

PEDS 338A:SUB-INTERNSHIP IN INPATIENT SUBSPECIALTY PEDIATRICS

Rotation Guide for Sub-Interns on the Pediatric Inpatient Wards

(For additional details, see separate Appendices document on the clerkship website)

Overview

The overarching goal of the Pediatric Sub-internship is that, upon successful completion of the rotation, students will be ready to function at the level of a first-week pediatric intern. Over the course of the rotation, students will become familiar with the six ACGME competencies. This course places particular emphasis on Practice-Based Learning and Improvement, including reflective practice and self-directed learning.

Goals

1. Upon successful completion of the sub-internship, students will be ready to function at the level of a first-week pediatric intern.
2. Throughout the rotation, students will build skills in self-directed learning. Students will:
 - a. Use specific patient encounters and/or team experiences to identify learning goals
 - b. Critically assess attributes and weaknesses and identify areas for improvement
 - c. Create a dynamic individualized learning plan that includes specific action plans for each goal
 - d. Demonstrate awareness and understanding of the six ACGME competencies (see Appendices A & B)
 - e. Learn how to obtain constructive feedback from observers

Introduction

Inpatient ward rotations are at the core of general pediatric training. At LPCHS, the focus is on the care of acutely and chronically ill children with a high degree of complexity and acuity. You will be assigned to one of three ward teams:

- Green Team: Gastroenterology; supervised by senior resident
- Red Team: Nephrology and Rheumatology; supervised by senior resident
- Yellow Team: Pulmonary and Endocrinology; supervised by junior resident

See Appendix C for expectations for supervising residents.

Orientation & Arrival Information

Sub-interns should arrive for Monday morning handoff at 6:00 am. For all teams, meet in the workroom of PCU 300 on the 3rd floor of the Main Building (room 3043). If you have trouble finding your team, you can page them at peds.stanford.edu. You will observe handoff, and then shadow your intern or junior resident as they pre-round on at least three patients. After that, you may choose to spend time familiarizing yourself with the electronic medical record system (Epic) and patient histories. At 8:00 am you will attend Morning Report in the LPCH West Boardroom.

You will observe on rounds in the morning and shadow your team members as they complete morning work. You may begin to take over some patient care responsibilities, starting with 1-3 patients. The team interns or junior resident should remain the primary caregivers for all team patients on Day 1, to allow appropriate coverage as you are gaining familiarity with the wards. You will be off the wards for about 1.5 hours in the afternoon for orientation, so you should not be assigned responsibility for primary caregiver duties on your first day (including PM handoff, which you will observe; please remind your residents).

In the afternoon, in addition to contributing to work on the wards, please ask your supervising resident to discuss with you their expectations for presentations, pre-rounding, notes, etc. At 5:00 pm you will observe the interns or junior resident handoff to the night float intern.

COVID-19 Considerations

To promote physical distancing, the Yellow Team's designated workroom is on PCU 400 (4th floor of Main Building; room 4043), the Red and Green Teams' designated workroom is on PCU 300 (3rd floor of Main Building; room 3043). Morning Report and Noon Conference are in the LPCH West Boardroom.

According to School of Medicine guidelines, students who are fully vaccinated can "opt in" to see COVID+ patients. Seeing COVID+ patients is not required.

All students need to complete weekly Color testing for COVID.

Individualized Learning Plan (ILP)

Sub-interns will initiate an Individualized Learning Plan (ILP) by the end of Week 1. Learning goals and objectives established at the start of the rotation will be discussed and reviewed throughout the rotation. See below for additional details.

Rounds

The supervising resident (junior or senior) will manage daily patient- and family-centered rounds, during which the team will visit each unit and discuss care with patients, families, and nursing staff. It is

expected that the sub-intern will communicate the assessment and plan to the patient/family on rounds and answers their questions during or after rounds. Communication with the patient, family and referring physician is very important to the care of our patients. Rounds may occur inside the patient's room, outside the patient's room in the hallway, or virtually utilizing WebEx. If rounds are occurring virtually for a patient, your team will orient you to the process. Rounds are most often performed as "work rounds," with real-time computerized physician order entry. Daily discharges on and after rounds should be given priority, with the goal that discharge orders should be written by 11:00 am.

Voalte Phones and Pagers

Providers at LPCHS use Voalte phones to call one another and send secure text messages. There are three generic role log-ins available for sub-interns to use:

Sub-intern Voalte Role 1

User Name: pcumedstu1
Password: 11111

Sub-intern Voalte Role 2

User Name: pcumedstu2
Password: 11111

Sub-intern Voalte Role 3

User Name: pcumedstu3
Password: 11111

Sub-intern Voalte Role 4

User Name: pcumedstu4
Password: 11111

Sub-intern Voalte Role 5

User Name: pcumedstu5
Password: 11111

Sub-intern Voalte Role 6

User Name: pcumedstu6
Password: 11111

To check out a Voalte phone for the day, ask the unit secretary for a "GME" phone. Please note, there are a limited number of GME phones, and your best bet may be to take over a Voalte from a resident leaving for the day (i.e. headed to clinic). You can also download the Voalte Me app on your Smartphone – see Appendix E for instructions.

The sub-intern should distribute his/her pager number to members of the team. The sub-intern can also write his/her pager number next to his/her patients' names on unit white boards in order to encourage nurses and other staff members to contact the sub-intern first with patient-related questions. The sub-intern is expected to discuss all patient care decisions with the supervising resident with he/she is paged, texted, or called about an issue. The primary team pager should be carried by the team intern (or junior resident, in the case of Yellow Team).

Epic

Epic Tip Sheets are available to help you make the most of our electronic medical record. To access a searchable database of Tip Sheets, click on Weblinks in the top bar of the Epic application. See Appendix F for a sample Tip Sheet on Patient Lists in Epic. You can also ask your team for their Epic tricks and shortcuts.

You may find it helpful on your first day to review the Epic Set-up Tips and Tricks posted on our website:
https://docs.google.com/document/d/1XAezCnRsTxRQRxlfNgFgMP3kLXjZ9Ur/edit?usp=drive_link&ouid=117506636169783709517&rtpof=true&sd=true

Sub-intern Roles and Responsibilities

- Carry a patient load approximately equivalent to that of an intern, averaging 3-6 patients
 - * *These patients will generally also be followed closely by the intern for their learning, though you should present on rounds, write notes, perform handoff, and serve as the primary provider/communicator.*
- Perform the primary patient care role, equivalent to the interns
- Perform histories and physicals on new patients, including a 10-14 point ROS
- Pre-round on patients by reviewing the EMR and touching base with patients' nurses
 - * *Sub-interns should ask their teams if they should be speaking with patients and families and/or examining patients during pre-rounding, as this may vary team to team.*
- Write daily progress notes
 - * *Ask your supervising resident for feedback on your notes, and forward your notes to him/her to edit. He/she will then forward your notes to your attending physician to sign. These notes will serve as the team's daily documentation in the patients' permanent medical record.*
- Present patients on rounds
 - * *Remember to elicit patients'/families' concerns & sense of illness severity [I], provide an updated general assessment in addition to more detailed discussion of each system/problem [P], generate a daily prioritized "to do" list [A], discuss situational awareness/contingency plans [S], confirm patients'/families' understanding of the plan [S], & seek input from nursing & ancillary staff.*
- Take care of daily work associated with patient care, including order entry
 - * *Orders will be cosigned by your supervising resident; see Appendix G for TPN info*
- Communicate with patients, families and primary care providers
 - * *See Appendix H for Parent and Caregiver Perspectives on Essential Trainee Skills, Attitudes, and Knowledge*
- Update Epic written handoff
- Handoff your patients to the night float intern
 - * *Use the I-PASS framework: Illness Severity, Patient Summary, Action List, Situation Awareness & Contingency Planning, Synthesis by Receiver (please watch I-PASS overview video available at <https://stanfordmedicine.box.com/s/xhe8dnn0zrwnw0314018rbq19zc0sgks>; see Appendix I for additional information)*
- Coordinate and complete patient discharges, including discharge summaries
- Attend mandatory educational conferences, including Morning Report, Noon Conference, and Grand Rounds (via Zoom), and any team-specific educational sessions.
 - * *See Weekly Schedule below for Zoom log-in information*
- Complete 1 wk of Night Float according to the schedule given at the beginning of the rotation
 - * *Any switches with fellow sub-interns must be approved by Dr. Everhart or Dr. Stuart*

Night Float

Sub-interns complete one week of Night Float according to the schedule given at the beginning of the rotation (Sunday night through Thursday night, ending Friday morning; hours for each shift are 5:00 pm – 7:00 am). There are no weekend duties on the rotation, other than 5:00 pm arrival on the first day of night float. While on Night Float, you may participate in admissions and patient care for patients on other teams, at the discretion of your supervising residents. Please sleep at home during the day; there is limited dedicated medical student sleep space at LPCHS.

Weekly Schedule

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6:00 am	AM Handoff, followed by pre-rounding...					Off	Off
8:00 – 8:30 am	...Morning Report...				Grand Rounds 8-9 am	Off	Off
8:30 – 12:00 pm	...Rounds & Patient Care...					Off	Off
12:00 – 1:00 pm	...Noon Conference + Lunch...					Off	Off
1:00 – 5:00 pm	...more Patient Care + Learning...					Off	Off
5:00 pm	...PM Handoff					Off	Off

** Morning Report and Noon Conference are in the LPCH West Boardroom*

** Breakfast is served 8-8:30 am; lunch is served 12-1 pm in the Resident Lounge (3rd floor of West Building, door code 4312)*

** Grand Rounds Zoom info is available at:*

<http://med.stanford.edu/pediatrics/education/grandrounds.html>

Self-Directed Learning and Associated Assignments

In order to maximize learning opportunities and personal/professional growth during the rotation, sub-interns are asked to complete the following self-directed learning assignments:

Week	Assignment
1	Initial Individualized Learning Plan (ILP) (online survey)
2	ILP Reflection/Update Exercise (online survey)
3	<p>By the end of week 3:</p> <ul style="list-style-type: none"> • Patient feedback form (1) • Structured Clinical Observation (“SCO”) (2) <p>Upon course completion:</p> <ul style="list-style-type: none"> • Course Evaluation

Individualized Learning Plan (ILP):

During Week 1 of your pediatric sub-internship, reflect on specific patient encounters and team experiences to create individualized learning goal(s), with strategies for achieving goal(s) and evidence of goal achievement. Obtain feedback on your goal(s) from team members throughout the rotation. Revise your ILP at least once during your rotation.

Qualtrics links for ILP forms:

- Initial ILP (week 1):
https://stanfordmedicine.qualtrics.com/jfe/form/SV_e9Xd216uoZ8ARxz
- ILP Reflection/Update (by the end of week 2):
https://stanfordmedicine.qualtrics.com/jfe/form/SV_9M5wcqaNc5GAUvj

Patient Feedback Form (Appendix J):

- Give form to a patient or parent. Spanish and English versions are provided. Retrieve form from patient/parent yourself, or ask a member of your team.
- Scan/email or fax form to Dr. Stuart, cc’ing Dr. Everhart and Julia Arndt

Structured Clinical Observation (SCO) Forms (Appendix K):

- Please submit two observation forms by the end of the rotation, signed by a resident or faculty observer. Observations of a portion of your complete H&P will suffice. Choose Pediatric History and/or Pediatric Physical Exam.
- Scan/email or fax forms to Dr. Stuart, cc’ing Dr. Everhart and Julia Arndt

Feedback and Evaluation

Sub-interns should actively solicit feedback from residents, fellows, and attendings on a regular basis, multiple times per week. In addition, sub-interns may elicit feedback from patients, families, and other care team members. Sub-interns should use the feedback tools included in the binder to facilitate

feedback discussions. Sub-interns should share ILP goals with team members and ask for specific feedback on these goals.

Evaluation will follow the standard Stanford School of Medicine format, assessing performance in the following areas: History and Physical, Clinical Decision-making, Fund of Knowledge, Compassion/Humanism, and Professionalism. The Coordinator or Director will contact you to ask for names of faculty and residents with whom you have worked. This is a PASS / NO PASS course.

Sub-interns will touch base with Dr. Everhart intermittently throughout the rotation to check-in and review progress towards personal rotation goals. See Appendix L for suggestions on how to shine during your sub-internship.

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