

PED-40100 – Junior Internship in Pediatrics

LE BONHEUR CHILDREN'S HOSPITAL

CONTACT INFORMATION:

Course Director – Kristen Bettin, MD, MEd (kbettin@uthsc.edu)

Additional Faculty – Desiree Burroughs-Ray, MD (dburroug@uthsc.edu)

Course Coordinator – Jenn Wilson (jmcdoo3@uthsc.edu)

Duration: 4 Weeks

Credit hours: 6

Important Le Bonheur contacts:

- Pediatric Chief Residents – pedschiefs@uthsc.edu, 901.287.5923/901.287.5920/901.418.1001 (pager)
- Karen Ariemma (Pediatric Residency Program Coordinator) – kariemma@uthsc.edu, 901.287.6210
- Security – Le Bonheur Lobby Level, Employee/Associate Entrance on Dunlap, 901.287.4456
- Sharepoint Access – Physician Analyst (901.297.2495)

GENERAL DESCRIPTION: This clinical rotation is for M4 students who have completed at least 5 of their 7 core clinical clerkships. The student will function as a junior intern with increased autonomy in patient care and must demonstrate competency in all of the Entrustable Professional Activities required for graduation. The Junior Internship in Pediatrics offers increased responsibility in inpatient general pediatrics. The student will be assigned to a ward service and will be responsible, under the direct supervision of the faculty, for admitting patients, writing orders, and performing the procedures necessary to carry out a plan for the diagnostic evaluation and treatment of assigned patients. The student will be under the immediate supervision of the senior resident and directly responsible to several attending physicians. The student will attend daily teaching rounds with the residents and faculty and all scheduled weekly conferences, including morning report, noon conferences, grand rounds, and subspecialty conferences. Report of a case of interest with review of the literature pertaining to the case would be desirable. Students must participate in and complete appropriate Electronic Medical Record (EMR) training prior to the start of the rotation.

Junior Internships provide an intensive experience in patient care and an opportunity to demonstrate competency in the clinical skills, knowledge, and attitudes expected for graduation. In keeping with the focus on direct patient care, objectives and assessment are structured around the 13 Entrustable Professional Activities developed by AAMC. Additionally, students are expected to incorporate professionalism and an attitude of life-long learning into their clinical responsibilities.

OBJECTIVES*:

After the Junior Internship in Pediatrics, the student will be able to:

1. Function as a 'Junior Intern' on an inpatient Pediatric team with an advanced degree of independence and responsibility under the supervision of residents and attending physicians. Specifically, the Junior Intern will have clinical responsibilities as close as possible to those of an intern.
 - a) Demonstrate focused patient-centered history taking and physical exam skills that are pertinent to the setting and purpose of the patient visit. (EPA 1) (COM 1.1,2.1,4.1,5.1,5.3)
 - b) Demonstrate sound evidence-based clinical reasoning and data synthesizing ability to develop thorough differential diagnoses and to formulate appropriate management plans including

- diagnostic and screening tests and safe and effective orders and prescriptions. (EPA 2,3,4,7) (COM 1.1,1.2,1.3,1.4,1.5,2.1,2.2,2.3,2.4,3.1,3.3,6.2,8.2)
- c) Document clinical encounters in a verifiable, thorough, and cogent manner in written or electronic format. (EPA 5) (COM 1.2,1.4,4.1,4.2,4.3,5.2,6.1)
 - d) Effectively present information from a clinical encounter in an accurate, concise, well-organized manner that acknowledges uncertainties. (EPA 6) (COM 1.1,4.1,4.2,5.1,8.3)
 - e) Communicate with members of an inter-professional patient care team to optimize consultations and transitions of care while respecting patient rights and preferences. (EPA 8,9) (COM 1.7,3.1,4.1,4.2,5.1,5.2,6.1,7.1,7.2,8.3)
 - f) Recognize patients requiring emergent or urgent care and initiate appropriate evaluation and management. (EPA 10) (COM 1.1,1.2,1.3,1.4,1.6)
 - g) Perform procedures pertinent for Pediatrics in a safe and effective manner, including demonstrating the ability to obtain informed consent using effective communication skills and understanding of the risks and benefits of the procedures. (EPA 11,12) (COM 1.4,1.5,1.6,4.1,5.4,6.2)
2. Demonstrate independent analytical and diagnostic thinking about broader population health problems and system failures with a goal of implementing change to improve practice. (EPA 13) (COM 2.1,3.2,3.3,4.2,5.2,6.2,6.3,8.2,8.3)
 3. Uphold professional standards and promote ethical care by demonstrating compassion, integrity and respect for patients of diverse backgrounds and accountability to patients and the profession. (COM 5.1,5.2,5.3)
 4. Teach and role model clinical and professional skills and behaviors for M3 and/or other health professions students on the medical team. (COM 1.8,2.1,3.4,7.1,8.3)
 5. Develop a set of individual learning goals and work towards attainment with regular self-assessment of progress using feedback from attendings and/or the course director. (COM 2.1,3.1,3.3,8.2)
 6. Understand the breadth and depth of Pediatrics in the inpatient setting.

**Goals and objectives are linked to the AAMC Entrustable Professional Activities for entering residency (red) and the 2019 UTHSC COM objectives (green).*

REQUIRED READING:

There are no required readings for this JI rotation, however, students are encouraged to use a number of sources to gain pediatric medical knowledge. Resources available to UT students include, but are not limited to:

- Aquifer Pediatrics, Culture in Healthcare, and High Value Care online cases (available at <https://aquifer.org/> using your netid@uthsc.edu email to log in)
- Harriet Lane Handbook (available on Clinical Key)
- Nelson's Essentials of Pediatrics (available on Clinical Key)

LOGISTICS:

Schedule:

Each JI will have a brief orientation meeting via Zoom (or other similar program) at the beginning of the rotation, a mid-rotation formative feedback meeting with an inpatient attending, and a wrap-up meeting at the end with the final inpatient attending. The time on the JI rotation will be split between 3 weeks of days and one week of nights (Sunday – Thursday night).

Sample daily schedule (please confirm actual times and locations with your supervising resident)

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 – 7:30 am	IPASS	IPASS	IPASS	IPASS	IPASS
7:30 – 8:00 am	Morning Report	Morning Report	Pre-Round	Morning Report	Morning Report
8:00 – 9:00 am	Pre-Round Discharge Planning	Pre-Round Discharge Planning	Grand Rounds	Pre-Round Discharge Planning	Pre-Round Discharge Planning
9:00 – 9:30 am	Subspecialty Rounds	Subspecialty Rounds	Pre-Round	Subspecialty Rounds	Subspecialty Rounds
9:30 – 11:30 am	Service Rounds	Service Rounds	Service Rounds	Service Rounds	Service Rounds
11:30 – 11:55 am	Enter Orders Call Consults Early discharges	Enter Orders Call Consults Early discharges	Enter Orders Call Consults Early discharges	Enter Orders Call Consults Early discharges	Enter Orders Call Consults Early discharges
12:00 – 1:00 pm	Noon Conference	Noon Conference	Noon Conference	Noon Conference	Noon Conference
1:00 – 4:30 pm	Clinical Work Teaching	Clinical Work Teaching	Clinical Work Teaching	Clinical Work Teaching	Clinical Work Teaching
4:30 – 5:00 pm	Update IPASS	Update IPASS	Update IPASS	Update IPASS	Update IPASS
5:00 – 7:00 pm	Check-Out Admit/Wrap Up	Check-Out Admit/Wrap Up	Check-Out Admit/Wrap Up	Check-Out Admit/Wrap Up	Check-Out Admit/Wrap Up
7:00 – 7:30 pm	IPASS	IPASS	IPASS	IPASS	IPASS

* Note that you only stay until 7/7:30pm on your “late” call days. All other days you will sign out to the late intern on your team by 5:00pm.

Day-to-Day Expectations on the Pediatric Service:

- a) Attend morning sign-out at 7:00 am in team conference rooms. The upper level resident will assign patients to you.
- b) This rotation is designed to give you experience in managing a variety of inpatient pediatric problems. While you are rotating at Le Bonheur, you will be treated as, and expected to perform requirements of, a pediatric intern. You will be the ‘intern’ for your patients without double coverage by an intern (PGY-1), and as such will be the primary provider for your assigned patients. All pediatric patients (including subspecialty and private patients) will be admitted to one of the four General Pediatric teams. The four general pediatrics teams are floor-based.
- c) Daily progress notes

- You are expected to see your patients on a daily basis and write progress notes for each patient every day. Progress notes should be completed by 3 pm.
 - Make sure that any labs or imaging studies are documented in the chart and are up to date.
 - Your progress note should not be a running history of the entire hospital stay. It should only contain relevant info for that day!
 - **Template:**
 - **Interim History**
 - Should contain relevant issues that have occurred since the last progress note was written and any nursing/parental concerns
 - This is not a place for lab values or a repeat of information present in past notes.
 - **Objective**
 - Vital Signs
 - Urine Output (cc/kg/hr)
 - Pertinent Physical Exam - general, CV, respiratory, abdomen, extremities + extras if pertinent (HEENT, skin, neuro, etc.)
 - New/relevant labs, imaging, and diagnostic studies – if the patient’s last CXR was three days ago, this does not need to be referenced in the current daily note.
 - **Assessment**
 - 1-2 summary sentences describing the patient, pertinent past medical history, and current working diagnosis or differential
 - Example: Grace is a 4 yo girl with a history of mild persistent, poorly controlled asthma who is admitted for a severe acute asthma exacerbation.
 - **Plan by Problem**
 - List current active problems in order of severity/relevance. List the plan for each problem.
 - You may also need to list chronic problems if there is a plan for that chronic problem while the patient is admitted.
 - Depending on the patient and length of stay, some issues may become resolved. These need to be moved to the bottom of the list with a note that they are resolved. Here is an example:
 - 1. Asthma Exacerbation – requiring albuterol q4hours. Continue steroid burst.
 - 2. Dehydration, resolved
 - **Disposition**
 - Every note should end with a statement describing why the patient requires an inpatient admission (on supplemental oxygen, IV antibiotics, frequent albuterol treatments, etc).
 - **Signature**
 - Your Name, M4
 - Your Pager/Phone number
 - Team Phone number
- d) Share cross cover responsibilities by taking turns holding the team phone. Cover other patients on the team when a fellow intern is off. You will be the primary provider for this patient on that day.

e) H&Ps

- Every new patient needs a full history and physical exam dictated (or typed) at the time of admission to the hospital.
- Do a full physical exam! Yes, this includes a GU exam on **ALL** patients (always have a chaperone if the patient is out of diapers, i.e. > 2yo). Also, make sure you do a neuro and otoscope exam!
- Remember to complete the problem list!
- Always include an assessment with a prioritized differential diagnosis and discussion. Show us what you are thinking!
- See template on the Pediatrics Clerkship website for an example.

f) Update the hospital course for your patient daily (or if a long-term patient, then weekly).

Other Important Information

Private and Subspecialty Patients:

- Contact the private or subspecialty physician after you have seen and evaluated the patient at the time of admission. Document the attending's name in your H&P.
- Contact made by ER staff is not a substitute for this.
- You must also write daily progress notes and make contact with the private or subspecialty attending daily to discuss progress and plans. If you are not able to contact the attending after several attempts, please inform your supervisor and document that you tried in the chart.

Consults:

- When ordering a physician or medical team consult, you must order the consult and then contact the resident, fellow, or consult attending by phone to discuss the patient and reason for the consult. You can call the operator to find the number for the physician on call for that service
- Consults for ancillary services (PT, OT, ST, Nutrition, Child Life, MSW, CM) do not require a call, but please DO write the reason for the consult or a short description in the comments.

Discharge Summary/Off Service Notes:

- **Dictate or type the discharge summary at the time of discharge.** Your discharge summary can also serve as the daily progress note if you include a physical exam.
- Don't forget that you are responsible for discharge summaries for your patients discharged on your day off.
- Write "off-service" notes on each patient at the end of the month summarizing the hospital course to this point and the established plan.

Admitting:

- You will admit on specific days depending on your team assignment. Your five night shifts count towards your admitting days. Aside from the week of nights, you should have one day per week for the other three weeks assigned as noted below. You should not be assigned weekend admit days.
 - Monday = JI for Team A
 - Tuesday = JI for Team B
 - Wednesday = JI for Team C
 - Thursday = JI for Team D

You should perform a full H&P, discuss the differential and case with the admitting supervisor, and work with the admitting supervisor to place all orders for the patient. You should follow up with all ordered

labs/diagnostic studies. If you are admitting a sick patient that you are concerned about, you should call your supervisor immediately prior to completing their initial H&P. If you are feeling overwhelmed, you should ask your supervisor for help! If you notice another team member struggling and you are available, please offer to help!

Afternoon Sign-out:

- If an intern is admitting, they are responsible for admitting until 7:00pm. At 7:00pm, the admitting intern gives the check out to the night intern. All other interns can sign out to the admitting intern at 5:00pm if their patients are “tucked in.” If the JI is admitting and the admitting supervisor for that day is not your supervisor, an intern needs to stay with the JI until check out is complete in order to assist with orders. Interns are responsible for making sure their IPASS handoff is updated and complete (but concise) for the night shift.

Night Shifts:

- Each JI will do a week of nights (Sunday through Thursday). This week of nights counts as 5 admit days. While on nights, the JI will be admitting primarily for their team.
 - 1st week = JI for Team A (Monday through Thursday)
 - 2nd week = JI for Team B
 - 3rd week = JI for Team C
 - 4th week = JI for Team D
 - *If there is a 5th JI on the Hospitalist team for the month then one student one the resident teams will cover the Hospitalist service for their week of nights. This will require one week in which 2 JI students are one nights at the same time.
- Duties:
 - Night interns are to arrive by **7:00pm** for sign out.
 - Admit patients and cross cover all patients on your team.
 - Write cross cover notes any time you go see a patient or if the plan changes. You should always write a cross cover note if there is an MRT or Harvey (even if the plan does not change).
 - At 7:00 am, you are to check out to your team. From 7:30 – 8:00am, you will present a new patient to your team for teaching/discussion (morning report).
- If you have a sick patient, you should notify your supervisor immediately!

Days Off:

- You get **three days off** during your rotation in addition to the weekend preceding your start date and the weekend following your completion date. Days off are decided at the beginning of the month with the team. The supervising resident will check the days off to make sure they are distributed fairly.
- Prior to your days off, provide your team members with sign out information and care plans for each of your patients. If your patient will be discharged on your day off, the paperwork and orders should be completed as much as possible in advance.

Conferences:

- You are expected to attend all scheduled resident conferences at Le Bonheur unless acute patient care problems prevent attendance. The required conferences are as follows:
 - Noon conference daily (Monday through Friday) from 12:00 – 1:00pm via Zoom
 - Morning report daily with your team from 7:30 – 8:00am (except Wednesdays)

- Grand Rounds Wednesday mornings from 8:00 – 9:00am via streaming
- Subspecialty-specific lectures designated by your team

Some Helpful Tips...

- Radiology: ALWAYS review your own diagnostic studies (X-rays, CT scans, MRIs). If you are not sure what study to order, please call radiology! When you order a test, please include the reason for the test in the order. You may listen to the official dictated report of a radiologic procedure prior to the transcription being available. Dial 516-8192, then press 2, then medical record #. At night, you can call the radiology resident (878-XYRAY) and ask them to read a diagnostic study that has been completed.
- Labs: If you are not sure what lab to order, call the lab. If you forgot to order a test with your last blood draw, you can call the lab to see if they have any blood left over that they could use to run the test rather than sticking the patient again. Routine lab draws are done every 3 hours from 6 am to 9pm. You must have the order in one hour before the scheduled lab draw in order for it to be done.
- ICU Transfers: When transferring patients to the ICU, the intern must write a transfer note and transfer order at the time of transfer. You must notify the primary attending at the time of transfer regardless of the time of day. A supervising resident should always be with the patient until they are in the ICU. If any consulting services are involved, please let them know at an appropriate time of day if the patient is transferred. Please remember to fill out a purple PICU transfer sheet form and leave it in the 12th floor conference room. When a patient is transferred out of the ICU, this should be treated as a new admission. Rather than dictating an H&P, you will write an Accept Note. If it is a private patient, please let the private physician know that the patient is now on the floor, just as you would call them with a new admission.
- IV Access Decision Tree: A non-functioning IV is a common problem on-call. The nursing staff have a protocol which they use to determine when to call the resident. The “chain of command” usually proceeds first with nursing, PICC team, and then anesthesia. Anesthesia will not come to the hospital in the middle of the night to start an IV, but you can try to get in touch with the in-house CRNA by calling OR scheduling. If none of the above work, you can also nicely ask a nurse in the PICU, ED or NICU. You could also consider placing an NG tube. If circumstances are dire, you could place an IO.
- Cross Cover: During the day, you should direct cross cover questions to the patient’s primary intern. You should write cross cover notes for any issues that arise (no matter how small). Call your supervisor with *every serious* cross-cover issue. Good check out is essential – whether or not a fever needs a work up, what to do if the IV comes out (replace it, leave it out, change to IM...), vital sign abnormalities, pending labs, etc. It is important to try to anticipate what can go wrong and what you would do as a result.
- If you have orders that you would like to be done quickly, talk to the patient’s nurse directly.
- Help each other out! If the admit intern is busy, please offer to help (they should do the same for you).
- Never go down alone! Interns should always ask supervisors for help.

DUTY HOURS/ATTENDANCE:

Junior Intern duty hour restrictions follow the same rules as interns: a maximum of an 80-hour work-week with a maximum shift length of 24 hours of call + 4 hours to participate in patient turnover/transfer of care. There should be at least 10 hours off after each shift before the next one. Students will have one day off out of every 7 days averaged over the course of the 4 week rotation (So, 3 days off during the rotation with the weekend before and after the rotation also as days off.) Students are required to log their hours in eMedley. There are no off-cycle accommodations for junior internships. Students are not allowed to be absent from JI rotations

for CS, CK or residency interviews (unless there are extenuating circumstances and the absence has been cleared by the course director and OME). Attendance is mandatory for all clinical rotations and scheduled lectures. This rotation follows UTHSC guidelines for excused absences and wellness days. Leave requests must conform to the UTHSC *Excused Absence & Wellness Day Limited Leave Request* policy. Please see OLSEN for the specific information and request forms. Cases will be considered on a case-by-case basis at the discretion of the course director and/or supervising attending and expected absences must be approved 30 days in advance of the start of the rotation. If you are sick, notify your supervising resident, attending physician, and course director immediately and complete a limited leave request form.

GRADING:

Each JI student will receive an electronic summative evaluation (via eMedley) from the final inpatient attending. The JI evaluation form is standardized across specialty and site within the UTHSC College of Medicine and uses the standard grading scale.

MISCELLANEOUS INFORMATION:

Parking: Please park in your UT designated parking area.

Name badges and Hospital Access: Name badges must be worn at all times. Your Methodist/Le Bonheur badge from M3 year should still work. If you do not have a badge or your badge is not working, please visit Le Bonheur security office, located on the lobby level of the hospital near the Staff Entrance.

Food: JIs are permitted to get food with the residents as provided for noon conference. JIs may also purchase food in the cafeteria or bring their own lunch from home.

Personal item storage: Items may be stored in the locked cabinets in the team workrooms. Please do not bring valuables to the hospital.

EMR Access: Your username and password from last year's MLH Cerner access should still work. If it does not, please call 901-516-0000 #2 for help. As a JI you also have the ability to enter orders for cosignature. Please complete the necessary CPOE training on Cornerstone. If you are unable to enter orders after you have completed the training then please email the course director or coordinator for assistance.

Dress code: Professional attire is recommended under normal conditions for days on the wards. During the COVID pandemic, however, scrubs are acceptable. Scrubs are always acceptable for night shifts and weekends.

SASSI Accommodations:

- Any student who feels he/she may need an accommodation based on the impact of a disability should contact Student Academic Support Services and Inclusion (SASSI) to self-disclose and officially request accommodations. All requests for accommodations must be submitted with supporting documentation and the SASSI Self-Disclosure and Accommodation Request Forms. Although students may register for services at any time, please attempt to make arrangements within the first two weeks of the semester as it does take time to process the request and review documentation. For additional information, contact the SASSI Disability Coordinator at 901-448-1452.

POLICIES:

This rotation follows the policies the UTHSC College of Medicine which are available on the UTHSC College of Medicine student webpage. Please contact the course director or coordinator with any specific questions.