all email correspondence that might include protected health information. Emails for PCPs: ask attending

**Housing:** WCH provides a resident apartment.

- Address: 603 Capitola Ave, Capitola, CA 95010.
  - The apartment has been converted from the upstairs lounge of an outpatient surgery clinic, which is currently not occupied.
  - A small, paved driveway leads to the back parking lot.
  - Distance to hospital: about a 15 minute drive, depending on traffic (heavier traffic in the summer during tourist season)
  - You are 0.5 miles from the beach in Capitola Village.
  - Garbage / recycling: bins are in the container in the back lot. Curbside pickup is Friday early AM. **Please take bins to the curb on Thursday evening.**
  - Utilities: provided. There is no land line and no cable TV. WiFi is provided.
  - The apartment is small (about 400 square feet). You **may** choose to share it with a significant other. There is no couch, but there is a queen-sized bed.
  - Sorry, no pets allowed.
  - Apartment will be cleaned prior to your arrival. Please leave it in the condition in which you find it.
  - We are working on upgrades to the apartment continuously.

**Recreation:** Your evenings and weekends are (generally) yours on this rotation. We hope you’ll choose to spend time in Santa Cruz and Monterey County. Opportunities for outdoor activities, food / restaurants, etc. abound. Ask Drs. Takahashi and Rowinsky for recommendations, and see the Resident Guide.