Pediatric Residency Program Handbook
University of South Alabama Children’s and Women’s Hospital
Mobile, Alabama
2010-2011

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Residency Program Administration

The administration of the Pediatric Residency Program is in the back section of CWEB 1 behind USA Children’s and Women’s Hospital. The phone number of the residency office is 415-1087. Please feel free to contact the office for any questions or assistance.

Key people involved in the administration of the residency program are:

- Program Director ................................................. Dr. Franklin Trimm
- Associate Program Directors ................................. Dr. LaDonna Crews
  Dr. Rosina Connelly
- Pediatric Chief Resident ....................................... Dr. Jennifer Currie
- Pediatric Residency Liaison ................................. Dr. April Ross
- Med-Peds Program Director ................................. Dr. Judy Blair-Elortegui
- Med-Peds Administrative Sr. Residents ..................... Dr. Nicole Kersh & Dr. Sarah Styers
- Residency Coordinator ....................................... DeAnna Cobb
- Residency Secretary ........................................ Shernita Taylor

Important websites:

PedsWeb (http://www.usouthal.edu/peds/reshome/)
- Schedules for Call, Continuity Clinic and Conferences
- Announcements and Upcoming Events
- Forms to request vacation
- Resources: This handbook, RRC requirements, job opportunities, study resources
- Research opportunities
- Links to sites below
- Core Curriculum

New Innovations (http://www.new-innov.com/Login/)
- Evaluations
- Block schedule (monthly rotations for entire academic year)
- Contact info for peers and faculty
- Curriculum Goals and Objectives for all rotations
- Duty Hour logging
- Procedure logging

Pedialink (https://www.pedialink.org/)
- Individualized Learning Plan
- PREP questions
- Portal to AAP content

Selection

Application to the residency program is made through the Electronic Residency Application System. Paper applications are not accepted. Minimal requirements for application include anticipated graduation from a US medical school prior to the beginning of the residency period applied for, or ECFMG certification of eligibility for graduates of international medical schools. After review of initial application materials, interviews are offered to selected applicants. The results of the interview and other application materials are reviewed by the Residency Selection Workgroup. A Rank Order List for the National Residency Matching Program (NRMP) is generated. Selections for residency positions go through the NRMP.
**Supervision**

Supervision of residents is performed by appropriately privileged attending teaching and clinical staff. The attending teaching staff include full-time faculty and clinical/part-time/adjunct teaching staff as approved by the Department of Pediatrics and the Pediatric Residency Program. Evidence of supervision by attendings will be shown by attending staff notes or counter-signatures on residents’ written communication in hospital and outpatient medical records.

An additional layer of supervision is provided by Senior Residents. Residents are promoted to senior status after demonstrating adequate pediatric competencies to warrant more independent practice and supervision of junior residents and medical students. This transition typically occurs after twelve months of residency, however, some residents may require additional experience. Promotion is discussed in more detail below.

Junior residents provide supervision to medical students who are assigned to the same service and team. Junior residents remain under the supervision of an attending physician. They also are under the supervision of a senior resident on many rotations.

**Promotion**

In general, residents are advanced to the next postgraduate level after successful completion of 12 months of training. The criteria used to determine successful completion include monthly evaluations, mid-year faculty and peer review (360-degree evaluation), documentation and procedural competencies, responsiveness to feedback, and scores on the In-Training Examination. Residents are promoted on the basis of acceptable progress as noted through these methods, by recommendation of the Program Director, and by final approval of the Graduate Medical Education Committee of the College of Medicine. With appropriate progress, advancement to supervisory status on the wards, clinics and Evaluation Center concurs with advancement to PL-2 status. Advancement to supervisory status in the NICU and PICU is determined by the attending physicians in those areas. Any concerns elicited by monthly and periodic evaluations of residents that might interfere with promotion will be reviewed with the resident by the program director. If a resident has concerns about his or her readiness to be promoted, these should be discussed with the program director.

If significant deficiencies in the resident’s performance are identified, a plan for remedial work, including monitoring performance, will be arranged by the Program Director in conjunction with the resident’s faculty advisor. The resident will remain at his or her current stipend level until the promotion is granted. If a resident fails to make satisfactory progress in performance: 1) the resident may be dismissed from the program immediately [see Dismissal below], or 2) the resident’s contract may not be renewed at the end of the current academic year. The resident may not receive credit for the work completed upon dismissal or non-renewal.

**Evaluation**

Each resident will receive monthly, on-line evaluations by attending faculty with whom they work. In addition, there will be an annual review (360-degree evaluation) by fellow residents and by the entire faculty. All residents will take the In-Training Examination of the American Board of Pediatrics each July. Residents are also evaluated by medical students with whom they have worked as well as patients and staff in the continuity clinic. The combined information from this variety of evaluation methods will be reviewed with each resident at least twice a year by the program director. Residents are encouraged to elicit feedback from supervising faculty and senior residents. The goal of the evaluation process is to promote the success of every resident by identifying areas for improvement and facilitating means for improvement.

All faculty evaluations are continuously available online for review by the resident. A final summary of resident performance is completed at the end of residency training and is used by the pediatric residency office and the Graduate Medical Education office of the College of Medicine to provide feedback on prior trainees throughout their medical career (e.g. hospital and insurance credentialing, licensure, new employment, etc.)
### Dismissal

Dismissal from the residency program could occur due to any of the following just causes: 1) Incapacitating conditions which preclude the resident from participation, despite accommodation, in the graduate medical education program and patient care activities, 2) Failure of the resident to abide by the University of South Alabama Hospitals policies, Graduate Medical Education Committee policies, resident-related provisions of the hospital's Medical Staff Bylaws, Rules and Regulations, and/or any applicable federal and state laws, 3) Failure of the resident to demonstrate satisfactory levels of academic and/or clinical performance as determined through periodic evaluations, 4) Failure to fulfill and maintain compliance with any remediation plans put in place, 5) Actions which directly violate any of the terms of the resident’s Postgraduate Training Agreement of Appointment. In the event of a dismissal, the resident has the right to appeal the decision through the Grievance Procedure [see USA Housestaff Manual].

### Representation

Residents have representation at multiple levels within and beyond the residency program. There is one residency focused committee within the Department of Pediatrics, the Residency Quality Improvement Committee. There are at least three resident representatives on this committee. There are resident representatives to the Section on Medical Students, Residents, and Fellowship Trainees of the American Academy of Pediatrics (AAP) and to the National Med-Peds Resident Association (NMPRA).

Over the course of each academic year, every resident has the opportunity to provide individual, confidential and anonymous feedback through online surveys. There are annual surveys for:

1. Evaluation of the residency program and hospital and university support for resident education
2. Evaluation of the teaching faculty of the Department of Pediatrics

Each resident is encouraged to give feedback and suggestions for improvement of the residency program to the Chief Residents and Program Directors at any time during the year. In addition, the USA Housestaff Office provides an Ombudsman (Ms. Virginia Woods, 471-7117) for confidential discussion of any concerns.
Rotations By Year Level

These charts reflect the rotation schedule for the 2010-2011 year only. They do not show what a given class will have over a 3-year cycle.

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<tr>
<th>Categorical Pediatrics</th>
<th>Combined Med-Peds</th>
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<tr>
<td><strong>Rotation</strong></td>
<td><strong>PL-1</strong></td>
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<td>Ward</td>
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<td>PICU</td>
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<td>NICU</td>
<td>1</td>
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<tr>
<td>Adolescent Medicine</td>
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<td>DevBeh Peds</td>
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<tr>
<td>Newborn Nursery</td>
<td>2</td>
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<td>Clinic</td>
<td>2</td>
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<td>ER</td>
<td>2</td>
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<tr>
<td>Subspecialty</td>
<td>4</td>
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<tr>
<td>Elective</td>
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<tr>
<td>Community Pediatrics</td>
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Advising Program

Every resident will be assigned a faculty advisor. The role of the faculty advisor is to promote independent study and academic excellence in each resident. Advisors will facilitate development and fulfillment of Individualized Learning Plans (ILP), provide support for career selection and development, and provide general information and support throughout residency in a confidential manner. Residents will meet at least 2 times per year with their advisor. It is each resident’s responsibility to contact the advisor to set up meetings as frequently as needed.

Concerns about incompatibility with a specific advisor or non-productive meetings with an advisor, or difficulty in scheduling meetings with the advisor should be discussed with Dr. Trimm. The Advising Program is intended to be a tool that will support the success of each resident based on individual needs and progress. Feedback to Dr. Trimm about ways to better fulfill this goal is always welcome.

Clinical Rotations

Evaluation Center (EC)

Responsibilities: The EC provides care to the patients who present with acute emergencies, as well as non-emergencies. All pediatric emergencies, excluding major trauma, are cared for at the EC. Pediatric patients presenting to the U.S.A. Medical Center Emergency Department are triaged directly to the EC, unless they are deemed too unstable to be transferred. The average patient census per month is 3200+. Patients are evaluated by the resident and reviewed with the EC attending. For admissions, preliminary admit orders are written by the EC resident, who will notify the appropriate admitting physician that the patient is being admitted to their service. Educational goals and objectives for this rotation are available on the New Innovations website and should be reviewed prior to each EC rotation.

Work Schedule: The work hours vary and are available on the monthly call schedule. Typically a Junior Resident has six 12-hour shifts per week and a Senior Resident has five 8-hour shifts per week.
Call Schedule: There is no call other than assigned shifts.

Supervisor: EC Interim Director, Dr. Paula McPhail and Evaluation Center Attendings

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<tr>
<th>Children’s Medical Center (CMC)</th>
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Responsibilities: The block clinic month consists primarily of acute care visits. Patients are initially evaluated by the resident or medical student. Senior Residents in block clinic evaluate patients directly and may supervise medical students and Junior Residents. All first year residents are expected to check each patient out to the clinic attending, supervising resident, or PA/NP prior to making a disposition. Educational goals and objectives for this rotation are available on the New Innovation website and should be reviewed prior to each CMC rotation.

Work Schedule: The clinic hours are 8:30 A.M. until 12:00 P.M. (or until the last patient for the morning is seen), and 1:30 P.M. until 5:00 P.M. (or until the last patient is seen). In the uncommon event that all patients are seen prior to close of office time, at least one resident will remain in the clinic to assist late arriving or walk-in patients until the clinic is closed. Attendance at Tuesday, Wednesday and Friday 8:00 AM Clinic Conferences is required. Each resident assigned to the CMC will give one conference during the rotation.

Call Schedule: Call during this rotation is in the Evaluation Center (typically 5:00 PM until 10:00 PM on weeknights, hours vary on weekends). Weekend responsibilities will typically include 3 days of newborn nursery coverage each month. Additionally, for Jr Residents there will typically be 6-7 EC shifts per month, including weekends. For Sr Residents there will typically be 4-5 EC shifts per month, including weekends. The monthly call schedule should be consulted for responsibilities in all above areas. After hour phone call coverage for CMC patients, Mommy Call will be divided amongst CMC residents based on balancing additional call and vacation schedules and will be published with the call schedule. Total number of coverage days per resident will typically vary. Mommy Call goes from end of clinic until the beginning of the next clinic day. All Mommy calls are to be discussed the following day with one of the clinic attending physicians.

**BASIC GUIDELINES FOR THE USA CHILDREN’S MEDICAL CENTER (CMC):**

- Interns must discuss **ALL** cases with the Attending, supervisory resident or PA/NP.
- Be on time for clinic. Do not make your patients wait for you.
- If you order any laboratory tests or radiological examinations, you are primarily responsible to follow up the results and notify your patients and your Attending as quickly as possible about the results. **DOCUMENT** every conversation (e.g. phone, chance encounters at Wal-Mart, Target, etc.) that you may have with any of your patients on the patient’s medical record.
- When you perform a rectal, genital or gynecological exam on any CMC patient you **MUST** ask a medical chaperone to be present in the room when you perform the exam. Document presence of a chaperone in the medical record.
- Any admission to Children’s and Women’s Hospital needs to be approved by an Attending.
- Do not leave the CMC until you have verified that all the patients have been seen. At least one resident will remain in the CMC until closing time for walk-ins and urgent business when there are no further scheduled patients to be seen. Request permission from your Attending before leaving.
- Write exact doses and duration of treatment on the patient’s chart if a drug is prescribed.
- Do not perform any procedures unless you have discussed with the Attending.
- **DO NOT** talk about your patients in public places which include halls, waiting areas, elevators, cafeteria, etc. Doing so represents a clear violation of patient confidentiality.
- If you have any questions, do not hesitate to ASK. We all are here to learn.

**Supervisor:** CMC Director, Dr. Kathie Savells and CMC Attendings
Subspecialties

There are two required subspecialties: Developmental-Behavioral Pediatrics and Adolescent Medicine.

In addition to the required rotations listed above, four rotations must be taken from the following:

- Allergy/Immunology
- Cardiology
- Endocrine/Metabolism
- Gastroenterology
- Genetics
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Neurology
- Pulmonology

After your two required rotations and four additional rotations from the above list have been scheduled, you may choose additional subspecialty rotations. These include:

- All subspecialties above
- Pediatric Orthopedics
- Pediatric Radiology
- Pediatric Surgery
- Anesthesiology

Responsibilities & Work Schedule: A description of each of the onsite subspecialty rotations follows. Educational goals and objectives for each of the subspecialty areas are available on the New Innovation website. These goals and objectives should be reviewed prior to taking a rotation, but also are helpful for guiding study in subspecialty areas in which you may not have a rotation. Residents will have continuity clinics during all subspecialty rotations.

Call Schedule: Call during these rotations is in the Evaluation Center (typically 5:00 PM until 10:00 PM on weekdays, hours vary on weekends). Week-end responsibilities will typically include 3 days of newborn nursery coverage each month. There will typically be 4-5 EC shifts per month, including week-ends. The monthly call schedule should be consulted for responsibilities in all above areas.

Developmental-Behavioral Pediatrics

Responsibilities: This rotation consists of readings, traditional medical clinics, community-based activities and seminars with faculty. A schedule of activities is provided prior to the beginning of the rotation. This is a required rotation.

Work Schedule: A customized schedule will be given to each resident at the beginning of the month.

Call Schedule: See above

Adolescent Medicine

Responsibilities: This rotation consists of readings, traditional medical clinics, community- and university- activities and didactics with faculty. Multiple sites are utilized during this rotation. This is a required rotation.

Work Schedule: A customized schedule will be given to each resident at the beginning of the month.

Call Schedule: See above
### Hematology/Oncology

The overall educational goals of the Hematology/Oncology rotation are that the residents will acquire knowledge of pathophysiology of blood disorders and cancer, and skills in diagnosis and management of children with such problems. The teaching and training activities include seeing patients at the Pediatric Hematology/Oncology clinics and CWH, reviewing peripheral blood and marrow smears, and attending mini-teaching conferences.

Typical rotation schedule:

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<tr>
<th>AM</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>ROUNDS</td>
<td>8 am – until Rounds &amp; Procedures</td>
<td>8 am – until Rounds &amp; Procedures</td>
<td>8 am – until Rounds &amp; Procedures</td>
<td>8 am – until Rounds</td>
<td>8 am – until Rounds &amp; Procedures</td>
</tr>
<tr>
<td>ROUNDS</td>
<td>11 am – 1 pm Hematology Clinic</td>
<td>9 am – 1 pm Hemophilia Clinic (every 4th Wednesday)</td>
<td>*Noon – 1 pm every 3rd Wed. - Tumor Board</td>
<td>10 am – 1:00 pm Oncology Clinic</td>
<td>10:30 am – 11:30 am Multidisciplinary meeting Jubilee Room CWH</td>
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<tr>
<th>PM</th>
<th>1:30 pm – until Inpt &amp; Outpt</th>
<th>Hematology Clinic continues until 1 pm</th>
<th>Patient care until checkout (5-6 pm)</th>
<th>Oncology Clinic continues until 1 pm</th>
<th>Continuity Clinic (varies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUNDS</td>
<td>Chart Rounds</td>
<td>8am – 9:00 am Dr. Batten</td>
<td>1pm – 5pm Dr. Mayer</td>
<td>Consults as requested</td>
<td>Dr. Mayer Clinic continues til 3 pm</td>
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### Cardiology

During the Pediatric Cardiology rotation, the resident will attend all weekly clinics, and as many cardiac cath procedures as the schedule allows. The resident will see all new consults and will make daily ward, nursery and PICU rounds with the attending cardiologist. Skills to be taught will include ECG and echo interpretation. The resident will become familiar with evaluations and treatment of congenital and acquired pediatric cardiovascular disorders via mostly informal bedside teaching and will prepare a 10-minute presentation on a cardiology topic of their choice.

**Contact the Cardiology Associates office @ 434-9177 prior to the start of rotation to plan the 1st day of your rotation and to get your rotation materials. An alternate contact - Dr. Batten pager # 425-6326.**

Typical rotation schedule:

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<tr>
<td>ROUNDS</td>
<td>8am – 9:00 am Rounds</td>
<td>8am – 9:00 am Rounds</td>
<td>8am – 9:00 am Rounds</td>
<td>8am – 9:00 am Rounds</td>
<td>8am – 9:00 am Rounds</td>
</tr>
<tr>
<td>ROUNDS</td>
<td>9:00 am Noon Clinic Dr. Batten</td>
<td>9:00 am Noon Clinic Dr. Batten</td>
<td>9:00 am Noon Clinic Dr. Batten</td>
<td>9:00 am Noon Clinic Dr. Batten</td>
<td>9:00 am-3 pm Clinic Dr. Mayer</td>
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<tr>
<th>PM</th>
<th>12:30 pm – 5pm Dr. Mayer</th>
<th>1pm – 5pm Dr. Mayer</th>
<th>1pm – 5pm Dr. Mayer</th>
<th>Consults as requested</th>
<th>Dr. Mayer Clinic continues til 3 pm</th>
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### Gastroenterology and Nutrition

The objective of this rotation is to teach the evaluation and management of common gastrointestinal and nutritional problems in infants, children and adolescents. The major areas of focus include the ambulatory management of recurrent abdominal pain, chronic diarrhea, recurrent vomiting and chronic constipation in pediatric patients. The
resident will learn how to manage these conditions from a general pediatrics perspective and learn when subspecialty referral for these conditions is indicated. Residents will be responsible for the work up of admissions and consults to the GI service, to evaluate patients in Pediatric GI Clinic, and to observe and/or participate in GI procedures.

Typical rotation schedule:

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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>8am – 11am Procedures,</td>
<td>8am – 11am Procedures,</td>
<td>8am – 11am Procedures,</td>
<td>8am – 11am Procedures,</td>
<td>8am – Noon Emergency Clinic &amp; Hospital Rounds</td>
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<td></td>
<td>Consults &amp; Rounds</td>
<td>Consults &amp; Rounds</td>
<td>Consults &amp; Rounds</td>
<td>Consults &amp; Rounds</td>
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<tr>
<td><strong>PM</strong></td>
<td>11am-5:30pm Lectures</td>
<td>11am-5:30pm GI Clinic</td>
<td>11am-5:30pm GI Clinic</td>
<td>11am-5:30pm GI Clinic</td>
<td>Noon – 5 pm Lectures</td>
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**Endocrinology**

The resident on the Pediatric Endocrinology rotation attends frequent Pediatric Endocrinology Clinics. The resident will meet with faculty for a conference at their mutual convenience to discuss topics of interest. The resident will do inpatient consults and follow patients admitted to the Endocrine Service. The resident will be loaned a copy of a Pediatric Endocrinology textbook and will be expected to read it during the rotation.

Typical rotation schedule:

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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>8am – Noon Internal Medicine Endocrine Clinic</td>
<td>8am – Noon Rounds &amp; Consults</td>
<td>8am – Noon Endo Clinic</td>
<td>8am – Noon Endo Clinic</td>
<td>8am – Noon Endo Clinic</td>
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</tr>
<tr>
<td><strong>PM</strong></td>
<td>1 pm – 5 pm Consults</td>
<td>1:30pm–5pm Endo Clinic</td>
<td>1 pm – 5 pm Endo Clinic</td>
<td>Noon –1 pm Endo conference</td>
<td>1 pm – 5 pm Endo Clinic</td>
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<td></td>
<td></td>
<td></td>
<td>1 pm – 5 pm Endo Clinic</td>
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**Infectious Disease**

The Pediatric Infectious Disease rotation is designed to provide background information regarding the epidemiology, pathogenesis, diagnosis and management of common pediatric infections. The resident evaluates infants and children in both the inpatient and outpatient settings. One-on-one sessions are held with the resident to discuss core topics provided at the start of the rotations. The resident is also encouraged to attend the pediatric/adult ID conferences.

Typical rotation schedule:

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<th>Monday</th>
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<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>8am – 1pm Rounds @ CWH</td>
<td>8am – 1pm Rounds @ CWH</td>
<td>8am – 1pm Rounds @ CWH</td>
<td>9am – 10am ID Lecture @ USAMC</td>
<td>8am – 1pm Rounds @ CWH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10am – 1pm Rounds @ CWH</td>
<td></td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>1 pm – 5 pm Family HIV Clinic Twice per month</td>
<td>1 pm – 5 pm Peds ID Clinic</td>
<td>1 pm – 5 pm ID Clinic</td>
<td>1 pm – 5 pm ID Clinic</td>
<td>1 pm – 5 pm Peds ID Clinic</td>
</tr>
</tbody>
</table>
**Genetics**

This rotation provides active exposure to a wide array of genetic disorders in children. In addition to the clinic schedule, residents participate in in-patient consults. The resident will attend genetics clinics and conferences and will have individual study assignments.

Typical rotation schedule:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>STUDY</td>
<td>Clinic (9 – 12 noon)</td>
<td>Clinic (9 – 12 noon)</td>
<td>Clinic (9 – 12 noon)</td>
<td>STUDY</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>STUDY</td>
<td>Clinic (1:30 – 5 pm)</td>
<td>Clinic (1 – 5 pm)</td>
<td>Clinic (1 – 5 pm)</td>
<td>STUDY</td>
</tr>
</tbody>
</table>

**Neurology**

This rotation provides exposure to a wide array of neurologic disorders in children in multiple clinical settings. Inpatient and outpatient experiences are included, as well as experience with cranial ultrasonography and EEG’s.

**Pediatric Orthopedics**

Residents on Pediatric Orthopedics will learn different types of pediatric fractures and growth plate injuries; are exposed to and have hands-on experience of placing casts on children; learn and understand and diagnose pediatric orthopedic conditions, such as infections, tumors, and congenital conditions.

**Pediatric Radiology**

Pediatric Radiology entails active participation in departmental activities, with special emphasis on the indications and pertinence of the various imaging procedures in clinical situations. The resident will have a better grasp of cross sectional anatomy.

Typical rotation schedule:

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>Review Pediatric EC, PICU and NICU images</td>
<td>Review FLOURO and all other images. Correlate with clinical findings</td>
<td>Continue course in Ped Integrative Radiology</td>
<td>Review Pediatric EC, PICU and NICU images</td>
<td>Ped Integrative Radiology (cont.)</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>Review PED CT and MRI plus OUT and INPATIENT images</td>
<td>Continue course in Ped Integrative Radiology</td>
<td>Review PED CT and MRI</td>
<td>Review PED CT and MRI plus OUT and INPATIENT images</td>
<td></td>
</tr>
</tbody>
</table>
**Pediatric Allergy/Immunology**

This rotation will specifically train physicians to diagnose and treat allergic and immunologic disorders, including allergic rhinitis, allergic conjunctivitis, food allergy, urticaria, contact dermatitis and a variety of other immune related diseases.

Outside reading and study is an integral part of this rotation. Participants will be expected to read independently, as well as read recommended articles. Discussion of the didactics will be impromptu and directly patient related.

**Rotation Schedule:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
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<th>Friday</th>
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<tbody>
<tr>
<td>AM</td>
<td>Consults</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Consults</td>
</tr>
<tr>
<td>PM</td>
<td>Consults</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Consults</td>
</tr>
</tbody>
</table>

**Pediatric Pulmonology**

The rotation in Pediatric Pulmonology goes hand in hand with training in Allergy and Immunology. This includes allergic rhinitis, allergic conjunctivitis, food allergy, urticaria, contact dermatitis and a variety of other immune related diseases. This rotation will specifically train physicians to diagnose and treat allergic and pulmonary disorders.

Residents will be actively involved in the day to day management of hospitalized patients and long term management regimens for outpatients. Clinic operates 5 days a week. Hospital care is delivered in the morning and/or evening. There is no call associated with this rotation, but the option of being available for acute care during off hours does exist.

Outside reading and study is an integral part of this rotation. Participants will be expected to read independently, as well as read recommended articles. Discussion of the didactics will be impromptu and directly patient related. There is a structured didactic discussion every Monday afternoon associated with Medical Student teaching. Residents will be expected to participate and take a leading role in this setting.

**Typical Rotation Schedule:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Hospital Rounds (7-9 am)</td>
<td>Hospital Rounds (7-9 am)</td>
<td>Hospital Rounds (7-9 am)</td>
<td>Hospital Rounds (7-9 am)</td>
</tr>
<tr>
<td></td>
<td>Clinic (9 – 12 noon)</td>
<td>Clinic (9 – 12 noon)</td>
<td>Clinic (9 – 12 noon)</td>
<td>Clinic (9 – 12 noon)</td>
</tr>
<tr>
<td>PM</td>
<td>CF Clinic (1:30 – 5pm)</td>
<td>Allergy/Pulm Clinic (1 – 5 pm)</td>
<td>Allergy/Pulm Clinic (1 – 5 pm)</td>
<td>Allergy/Pulm Clinic (1 – 5 pm)</td>
</tr>
</tbody>
</table>

**Pediatric Surgery**

Pediatric Surgery can be tailored to the needs of the residents. Outpatient clinics are held at least three times a week and involve seeing new patients with a variety of pediatric surgical problems and follow-up with patients. Inpatient
care of simple to complex pediatric surgical problems including initial evaluation, operative and post-op care will also
further the resident’s experience. Participation in the OR is encouraged. Attending rounds occur daily and
participation in one to two weekly resident conferences will be encouraged. No surgery service call is required but, if
desired, the resident can be called for interesting cases during off-hours.

Community Pediatrics

Responsibilities: This rotation addresses child advocacy through involvement with community-based medical clinics
and activities including child abuse and neglect interdisciplinary teams, private practice pediatrics and school-based
clinics. A schedule of activities is provided at the beginning of the rotation. This is a required rotation.

Work Schedule: A schedule will be given to each resident at the beginning of the month.

Call Schedule: Call is in the Evaluation Center (typically 5:00 PM until 10:00 PM on weeknights, hours vary on week-
ends). Weekend responsibilities will typically include 3 days of newborn nursery coverage each month. There will
typically be 4-5 EC shifts per month, including weekends. The monthly call schedule should be consulted for
responsibilities in all above areas.

Neonatal Intensive Care Unit (NICU)

Responsibilities: The care team consists of an attending for the month, residents, Neonatal Nurse Practitioners (NNP)
plus a variable number of medical students. Attending rounds are variable depending on the particular attending
involved, but are generally not held in a formal fashion on the weekends. However, you are expected to always check
out your infants to the attending. While there are people assigned to provide care for infants in the Newborn Nursery,
you may be called on to handle acute situations at any time, as well as routine problems during the evening and
weekend hours. Advancement from Jr resident to supervising resident is at the discretion of the neonatology faculty.

Work Schedule: Your responsibilities begin at 8:00 A.M. and end at 6:00 P.M. A complete check-out list is expected
(name, gestational age, day of life, ventilator settings, etc.) and is given to the on-call person at that time. Time off
during the NICU rotation is 1 day per week and is usually Wednesday. PL-2 residents will have two continuity clinic
sessions scheduled per month. Med-Peds residents may have Internal Medicine continuity clinic sessions scheduled.

Call Schedule: The NICU is covered in the evening by one of the residents assigned for the month, the attending, or
NNP. Call is assigned to the NICU and averages approximately 7 call nights per month. Call duties begin at 6:00 P.M.

Newborn Nursery (NBN)

Responsibilities: The resident assigned to the Newborn Nursery is responsible for the care provided to the infants in
the Newborn Nursery. Any problems are expected to be reported to the Attending for the nursery. Residents in the
NBN will also attend high-risk deliveries in Labor and Delivery. All Jr residents who have not yet rotated through the
NICU are required to have supervision for all deliveries. At least one resident is to remain in-house until 5 pm. Follow
up of labs and problems is the responsibility of the newborn resident until 5 pm. It is expected that any labs or
problem babies will be checked out to the on-call person in the NICU at the end of the day. Check out should include
DOL (day of life), weight, cutoffs for T bili’s and risk factors. On weekends, after the examinations are completed, care
is turned over to the resident in the NICU. This rotation is an opportune time to recruit new patients for your
continuity clinic.

Work Schedule: Housestaff are assigned to the Newborn Nursery two months in the first year and one month in the
second year. Housestaff are expected to arrive each day at 8:00 A.M. The working hours of the NBN are from 8:00
A.M. until 5:00 P.M. Monday through Friday, and from 8:00 A.M. until the work is completed on Saturday or Sunday. Weekend residents who also have EC duty need to report to the EC as soon as NBN duties are complete, no later than 12 noon. Coverage of NBN on weekend days not covered by the resident assigned to the Newborn Nursery is the responsibility of residents on Clinic, Developmental/Behavioral, Adolescent, Community Pediatrics, subspecialty rotations, and elective.

**Call Schedule:** Call is in the Evaluation Center (typically 5:00 PM until 10:00 PM on weeknights, hours vary on weekends). Weekend responsibilities will typically include 3 days of newborn nursery coverage each month. There will typically be 4-7 EC shifts per month, including weekends. The monthly call schedule should be consulted for responsibilities in all above areas.

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### Wards

**Hand-off Rounds:** All residents will meet at 7:00 AM each morning. The post-call team will “hand-off” new admissions to the appropriate team (e.g. General Pediatric team, Subspecialty team, Hospitalist team). Residents will then have until Morning Report to round on existing and newly assigned patients. Hand-off Rounds will occur again at 3 PM to transfer care of patients to the resident team on call for the evening.

**Morning Report:** Morning Report will occur weekday mornings at 8:30 AM and last approximately 30 minutes. Attendance is mandatory for all residents and students on ward service. A case will be presented by a resident, attending or subspecialist. Cases will be chosen to illustrate a defined aspect of pediatric medicine. New residents will follow a prescribed format for case presentations and discussions. After successful completion of Morning Report Case Presentation competency, variable formats may be used.

**Teaching Rounds:** Attendings for each team will make daily scheduled rounds with all members of the patient care teams at his/her discretion. This commonly occurs immediately following morning report.

**Inpatient Teams:** There are three teams on the inpatient service: General Pediatrics, Subspecialty Pediatrics, and Hospitalist. The General Pediatrics team consists of one attending, at least two Sr residents (typically PL-3/4’s) and at least 3 Jr residents. The Subspecialty Team consists of a Sr resident (typically a PL-2) and a Jr resident. These residents report to each of the individual subspecialty attendings. The Hospitalist Team consists of a Hospitalist attending and a Sr resident (typically a PL-2).

**General and Call Responsibilities:** From 7 AM to 3 PM, Monday through Friday, each team will be responsible for the admissions assigned to their team. Hand-off Rounds will occur at 3 PM (1 PM if a resident has afternoon continuity clinic). At 3 PM the night call residents take responsibility for current inpatients and all new admissions until 7 AM. The night call team consists of at least one Sr and one Jr resident. These residents will take call as a pair every fourth night. The Jr and Sr residents will not necessarily be from the same inpatient team. The night call team is responsible for carrying and responding to the Code Pager and all Pediatric Alerts from 7 AM to 7 AM. Questions about which team a new admission should be assigned to are to be discussed with and decided by the attending physicians.

The following global responsibilities apply to all residents on the inpatient service:

- Arrive at CWH at 7:00 AM for Hand-off Rounds and to evaluate patients prior to Morning Report and Teaching Rounds. Jr Residents will review patients with Sr Residents prior to Morning Report.
- Inform team members of your upcoming continuity clinic responsibilities.
- All patient charts are to be updated with acute changes in patient status or care plan as they occur.
- Transfer notes must be written when a patient is transferred to another service, e.g. PICU, pediatric surgery.

**Additional duties and schedules** will be discussed each month at the first Morning Report.
**PICU**

**Work Schedule:** The PICU team consists of an intensivist attending, a critical care PA and 1-2 residents. The schedule varies by the number of residents assigned each month. When two residents are assigned in a month, the schedule will involve shift work: approximately two weeks of days and two weeks of nights for each resident. When one resident is assigned in a month they will work M-F daytime, 2-3 week-ends and 7 overnight calls. Hand-off typically occurs at 5 PM (12N if post-call). It is the resident’s responsibility to provide a comprehensive hand-off of all unit patients to the appropriate care provider. Additional calls in the PICU may be scheduled for 1st and 2nd year residents while on subspecialty, elective, newborn nursery and clinic rotations.

**Transfer Notes:** Transfer notes are required for all patients transferred out of the PICU. The purpose of these notes are to ensure uninterrupted quality patient care by writing a medical summary of the patient’s hospital course, current condition and plan so that the receiving physician has a clear understanding of what has happened, what is happening and should happen. Patients transferred out go to the appropriate inpatient team (e.g. General Pediatric team, Subspecialty team, Hospitalist team).

All transfer notes should be written at the time of transfer except in cases of emergent transfers, in which case they should be completed within 1 hour of the actual transfer. When possible advance notice for anticipated transfers should be given to the receiving physician. **All transfers should have a verbal communication with the accepting team as well as a written note.** Transfer notes are not intended to duplicate the patients medical records and should therefore be written in a clearly legible, concise semi-outline form. Transfer notes for most patients should be no more than 1-2 pages long.

**Items to be included in all transfer notes:**

- Hospital Admit and Transfer dates
- Brief history
- Diagnosis/Problem list
  
  (include social issues for all patients)
- ICU/Ward course (include pertinent event dates)
  
  What happened with each problem?
  
  What the plan is for each problem?
- Procedures (& dates performed )
  
  Intubation/extubations, Central lines, A-lines,
  
  Head CT’s, EEG’s etc...
- Complications (& dates)
- Allergies
- Current medications
- Patient’s community physician

**Call Schedule:** As in work schedule above

**Elective**

Each third year resident has one month of elective time to use to meet long-term career goals. This month can be used to obtain training in areas that have not been previously addressed during the residency experience, repeat prior
experiences that additional exposure is desired in including PICU or NICU, research, and/or away rotations. All elective requests must be submitted to Dr. Trimm at least five months prior to the beginning of the rotation.

**Back-Up Coverage – Jeopardy Call**

Jeopardy Call provides back-up for emergency illness situations when a resident is unable to fulfill his or her duty obligations. All other needs for coverage must be arranged by the individual resident and approved by the Chief Resident. There is separate Junior Jeopardy Call and Senior Jeopardy Call.

When a resident is too ill to fulfill his or her duty obligations:

**Step 1:** the Chief Resident should be notified as soon as possible. The Chief Resident will determine if Jeopardy will be activated.

**Step 2:** if activated, the Chief Resident will notify the individual on Jeopardy call that they are needed to fill a coverage slot.

There is a payback obligation for accessing Jeopardy call. The individual who activates Jeopardy call will be expected to make up the time for the person who covered for them. This obligation will be paid back at the discretion of the Jeopardy resident with coordination from the Chief Resident.

A resident who is on Jeopardy Call needs to remain available locally and ready to work within no more than one-hour throughout the call period. Call is taken at-home after hours. Total number of coverage days per resident will typically vary.

**Continuity Clinic**

**Responsibilities:** All residents maintain a continuity clinic with a population of patients who identify that particular resident as their physician. Residents should recruit unattached patients from the Newborn Nursery, Evaluation Center, clinic and inpatient rotations. Individual business cards are provided for each resident to aid this effort. The number of patients that must be seen per session will advance with each year level. Residents are expected to see a minimum of 3 patients/session as PL-1’s, 4 patients/session as PL-2’s and 5 patients/session as PL-3’s. If the minimal number of patients are not available, patients must be picked up from block clinic. Each resident is to make a copy of the encounter form for each patient seen during the continuity clinic session for tracking and logging purposes.

- If for any reason you feel you cannot attend your continuity clinic contact Dr. Savells IMMEDIATELY to discuss your situation. If Dr. Savells approves a change or cancellation, you must notify the Pediatric Chief Resident immediately with details of the change.

- The continuity clinic schedule changes every month. A copy of the schedule for every upcoming month is available on the website in advance. Residents must review the schedule immediately for conflicts with other assigned duties or errors. Identified scheduling issues must be reported to the Chief Resident within two weeks of the schedule being posted. The Chief Resident will resolve these issues and notify the resident of the resolution. After the two-week window, it is the responsibility of each resident to address these issues with Dr. Savells and provide details of any changes to the Pediatric Chief Resident.

**Work Schedule:** There is one continuity clinic session per week on most rotations. The PICU and NICU rotations may not have any clinic scheduled. Clinics in the morning session begin with patient appointments at 8:30 AM. Afternoon sessions begin with appointments at 1:30 P.M. PL-2 residents on NICU will be scheduled for 3:00 P.M. Any changes or
switches with another resident to the continuity clinic schedule must be approved by Dr. Savells in advance and the Pediatric Chief Resident must be notified.

Conferences

There are three conferences routinely scheduled per week at 12:00 Noon on Tuesdays, Thursdays and Fridays.

An attendance record is kept for each conference. There are certain months that attendance will be difficult for the residents (i.e., months in the NICU, PICU, CMC and Evaluation Center), but attendance is expected to be maintained at approximately 80% during the other months. Residents will be given periodic updates concerning their attendance, and those whose attendance falls below 55% for a given year will be subject to review by the program director. Loss of moonlighting privileges and/or credit for that year is a potential consequence.

Grand Rounds: A variety of topics pertinent to current pediatric practice are presented by local and guest faculty at Tuesday conferences.

Resident Conferences: Thursday conferences are for residents only and address a variety of practical pediatric content. One Resident Conference per month is devoted to Resident Journal Club.

Core Curriculum Case Conferences: Friday conferences focus on cases pertinent to the weekly reading assignments for each Core Curriculum module.

Core Curriculum

The core curriculum consists of reading assignments, online study guides, case conferences, and multiple-choice question (MCQ) examinations. A specific subspecialty or content area of Pediatrics is addressed each month. Reading assignments are posted on the conference schedule as well as on PedsWeb. Notification of online study guides and examinations are sent via email. Resident participation is tracked through core curriculum conference attendance, study guide completion and examination results. Points are earned for each of these activities. The top point-earning residents each month will receive gift certificates to the USA bookstore. The top participant Scholars will be recognized at the end of each academic year. The goals of the Core Curriculum are: 1) to encourage the life-long learning pattern of self-assessment, independent studying and clinical application; 2) to address the core medical knowledge requirements to be a competent pediatrician; and 3) to prepare residents for a successful experience with the American Board of Pediatrics certification examination after residency.

Residents must demonstrate adequate and progressive improvement in their medical knowledge base as demonstrated on the annual In-Training Examination score. A score that predicts 80% probability of passing the American Board of Pediatrics (ABP) certification examination is desired (Green Zone). A score that predicts 70% probability of passing the ABP certification examination falls into the Yellow Zone. If a resident has scores below either of these cut-off levels he/she falls into the Red Zone. Participation in a Learning Contract is required for individuals in the Yellow Zone and Red Zone. Learning Contracts will be individually developed with each resident and will involve the resident, the Pediatric Program Director or Associate Program Director and the Faculty Advisor. Yellow Zone contracts will include required completion of the weekly Core Curriculum Study Guides. Red Zone contracts will include, at a minimum passing the monthly Core Curriculum MCQ examinations at ≥90% correct in addition to completion of the Study Guides. Each examination can be repeated after a 2-day interval as needed until a passing grade is achieved. Failure to fulfill this and any other components of the Learning Contract will result in loss of moonlighting privileges and probable non-promotion to the next residency level.
**Duty Hours**

**Purpose**

It is the goal of the Department of Pediatrics to provide residents with a sound academic and clinical education which is carefully planned and balanced. Assurances will be made that there is an established policy governing resident duty hours that foster resident education and facilitate the care of patients. This policy is consistent with the Institutional and Pediatrics Program Requirements/Common Program Requirements of the ACGME. The learning objectives of this program will not be compromised by excessive reliance on residents to fulfill service obligations. All didactic and clinical education will have priority in the allotment of residents’ time and energies. The duty hour assignments will recognize that faculty and residents are collectively responsible for the safety and welfare of patients.

**Rules**

Resident duty hours are monitored to reflect all clinical and academic activities related to the residency program, such as patient care, administrative duties related to patient care, the transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Resident duty hours do not include reading and preparation time spent away from the duty site or at-home call (e.g. Mommy Call, Jeopardy Call).

1. The Department Chairman, Pediatric Program Director and Pediatric Chief Resident ensure that residents are provided appropriate back-up support when patient care responsibilities are especially difficult or prolonged.
2. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents are provided with 1 day in 7 free from all educational, clinical and administrative responsibilities averaged over a four week period, inclusive of call.
4. A 10-hour time period for rest and personal activities is provided between all duty periods, and after in-house call.

**On-Call Activities**

On-call activities provide residents with continuity of patient care experiences. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

1. In-house call does not occur more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, to include in-house call, does not exceed 24 consecutive hours. Residents are allowed to remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
3. Residents are not allowed new patients after 24 hours of continuous duty, except in outpatient continuity clinics. Any new patient is defined as any patient for whom the resident has not previously provided care.
4. At-home call is defined as call taken from outside the assigned institution and is not subject to the every third night limitation. At-home call is not so frequent as to preclude rest and reasonable personal time for the resident. Residents taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
5. Anytime a resident is called into the hospital from home, the resident’s in-house hours are counted toward the 80-hour limit.
6. The Program Director and faculty monitor the demands of at-home call within the program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
**Duty Hour Logging**

Residents must log all duty hours on the New Innovations website. At the end of each rotation, residents must review and correct as necessary all hours for the month and approve them electronically. Failure to log and/or approve duty hours by the 6th day after the end of the rotation will result in suspension without pay. Any time lost due to this suspension will have to be made up at the end of the academic year and will result in a delayed end date of residency.

Residents are required to review all scheduled duty requirements in advance to identify any potential duty hour violations. Any potential violation must be addressed with the Chief Residents and involved attending physicians in advance. If a resolution of a conflict cannot be reached through these individuals, the Program Director must be contacted immediately.

**Duty Hours & Moonlighting**

Because residency education is a full-time endeavor, the Program Director ensures that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

1. The Department of Pediatrics complies with the Sponsoring Institution’s written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
2. Internal moonlighting done by a resident is counted toward the 80-hour weekly limit on duty hours.

**Medical Records**

**Inpatient Service Cross-Coverage Notes**

When called to evaluate a patient after-hours, the details of the encounter must be recorded in the Progress Notes section of the chart. Documentation must include date, time, description of concerns, description of examination and findings, actions taken, contact with family and contact with attendings and/or consultants.

**Off-service Notes**

Off-service notes are mandatory when a resident rotates off a service. Off-service notes must be written in advance when the resident will not be on duty the last day of the month (e.g. weekend or holiday). It is the duty of residents to summarize the clinical condition and management on each patient at the end of each rotation. This reflects the resident’s overall understanding of their patients.

The off service note must include a summary of hospital course, a list of current problems with the latest assessment of each problem, and the management plan.

Outline of off-service note:

1. Pertinent admission history including admission diagnosis or working diagnosis (and/or problem).
2. Brief description of hospital course including pertinent clinical laboratory and radiological findings, consultations, treatments that have been provided, and progression of clinical conditions. Related social history should also be included.
3. List of problems and the updated assessment of each problem.
4. Management plans, current medications, special therapies (e.g. O₂ supplement, physical therapy, etc.), regular laboratory studies and pending diagnostic studies.
5. Discharge goals and outpatient follow-up plans.

**Chart Completion**
All admission History and Physicals must be dictated or PDF form completed on the day of admission. A preliminary discharge form (PDF file) must be completed on all general pediatric patients at time of discharge. All Discharge Summaries should be dictated on the day of discharge, and should be corrected and signed in a timely manner. Discharge Summaries must be dictated using the format available on the PDF form.

All charts should be completed within 24 hours of discharge. Incomplete charts are monitored by the attending physicians and the program director, who will remind you of your responsibility, and are reported periodically. Timely chart completion is part of a physician’s professional responsibility and should be prioritized accordingly.

**Schedules**

Scheduling for yearly rotations and monthly call are prepared by the Chief Residents. Any special requests (e.g. particular days off call) will be granted, if possible, when submitted via the PedsWeb request form at least **120 DAYS IN ADVANCE**. Exceptions to this time period will be considered during the first three months of the academic year. Residents are expected to work out all other scheduling conflicts with the assistance of the other residents (e.g., swapping call). All changes to the schedule must be reported in writing to the Chief Resident, who will make appropriate changes to the schedule after approval. The Chief Resident On Call is available to assist in rescheduling emergencies (e.g., illnesses) and must be notified of all changes to the call schedule. All emergencies need to be reported to the Chief Resident On Call.

Requests for vacation and to change any previously scheduled leave are to be submitted through the vacation request form on Ped Web.

Once a monthly schedule (e.g. call schedule, continuity schedule, PICU schedule, special schedules, etc.) is published online, each resident will have up to two weeks to identify any errors or overlaps and notify the Chief Resident via email (pedchief@jaguar1.usouthal.edu). After this time, each resident will be responsible for arranging coverage for any schedule conflicts. All changes to the schedule must be reported to the Chief Resident immediately. Duty hour rules must be fully complied with in all resolutions.

The rotation schedule for each academic year is developed based on the vacation requests of each resident. Vacations are allowed only on certain rotations. Each Spring, housestaff will have the opportunity to request and rank order preferences for vacation months for the upcoming year. Timeliness of response and seniority will be weighted heavily in all assignments of vacation.

**Scholarly Activity Projects and Presentations**

All pediatric residents are required to develop and present a scholarly project during the course of their residency. There are multiple steps in the process described below.

**Activities to be completed between July 1st and January 1st of the PL-1 year:**

1. Selection of the scholarly activity topic or problem
2. Selection of one of the following scholarly activity pathways: research, advocacy, or quality assurance/quality improvement (QA/QI) project
3. Identification of a scholarly activity mentor within the faculty of the Department of Pediatrics.
4. Complete the Protection Human Research Participants course. This is an online module that can be accessed at the following web address: [http://phrp.nihtraining.com/users/login.php](http://phrp.nihtraining.com/users/login.php)
5. Submit a copy of the certificate of completion for this online module to the residency program office by September 30th of the PL-1 year.
Activities to be completed between February 1st of the PL-1 year and December 31st of the PL-2 year:

1. Complete the steps in chosen pathway
   - Research pathway: study design to include objectives, hypothesis(es) and methods.
   - Advocacy pathway: development of goals and objectives with plan for evaluation of goals and objectives.
   - QA/QI pathway: development of goals and objectives and intervention design.
2. Submission to IRB
   - Submit proposal or obtain exemption if indicated and plan for evaluation after intervention.

Activities to be completed between January 2nd of the PL-2 year and October 31st of the PL-3 year:

1. Complete the steps in chosen pathway
   - Research pathway: Data collection and analysis, write up abstract or written report.
   - Advocacy pathway: Project development, project evaluation, development of written report with a summary.
   - QA/QI pathway: Intervention implementation and evaluation, development of written report with a summary
2. Abstracts due October 1st of the PL-3 year. Abstracts will be published in the USA Department of Pediatrics Scholarly Activities Newsletter.
3. All Pediatric PL-3 residents will present their projects during the Residents’ Scholarly Activities Day to be held in October of the PL-3 year.

Supervisor: Dr. Rosina Connelly

Moonlighting

Moonlighting (working for additional pay above and beyond required clinical activities) is allowed on a restricted basis. Limited internal moonlighting opportunities are available within the USA system. No external, outside of the USA system, moonlighting is allowed for categorical pediatric residents.

General Requirements:

1. Moonlighting is a privilege and not a guaranteed right.
2. No first year residents can moonlight.
3. All moonlighting is at the discretion of the Program Director. Moonlighting may be restricted for a specific resident and/or program-wide as needed to maintain a successful training experience. Residents must demonstrate adequate progress in attaining all required competencies to be eligible for moonlighting. In-Training Examination scores, conference attendance rates, monthly and summary evaluations, and any additional feedback will be utilized in determining moonlighting eligibility.
4. A moonlighting request form must be completed in the residency office each academic year that a resident plans to moonlight.
5. All moonlighting activities must be arranged through the Chief Resident.
6. Moonlighting activity is monitored monthly by the Program Director.
7. Resident selection for moonlighting is at the discretion of the attending physician(s) for specific units.

8. Arrangements for extension of liability insurance to cover moonlighting activities need to be made by each resident through the Risk Management Office, 460-6232. There is no charge for this additional coverage.

9. Moonlighting is limited by the 80-hour week rule. As a consequence, residents rotating on NICU, PICU, or wards are not eligible to moonlight during their rotation(s).

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**Call Free Month**

There is a call free month in the final year of residency training (3\textsuperscript{rd} year for Categorical Pediatrics, 4\textsuperscript{th} year for Combined Med-Peds). The selection of the specific month that is without call will be made by the Chief Resident in such a way as to assure adequate coverage of all clinical areas after-hours. Requests for specific call free months will not be considered. Call free months are only scheduled during a subspecialty or elective rotation. If an away rotation is arranged and approved, this will be your call-free month. Day-time coverage of another service may still be required.

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**Leave**

**Annual Leave (Vacation)**

There are four weeks of annual leave per year. These are taken as four separate vacations of five working days per calendar month. In order to take two weeks consecutively, the resident must schedule a week at the end of one month and a week at the beginning of the next month. There will be no annual leave granted during the Christmas/New Year holiday season or in July until after completion of the In-Training Exam. Vacation options during the last two weeks of June are limited to graduating residents only. There are no guaranteed weekends off with a vacation, however, every effort will be made to provide at least one weekend off when possible.

Vacations can ONLY be taken during CMC (except Pediatric PL-3’s), Newborn Nursery (PL-1’s only), Evaluation Center (PL-1’s only), Community Pediatrics rotation, and subspecialty and elective rotations. Residents are solicited each Spring to submit their vacation time preferences. Every effort is made to arrange the rotation schedule to accommodate these requests. Requests for specific days off within the month are made through the PedsWeb. No verbal requests are accepted. Requests should be submitted at least 120 days prior to the beginning of the month in which vacation is to be taken (except first three months of the academic year). If vacation requests are not submitted in advance, a reminder will be sent. If no request for specific days off is submitted, vacation will be assigned by the Chief Resident.

Summary of steps to requesting a vacation:

1. **Request the DESIRED VACATION MONTHS** when notified by the Chief Residents each Spring. This will be done through a special online form that can be accessed at the appropriate time. When planning for these vacations, take into consideration family events, weddings, graduations, birthdays, etc. Also consider the desirability of breaks throughout the academic year, rather than clustering your vacations into a short period of time. As a reminder, the overall rotation schedule for each year is determined by the months vacations are scheduled.

2. **Request the SPECIFIC WORK DAYS** after the rotation schedule has been published and no later than 120 days prior to the beginning of the month. Requests for specific days are made through PedsWeb.

3. **DO NOT MAKE TRAVEL ARRANGEMENTS OR OTHER COMMITMENTS** until your vacation is verified on the monthly call schedule.
December Holidays

Residents will receive 4 days off for the holidays during the last two weeks of December, either December 22-25 or December 28-31. Requests for a specific 4-day block can be sent to the Chief Resident starting July 1 for each academic year. Residents in their final year of training will be given priority in scheduling their preference. The remaining assignments are determined by date and time the request is received and by seniority. Do not make travel arrangements or other commitments until the holiday schedule is posted.

Unpaid Leave

Family leave (maternity, paternity, severe illness of family member, etc.) is given in keeping with the “Family and Medical Leave Act” of 1993. Under this act, residents may take up to three months off without pay for the reasons noted above. Requests for leave for personal reasons beyond the above conditions as well as Family Leave must be discussed with Dr. Trimm. Time off during unpaid leave does not accrue toward fulfilling residency training obligation. The time missed during leave must be made up before the resident will be board-eligible. Furthermore, a resident must complete residency training by September 30 to take the ABP certifying exam that year. Residents anticipating the need for leave should discuss available options with Dr. Trimm at the earliest possible time. A request for unpaid leave must be submitted in writing to the residency office before the leave period begins. Arrangements must be made in advance to continue health insurance coverage. The cost of health insurance during leave is the responsibility of the resident and must be arranged through the Human Resources department at USA Medical Center.

Illness

Time off for illness is arranged through the Chief Resident. It is the resident’s responsibility to notify the Chief Resident. If an illness causes call responsibilities to be missed, the Jeopardy Call system will be activated along with a payback obligation. Review Jeopardy Call section for details.

Special Requests

Requests for specific special considerations, such as not being on-call a specific weekend, are considered as follows:

- Must be submitted in writing/e-mail to the Chief Resident prior to the call schedule for the involved time period being published

- Every possible effort to accommodate requests will be made, however, no plans should be made involving a requested time period unless notified by the Chief Resident that the request is approved or when verified on the monthly call schedule.

Leave for Interviews

Decisions about after-residency employment or fellowship will often need to be made during the course of residency. Interviews are frequently required as part of the decision-making process. Interviews for employment or fellowship are excellent learning opportunities about the real-life application of pediatrics and are incorporated into the on-duty schedule instead of requiring use of vacation time up to five interviews. Interviews must be scheduled during vacationable months. Any exceptions must be discussed with the Chief Residents and the Program Director.

A request for leave for an interview should be submitted through the Special Requests form on the PedsWeb. All requests will be reviewed and decided upon by the Program Director or Chief Resident. Do not make commitments or travel arrangements unless you have received approval of the request from the Program Director or Chief Resident.

Requests for leave should:
• Be submitted as far in advance as possible
• Be submitted for the shortest possible time to accomplish the interview
• Be discussed with Program Director if unusual circumstances exist, in addition to submitting through the online form

If a leave is approved on short notice, i.e. after the call schedule for the involved time has already been published, it will be the responsibility of the resident to arrange coverage for any call or continuity clinic responsibilities that occur during the leave period. Details of who will be covering each responsibility have to be given to the Chief Resident prior to departure. Leave cannot be taken, even if initially approved, if call and continuity clinic coverage are not arranged.

If leave is approved with longer notice, i.e. prior to the call schedule for the involved time being published, call and continuity clinic responsibilities will be arranged around the leave. Full call and clinic responsibility for the month will be scheduled around the leave.

**Licensure & Certifications**

**Medical License:** All residents must have a license to practice medicine in Alabama. First year residents and International Medical Graduates must obtain a limited Alabama medical license. American medical graduates must obtain an unrestricted Alabama medical license by the 6th month of the PL-2 year.

**Controlled Substance Certificates:** All residents must have an Alabama Controlled Substance Certificate (ACSC) and a federal Drug Enforcement Agency (DEA) certificate.

**USMLE/COMLEX 3:** All residents must successfully pass USMLE Step 3 / COMLEX Level 3 examination by the 6th month of the PL-2 year. USMLE Step 3 / COMLEX Level 3 examinations are to be scheduled during vacationable months. Any exception must be discussed with Chief Residents and Program Director prior to scheduling an examination date.

**Disaster/Hurricane Plan**

In the event of a local disaster or impending hurricane, USA CWH will declare a Blue Plan Alert. Residents and attendings are vital participants in meeting the medical needs of the community in these situations. If a local disaster triggers the Blue Plan Alert, additional residents and attendings beyond those already scheduled will likely be called in to address the need. It is each resident’s responsibility to check in with the hospital operator/residency office in the event of a local disaster/emergency even if off-duty. Workloads and work duration will be monitored to assure patient safety and resident support.

During hurricane season, potential storms are monitored closely by the university and health care systems. When our region falls within a probable strike zone, the hospital will go on alert. There are at least two levels of response depending on the intensity of the storm. If the risk of a significant strike is low, the usual schedule will be maintained. If a significant strike is anticipated, an alternate schedule will be instituted by the Program Director. The safety of residents and their local families will be considered in the planning. The team on-call during the expected strike time as well as one additional team for each of the hospital services (ward, NICU, PICU, EC, newborn nursery) will need to move into the hospital prior to the roads becoming impassable. Family members of physicians cannot take shelter within the hospital, however can go to USA SHAC. When coming into the hospital for hurricane coverage, additional clothing, drinking water, non-perishable food supplies and preferred sleeping materials (pillow, sleeping bag, etc.) should also be brought. Sleeping quarters will be provided, however, due to the large number of additional personnel in the hospital, these quarters may not be the typical sleep rooms.
If you are not on duty during the storm, it is your responsibility to check in with the hospital operator or designated call-in number as soon as the storm passes to find out when the hurricane schedule will revert to the regular schedule.

**Stress Management**

Residency will prove a significant challenge even to those with superior stress management skills. It is realistic to expect the stress of residency to exacerbate issues already in existence as well as newly encountered aspects of life in general. Commonly found examples include disturbance or disruption of family and marital relationships, difficulties with financial management and increased debt, alcohol and substance abuse, problems with self-image and faith-based crises. Residency can also bring to the surface issues which may have been largely suppressed, such as childhood abuse or molestation, family dysfunction, concerns about sexual orientation or gender identity. Resources exist within the USA and Mobile community to help address any of these concerns. Referral information is available in the Residency Office and through the Ombudsman (Ms. Virginia Woods, 417-7117). Confidential meetings with the Program Director are available to help all residents conquer the challenges of completing residency training.

**Impaired Physicians**

Impairment is defined as the response to an emotional or psychological problem that is sufficiently severe to prevent the physician from appropriately discharging his/her professional responsibilities. This response may be strictly behavioral or may be complicated by substance abuse. Every attempt will be made to identify impairment at an early stage so that appropriate treatment may be instituted.

When a resident is suspected of being impaired, he/she will be evaluated by the Program Director. If further action is warranted, a course of action will be recommended/required of the resident to include appropriate counseling as well as modification of professional responsibilities or a mandatory leave of absence. This might include a referral to Alabama Physicians Health Network. Every effort will be made to assist the resident in successfully completing his/her training, if possible, after completion of treatment. A list of available counselors will be maintained in the residency office and will be made available on a confidential basis to any resident who inquires.

Ongoing, frequent evaluation of the progress of the impaired resident will be made and documented in his/her record. Treatment obtained as a condition for continuation in the training program will be documented in the record. Communication with the therapist by the Program Director will be only to confirm that treatment is underway and ongoing. Full professional responsibilities will resume only when the appropriate treatment is completed and the therapist and Program Director agree that the resident is ready to assume those responsibilities.

There will be a mandatory, annual presentation on physician impairment by the medical director of the Alabama Physician Health Program. Documentation of having viewed the presentation in person or on video is required.

**Vender Interaction Statement**

The marketing activities of pharmaceutical companies and their support of educational endeavors are a limited part of our healthcare system.

In a society that uses free market principles to develop and promote products, the interests of the market and the interests of patients do not always coincide (this statement recognizes that the legitimate profit-making activities of the pharmaceutical and product industries can sometimes create personal incentives for physicians and institutions that conflict, or appear to conflict, with the primary ethical incentive of benefiting patients). As the importance of
vendor and corporation representation in medicine increases, it is imperative that all accredited programs adhere to the basic principles that nurture and guide the professional identities of our residents on this important issue.

In the hospital and clinic settings there are policies to ensure that encounters with pharmaceutical representatives do not jeopardize the best interests of patients. Interactions with pharmaceutical representatives outside the workplace are voluntary and at the discretion of the resident.

**Dress Code**

Our professional appearance is important. Residents working for the University of South Alabama Hospitals and Health System are expected to maintain high standards of professional appearance in all locations. Residents must be neat, clean, and dressed in a manner that is appropriate for the practice of medicine. Identification badges are to be worn at all times when on duty.

Scrubs are to be worn at all times in the NBN and NICU in order to facilitate attending deliveries. White coats may be worn to enhance professional appearance in clinical settings where they do not interfere with interacting with young children.

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