PEDIATRICS RESIDENCY HANDBOOK AND GUIDELINES 2014 – 2015

PEDIATRICS RESIDENCY HANDBOOK
AND GUIDELINES 2013 – 2014
DUTIES AND RESPONSIBILITIES (Revised 04/13)

Residency Program Administration

- Chairman and Medical Director: Alan Kohrt, M.D.
- Program Director: Janara Huff, M.D.
- Associate Program Director: Marielisa Rincon-Subtirelu, M.D.
- Program Coordinator: Patty Wolfe
- Recruitment Director: Pat Keegan, M.D.
- Chief Residents: Kendra Simpson, M.D.; Brian Wakefield, M.D.

INPATIENT ROTATION

Each month there will be 5-6 residents on the inpatient service to be divided into 2 teams. One team (Team A) is composed of one senior resident, 2-3 interns and medical students. The other team (Team B) is composed of one or two second year residents and med students. Team B residents will take care of more medically complex patients on the inpatient service. This will shift toward the end of the year when the second years take a more senior role and interns will begin taking care of the more medically complex patients.

Floor Supervisor: July through February, there will be 2PL-3's who will act as supervising residents and will be expected to take charge of the inpatient team. Beginning in March, 2 second year residents will begin to act as supervisors as well. Responsibilities are as follows:

- To take charge of the entire management of the inpatient service, including patient care management, efficient patient flow, resident management, and communication between the residents and attending physicians. It is the responsibility of the supervising resident to delegate as necessary depending on the resident abilities and the time of year. The supervising resident is ultimately responsible for everything that occurs with the floor patients and the inpatient residents. The supervising resident should maintain communication with the floor and private attendings regarding the care of their patients.
- To supervise admissions to the inpatient team, make initial contact with the attending physician, and write a brief senior resident admit note (SRAN).
- To conduct handover rounds with the NF team prior to morning report and conferences.
- To lead work rounds and take responsibility for teaching the residents and medical students via patient-oriented teaching, didactic lectures, article distribution, delegation of topics to residents and students to present during teaching rounds, and review of written H and P's and daily notes.
- To assure timely arrival of the team to conferences.
- To examine all seriously ill patients throughout the day.
- To oversee the frequency and proficiency of procedures performed by the inpatient residents.
- To coordinate scheduling for the members of the floor team, including assuring days off per RRC regulations and time missed for various clinics.
- To coordinate exchange of patient care for residents coming on and going of service.

- To obtain handover from the PICU resident when on call and be aware of all PICU patients, new admissions, and be available to the PICU resident.
- To implement a "soft cap" as needed based on patient load and to redistribute patients among the team as needed.
- Independent reading to facilitate better care of patients and teaching of residents
- To assign morning report presentations
- To identify the case(s) for the next M and M, assign the presentor and let Dr. Kohrt know the case and issues
- Attend bed huddle daily

PL-2: Each month, one or two PL-2 residents will rotate on the inpatient service. Responsibilities are as follows:

- To carry a full load of patients and function in their care in the same manner as a PL-1 resident (described below).
- To function as a senior as necessary, including supervising admissions, teaching residents and students, and leading rounds in the absence of the senior as the year progresses.
- To complete the appropriate inpatient modules for each month on the floor.

PL-1: Each month three PL-1 residents and 1 FP resident will rotate on the inpatient service. Responsibilities are as follows:

- To admit new patients and transfers to the inpatient team, writing admission orders, completing a full H and P, and assuming primary responsibility for their care.
- To evaluate and complete daily progress notes prior to work rounds. This can exclude patients admitted after midnight unless there are significant changes in the patient's status or care.
- To communicate with private physicians via written notes and direct verbal communication.
- To respond to and document nursing calls during the day and when on call.
- To dictate a discharge summary immediately, but <u>never</u> later than 14 days after discharge, on all patients and communicate with any outlying physicians prior to discharge of their patients. Please follow the discharge template in the Blue Book for your discharge summaries.
- To perform, document, and track procedures as indicated (see below).
- To document any changes in patients' status, procedures performed, and communication with consultants.
- To prepare pertinent brief lectures for discussion during teaching rounds (as indicated by senior resident).
- To complete the appropriate inpatient modules for each month on the floor.

Daily Routine

- In general, arrive in time to have your patients seen and progress notes written prior to rounds. Morning handover will occur at 06:15, so the night senior can leave in time for duty hour requirements. All day time residents should arrive for morning report by 0800. Rounds usually begin at 0930 but may be earlier or later depending on patient load and the wishes of the attending or team. The remainder of the day should be spent following

up on current patients (including communication with consultants and attendings, pertinent reading, and follow up examination) and admitting new patients if needed.
- Nighttime handover rounds begin promptly at 1700. The resident should be prepared to present all pertinent changes made during the day and any anticipated problems with interventions (if needed) for the on-call residents. It is the responsibility of the resident taking care of the patient to take care of as much as possible prior to leaving. Extra work should not be left with the on-call team.
- Weekend rounds will begin promptly at 0830 unless otherwise arranged by the rounding attending.

Subspecialty Patients
- All subspecialty patients admitted to the service will be followed by an inpatient resident. If there is a resident on the subspecialty service, they are to function as a consultant along with the attending.

Inpatient Night Float
- PL-1s will complete night float which consists of 6 nights in a row . PL-2s will take 24 hour calls 2-3 times/month. Nighttime responsibilities include writing admission H and P and admitting orders on all new patients, providing ongoing care of the teaching service patients, and responding to any patient in an emergency or at the request of nursing. Any questions or problems that arise during the night should be discussed with the senior resident prior to calling the attending if needed.
- The NF intern does not attend Friday lectures

Senior Night Float and Cross Cover
- The inpatient seniors do approximately two weeks of NF from Friday-Wednesday evenings from 1700 through 0700 the next morning. Thursday night call is shared by other PL-3 residents who are on elective rotations. Each PL-3 will be on-call on average 2-3 times a month.
- There will be a cross cover senior on the floor on Sundays from 0615 until 20:00 when the NF resident arrives.
- The NF resident is not responsible for Friday lecture attendance..

Code 5/Trauma Pager
- The Code 5 pagers are to be worn by a senior and lower level resident on the floor and by the PICU resident. All residents should respond to any Code 5 in the hospital. The pagers should not be taken outside the hospital.
- The Trauma Pager is to be worn by the senior floor resident and PICU resident. The PICU resident is to respond to all major traumas and provide assistance as needed.

Pediatric Intensive Care Unit (PICU) Rotation
Residents will spend two months as PL-2s in the PICU. In general, PL-2s will either be in the PICU with another PL-2 or with an ED resident. When on with the ED resident, the PL-2 will

do night float first and switch to days for the second half of the month. Responsibilities are as follows:

- To take charge of the care of the patients in the PICU. This includes writing accurate, up-to-date, systems-based, daily progress notes, communicating with the attending regarding any changes in patient status, and formulating plans for the care of the critically ill patients.
- Writing admission H and P's on any new patient entering the PICU.
- Helping facilitate transfers out of the PICU when appropriate.
- Responding to any Trauma or Code Pink page.
- Completing the required reading assigned each month as well as online modules and other educational requirements during the month.
- Dictation of discharge summaries or transfer summaries

Daily Routine

- The PICU resident is to arrive no later than 0600 to receive handover from the NF resident. After handover, the resident is responsible for seeing all the patients and typing notes prior to morning conference. The resident should be ready for rounds by 0930.
- The resident is responsible for the unit until handover rounds at 1630.
- After handover, the resident should tie up any loose ends prior to going home.

Night Float

- The NF resident is not responsible for Friday lectures.
- It is the responsibility of all residents to assure the NF resident leaves by 0630 every morning.
- Duties of the NF resident are similar to those described above.

Call

- PL-2 residents on elective rotations will take 2-4 calls/month on Thursday nights in the PICU and some Sunday days.

Neonatal Intensive Care Unit (NICU) Rotation

PL-1, and PL-2 residents will each spend one month per year in the NICU (for a total of 2 months during training). A third month of NICU is optional as either a PGY2 or PGY3.

Responsibilities are as follows:

- Taking primary ownership of an appropriate number of patients. This includes writing daily progress notes, communicating with the attending regarding any changes in patient status, and formulating plans for the care of the critically ill patients.
- Attending deliveries (all deliveries for PL-1 residents; all until comfortable, then any high risk deliveries for PL-2 and PL-3 residents).
- Helping with new admissions to the NICU.
- Spending Tuesday afternoon seeing patients in NICU follow-up clinic.
- Completing the required reading and online modules appropriate for level of training.
- Participating in and documenting procedures during the month.

Daily Routine

- The NICU resident is to arrive at 0630 to get handover from the nurse practitioner.
- After rounds, the resident is to carry out any plans developed during rounds, participate in rounds with the neonatal nurse practitioners (NNP) and attend deliveries. The resident should be available for new admissions.
- At the end of the day, the resident is to handover to the NNP on call. This typically occurs around 1700.
- The NICU resident must attend grand rounds and Friday afternoon lecture. He/she is highly encouraged to attend morning report, but this is not always feasible

Long Call (may be changing)

- The resident is responsible for taking 4 long calls during his/her NICU month. The long call will be 1700-2030. During this period, the resident is to work directly with the NNP in management of current patients and admission of any new patients.
- The long call resident is responsible for attending deliveries. They are to respond to any concerns with our patients in the newborn nursery and to follow up on anything leftover from the day.

OUTPATIENT MEDICINE

Residents have an opportunity to participate in ambulatory medicine throughout their training. This includes rotations in the newborn nursery, University Pediatrics clinic, community private office, and as a senior resident the Urgent Care Center.

Outpatient/Newborn Nursery Supervisor

- PL-3 residents will complete 2 month as the outpatient supervisor in the University Pediatrics clinic. During this time they are to supervise medical students, PL-1, and PL-2 residents in the clinic as well as seeing patients individually if needed. The supervisor is responsible for making sure pending labs, x-rays, and phone calls are followed up on appropriately.
- In addition to the clinic duties, the PL-3 residents are to supervise the PL-1 residents in the nursery. They are to lead rounds with the newborn attending and be available for any questions throughout the day. When no intern is in the nursery, the PL-3 resident is responsible for the care of the newborns and rounding with the attending.

Outpatient/Newborn Nursery Resident

PL-2

- PL-2 residents will complete 1 month in the University Pediatrics clinic as a walk in care provider. They are to assist the outpatient supervisor in completing the duties listed above and fulfill the supervisor role in the senior's absence.
- The duties primarily lie in the clinic, but the PL-2 resident is to assume the PL-3 resident's role in the nursery when the supervising resident is post call.

PL-1

- PL-1 residents will complete 1 month in the newborn nursery and 2 months in the ambulatory clinic setting.

- Each day the PL-1 resident should arrive in the newborn nursery and have all the babies seen and notes written by morning rounds (typically around 0930).
- You must attend Friday lectures, Grand rounds and morning report.
- Current University Pediatrics "families" and unattached patients will be seen each morning.
- After rounds, the PL-1 resident is responsible for updating the families on any plans, discharging patients, and attending all level deliveries with the newborn nursery nurses. During this time the PL-1 will carry the Nursery Pager and respond to any questions that may arise.
- At the end of the day, the PL-1 should tie up any loose ends and handover to the inpatient NF intern who will be covering the nursery that night. If a FP resident is on night float, then handover should be to the PGY3 on NF. Any items for follow up and plans should be clearly presented to the on call resident.
- The PL-1 resident is responsible for completing 10 core nursery teaching modules while completing their nursery month. While on their outpatient month, the PL-1s are to complete 4 nursery modules and 4 clinical question forms the second month.
- The PL-1 nursery resident may be asked to take inpatient call during their month if the inpatient team has too few residents.
- Weekend nursery coverage is to be provided by the PL-1 residents in the nursery and on electives.

Outpatient Call

- PL-2 residents on outpatient will be required to take telephone call for the University Pediatrics Clinic at night. This generally consists of taking questions from parents when the clinic is closed.
- Each call should be documented in the EMR system in patient's chart and the information sent to the walk-in clinic attending.

Private Office

- Residents will have the opportunity to spend one month working with a general pediatrician in the community. Residents will work under the supervision of the private pediatrician as a guest in their clinic. The resident is still responsible for attending morning conferences, but otherwise should adopt the schedule of the private pediatrician during these months.

Urgent Care Clinic

- PL-3 residents will complete a month in the urgent care clinic if not choosing to complete a third month in the ED. The shift will begin at 1800 and end at midnight. Residents will work under the supervision of a University Pediatric attending or private pediatrician in the community, however, the rotation is meant to allow the PL-3 maximal autonomy.
- The resident is still responsible for attending Friday lectures.
- Make-up continuity clinics are done during this month

Continuity Clinic

- Each resident will be assigned to a continuity clinic which meets one half day per week. 36 continuity clinics are required per year. The resident will establish a panel of patients they are to follow and accept primary responsibility for their care during the three years of training.
- No continuity clinic will be required during PGY3 inpatient months. The missed clinics will be made up on urgent care month and ED months.
- PL-1 residents will be scheduled for 4 patients each week until January when they will be increased to 5 (PL-2 residents= 6, and PL-3 residents= 7). PL-1 residents are to see a minimum of 3 patients per week (PL-2 residents= 4, PL-3 residents= 5). If necessary patients can be seen from the walk-in clinic.
- A patient panel will be inherited by each incoming intern from one of the graduating seniors. Patients should also be recruited into each resident's clinic during the entire three years of training. Because there are only 4 appointment spots available per week for the PL-1 residents, no more than 3 new patients should be recruited into any panel per week.
- Each week there will be a brief reading assignment to be discussed prior to continuity clinic. The attending will assign presenters to lead the discussion each week. Any questions associated with reading assignments should be completed prior to clinic and filed in each resident's continuity folder at the end of the discussion.

Emergency Department Rotation

- Each resident will spend 2-3 months working the Pediatric Emergency Department one month each year of training. During these months the resident will work 20-22, 9 hour shifts, including some daytime and overnight shifts. These shifts are 0800-1700, 1700-0200, and 2300-0800.
- During these months, the resident will work with the attending, but will be responsible for the care of a variety of patients, including initial work-up, stabilization, disposition, and any required procedures.

Adolescent Medicine Rotation

- Residents will spend one month of their training in an adolescent medicine rotation. During this month the resident will work in a variety of settings to allow greater exposure to adolescent medicine. Time will be split between the Adolescent Clinic at University Pediatrics, the Juvenile Justice Center, the Center for Sports Medicine, the Scholz Center and the Lifespring Community Health Center.

Developmental and Behavioral Peds Rotation

- Residents will spend one month in a behavior/development rotation. During this month, the resident will participate in developmental testing, counseling sessions, and consults within the hospital with Dr. Wilkins
- In addition, most of your time will be spent outside the hospital participating in classroom and recreational environments at the Siskin Children's Institute, and with our Behavioral Pediatricians in an office setting.

Individualized and subspecialty Rotations

- Residents will get up to 6 individualized rotations over the 3 years in addition to the 7subspecialty months, Adolescent Medicine and Developmental Pediatrics. Up to 3 of these rotations may overlap per the RRC such that a subspecialty month might both be counted as a subspecialty and as a stepping stone to a fellowship. Your choices for these months are to be developed with the guidance of mentors, allowing each person to tailor their training based on future career goals.
- All residents choose their individualized rotations to suit their career goals. The resident's faculty mentor and the program director aid in this process in order to ensure compliance with guidelines set by the ACGME and ensure the resident's education is not being compromised. Subspecialty choices are split into two tiers with residents having to complete a total of seven subspecialty months during residency in addition to adolescent medicine and developmental and behavioral pediatrics. Of those, four months must be four different tier one or major electives. The other four electives can be from a single subspecialty (from tier 1 or 2) or from a combination (from tier 1 or 2) of subspecialties – if making a combination, please discuss with the chief resident or the program director to ensure it is a proper combination. Please see end of document to obtain recommendations based on career goal.

Tier One (Major Subspecialties)

- Allergy/Immunology
- Cardiology
- Endocrinology
- Gastroenterology
- Genetics
- Hematology/Oncology
- Nephrology
- Neurology
- Pulmonology

Tier Two

- Pediatric Anesthesiology
- Child Psychiatry
- Pediatric Dermatology
- Pediatric Ophthalmology
- Pediatric Orthopedic Surgery and Sports Medicine
- Pediatric Otolaryngology (as a combo)
- Pediatric Radiology
- Pediatric Surgery
- Infectious Disease (as a combo)
- Rheumatology (as a combo)
- Private office

- Each rotation has specific requirements set forth by the subspecialty attending. These requirements must be met for completion of the rotation.
- One outside elective in Memphis or at Vanderbilt may be set up with the approval of the program director and GME office, if doing an away rotation is felt to be necessary for resident preparation for their future career.

- The individualized months may be a creative package of 1, 2 or more weeks of experiences, a private office month, an away rotation, or can be extra months of inpatient, NICU, PICU, clinic, ED or repeat rotations of subspecialties done with different goals than the primary rotation. Selection of these months should be done after review of the career recommendation sheet and discussion with your mentor. Final approval of all individualized rotations rests with the program director. Disagreements will be resolved by the clinical competency committee..

MISCELLANEOUS

Work Hours

- Work hours are set in accordance with ACGME guidelines. PL-2/PL-3 call will last no more than 24 hours with a maximum of 4 hours post call to complete patient care activities and handover (no more than 28 consecutive hours). Residents may not be assigned new patients after a 24-hour work period. PL-1 residents can work no longer than 16 hours of continuous duty.
- Residents are not to exceed 80 hours worked per week when averaged over 4 weeks.
- There will be at least 8 hours of duty-free time in between shifts though every effort will be made to achieve 10 hours between shifts. All work hours should be accurately documented on the New Innovations website. The log of duty hours should be updated at least every 2 weeks.
- Each resident will receive, on average, at least one 24 hour duty-free period for every seven days worked. This translates to at least 4-5 days off each month.
- Each resident will be responsible for logging duty hours in the new innovations website at least every 2 weeks.

Vacation/Holidays

- Each resident receives 3 weeks of vacation during the year, including time off during the Christmas and New Year's season. Vacation requests are to be made well in advance of the rotation and must be submitted in writing and approved by the appropriate attending and chief resident.
- Some electives have vacation restrictions in order to conform to ACGME requirements. Vacation is not routinely permitted during the Inpatient Rotation, PICU, NICU, Newborn Nursery, outpatient, adolescent medicine, or development and behavior. Any exceptions must be pre-approved by the Program Director and coordinated with the Chief Resident.
- Vacation requests are due 3 months prior to the requested week on the appropriate form with all necessary signatures. At times this may change – the chief resident will give advance notice to when these will be due.
- Vacation days may not be carried over from one year to the next.
- Approved University holidays will function on a weekend schedule. Holidays will be assigned randomly, and should even out by the end of the year. University holidays include Independence Day, Labor Day, Thanksgiving and the following Friday, Christmas Day, New Year's Day, Martin Luther King, Jr, Day, and Good Friday.

Please see the attached Mentor sheet to see these schedule criteria broken down by each year.

Educational Conference/Book Allowance

- Each resident is allowed 5 working days per year to attend a conference, at the approval of the Program Director, appropriate attending, and chief resident.
- Erlanger provides reimbursement of up to $500, $750, and $1000 for PL-1, PL-2, and PL-3 respectively for Continuing Medical Education. Residents should work with Patty Wolfe prior to the conference regarding appropriate receipts and documentation that must be submitted. All travel is in accordance with University of Tennessee and hospital guidelines.
- If conference time is not used during the current academic year, it is not transferable to the following academic years.

Time Off/Sick Leave

- Each resident is allowed a maximum of 21 paid sick days per year. Any call missed for sick leave must be made up. Otherwise, sick days are not required to be made up as long as it does not prevent the resident from receiving a satisfactory evaluation and appropriate exposure to the rotation. This is to be determined by the program director and curriculum committee.
- It is the resident's responsibility to notify the chief resident, attending physician, and supervising resident when out sick.
- Sick days not used cannot be carried over to the next year.
- If 3 or more sick-days are taken consecutively, or if there is an appearance sick days are being abused, a physician's excuse must be provided.

Maternity Leave

- All available sick and annual leave days up to the maximum of six (6) paid weeks duration may be used by female Residents or Fellows for the birth of a child.
- With prior approval, additional unpaid maternity leave using FMLA may be granted by the Program Directors.
- Extended leave due to complications may be covered under the Resident's disability policy after the 90 day waiting period.

Other Parental Leave

- A parent Resident other than the birth mother may use paid sick leave to take seven (7) consecutive calendar days to assist with parental duties commencing with the birth of the child.
- Additional paid time may be taken using any available annual leave.
- With prior approval, additional unpaid parental leave may be granted by the Program Directors.

Adoption Leave

- Adoptive parent Residents may use paid sick leave to take seven (7) consecutive calendar days for leave commencing with the adoption of the child.
- Additional paid time may be taken using any available annual leave.

- With prior approval, additional unpaid adoptive leave may be granted by the Program Directors

Jeopardy Call

- When a resident has an unexpected absence due to illness, emergency or otherwise, scheduled calls or other duties may need to be adjusted. If the resident is unable to take call, the Jeopardy Call schedule is enacted.
- The resident filling in for the absent resident will be chosen based on ease of scheduling. Jeopardy calls are tracked, and every attempt is made to keep the same person from taking multiple jeopardy calls.

Conferences

- Includes morning report from 0800 to 0830 on Monday, Tuesday, and Thursday. Grand Rounds will take place from 0800 to 0900 on Wednesday mornings, and a block lecture schedule will take place from 1200 to 1600 on Friday. Pediatric Tumor Board will take place at noon the third Monday of every month.
- Attendance at conference is a requirement of the pediatric residency program.
- Attendance will be taken at all conferences, and unapproved absences/repeated tardiness will be addressed with the Program Director and the accountability committee. A resident must have attended a minimum of 70% of conferences and not be late for more than 10% (including vacation, night shift, etc.) in order to receive full credit for the year of residency.
- Occasionally, pediatric residents will be asked to attend Pediatric House staff meetings, Family Practice conferences, Internal Medicine Grand Rounds, or University campus core curriculum events. These conferences will take precedence over off-campus electives and all residents who are not "off" are expected to attend.

Evaluations

- Resident evaluations will be performed monthly and will reflect achievement of the six Core Competencies of Patient Care, Medical Knowledge, Interpersonal Skills, Practice Based Learning, Professionalism, and Systems Based Practice. A number of evaluation tools will be utilized including faculty, nursing and colleague assessments, direct resident observation, procedure and case logs, written examinations, and presentation skills. Your level of achievement for each of the 21 reportable Milestone or subcompetencies will be assessed by the clinical competency committee and reported to the ACGME in December and June. You will receive this information during twice yearly meetings with the program director or associate program director.
- Additionally, each resident will maintain and turn in a portfolio of assessment tools to document the Core Competencies and all academic activity during residency which is held by the program coordinator
- Reviews will be given to each resident by the Program Director semiannually, unless issues arise necessitating more frequent evaluation. A satisfactory evaluation for all 12 months is required to advance to the next level of training.
- The nation-wide in-training exam (ITE) will be administered at the beginning of each year and results become available in October. There is also a program ITE that is given in March to assure continued progression throughout training. Academic support and

counseling is available to residents and should be sought on an individual basis as indicated.

- Residents are required to complete faculty and rotation evaluations at the end of each rotation on the New Innovations website. These evaluations are critically important to optimize learning and improve rotations.

Procedures

- Every procedure (e.g. lumbar punctures, vaccine administration, cerumen removal, umbilical catheters, etc) that you perform is required to be logged into the New Innovations procedure logger website. This will allow the program to periodically review your procedures to ensure enough experience with each is obtained prior to finishing residency. This is also what you will use to obtain credentialing with any future employer.

Projects/Presentations

- Please refer to the end of this document to see a list of all projects that need to be complete by the end of residency. You will also see this list broken down into which need to be done at what level of training.

Clinical Competency Committee

- Residents will be held accountable for certain non-clincial duties and responsibilities deemed necessary by the ACGME and pediatric residency review committee (RRC). Examples include, but are not limited to, conference attendance, QI and scholarly activity completion, timely module completion, creating ILP's, professional character, and doing required PREP questions. Failure to comply with these duties may result in meeting with the CCcommittee. This committee will decide on appropriate actions and possible remediation plan with the resident.
- The CCC is also responsible for reviewing all evaluations semiannually and producing a report of resident Milestone achievement. This information is reported to the ACGME and results are always discussed with the resident.

Scholarly Activity

- To foster skills in life-long learning, the residents are expected to choose projects to complete the Program Requirements for Scholarly Activity. Credit is given for participation in a wide variety of activities including: research projects, preparing a grant proposal, quality improvement projects, advocacy, etc. Please refer to the Scholarly Activity Requirement document at the end of this handbook for details.

Paychecks

- Paychecks will be available the last day of each month. If direct deposit is set-up, the receipt will be available online.

Food

- Food is available to residents in the Erlanger Cafeteria. Residents are given $1000/year on their meal cards to help with food expenses. A University of Tennessee/Erlanger

Photo ID badge is required and charges are tracked. Snacks and drinks are available in the resident lounge.

Dress Code

- Residents shall present themselves in a professional manner at all times. A white coat is required along with your identifiable name badge within the hospital (as mandated by Erlanger) except in the newborn nursery/NICU, where only the hospital ID is required.
- Men should wear slacks with a button-up shirt. Ties are optional, unless required by attending.
- Women should wear professional looking attire. This may be a dress, knee-length or longer skirt with a sweater or blouse, or dress slacks (not jeans) with a sweater or blouse.
- Shoes should be closed-toed dress shoes or clogs.
- Flip-flops or sandals; jeans; suggestive, revealing or tight fitting clothing; mini-skirts, camisole-type tops, or other shirts which expose shoulders, bra straps or midriff; and any clothing with inappropriate pictures or slogans are all considered inappropriate.
- When on-call scrubs and comfortable shoes/sneakers are acceptable.
- The resident should change out of scrubs and back into the appropriate clothing if going to clinic post-call. Personal grooming is expected at all times, including post-call.

Faculty Mentor Program

- Residents participate in regular mentor groups with faculty. Groups consist of 1-2 volunteer faculty members with 3-4 residents. Time is scheduled each month on the second Wednesday for mentor groups to meet over lunch. Residents are able to select their mentors according to their own interests and are encouraged to meet outside the scheduled times if desired. In addition, residents are required to meet individually with their mentors at least twice a year to discuss any problems, goals or career counseling.

Pediatric Residency Program and Hospital Documentation

- Logging of duty hours and procedures through New Innovations, University Pediatrics continuity clinic patients on the clinic excel sheet, and completion of medical records and monthly rotation and faculty evaluations through New Innovations all shall be completed and up to date in its entirety every month. Due to the documentation requirements of the ACGME, failing to do so will result in disciplinary action to include: holding reimbursements for books and conferences, and limiting preferential requests for vacation and time off (but not to interfere with the requirements of required days off or vacation as required by ACGME).
- You are responsible for completing your individual learning plan (ILP) on the AAP website under Pedialink by October 1 of each year. Learning to do an ILP is part of the competency of practice based learning and improvement. The ILP should be approved by your mentor and reviewed at your program director semi-annual meetings.
- You have access to 3 years of PREP questions on Pedialink. PREP questions are an excellent way to prepare for boards. You should complete at least 250 questions/year on-line. Completion of this is monitored by the program director.

- You have an online portfolio to help keep track of all your residency experiences and accomplishments. This information will be helpful in developing your CV or fellowship application. Keep it current as it is an ACGME requirement.

Requirements for a Reading Month

The reading month rotation is designed primarily for residents who have to take significant time off from their regular duties because of sub-acute health problems, pregnancy, or family emergencies. Residents who opt for a reading month instead of a combination of vacation and/or sick leave will be asked for documentation of their accomplishments. When the leave is anticipated, such as maternity leave, a study schedule with weekly goals must be completed one month prior to the anticipated reading month. Continuity clinic must occur at least 4 times during the reading month. Most call will be waived for the above circumstances, though each case will be individualized.

On occasion a reading month may be approved for remedial reasons. The curriculum committee has agreed upon the following:

1) A PGY-2 who fails USMLE Step 3 may request a reading month to study prior to retaking the exam because no one can be promoted to PGY-3 without passing Step 3.
2) A PGY-3 with an ITE score of <300 and who will not be able to take time off to study after finishing residency (i.e. starts fellowship in July) will also be allowed to take a reading elective.
3) In either of the above cases, the resident must have an approved study plan (signed by mentor and program director) one month before the reading month. They will attend morning report, Grand Rounds and Block lectures and do their studying at the hospital. They must meet with their mentor weekly to check progress and may be asked to take a practice exam (100 questions) at the midpoint and end of the month.
4) Continuity clinic and call are required during the reading elective
5) Residents who wish to take a reading elective for any other reason may discuss it with their mentor. The curriculum committee will make final approval.

Requirements for a Research Month Elective

The curriculum committee's philosophy is that the vast majority of scholarly activity projects do not require a month of dedicated time to complete. Occasionally, a project may require a lot of data collection or require time during the day, such as presentations at multiple schools or other venues, to complete. The research elective will not be approved if you have not done all the preliminary work for the project including having either an IRB waiver or approval. When a project does require a block of dedicated time to complete, the curriculum committee will consider a "Research Elective" of 2 or 4 weeks. To initiate approval, meet with your scholarly project mentor and decide on goals and objectives with a timeline of either 2 or 4 weeks to complete the work. Submit the written plan with mentor signature to the Chief Resident or Program Director to present to the Curriculum committee. This should be done at least 6 weeks before the anticipated Research Elective to allow for schedule changes if needed. Weekly meetings with your scholarly activity mentor must occur during the 2 or 4 weeks of project completion to be sure the goals and objectives are being met and plans for the next week are still appropriate. During the Research elective you are required to attend Friday block lectures and continuity clinic and to take call.

Institutional Policies – The Pediatric Residency Program also subscribes to the following University of Tennessee College of Medicine Chattanooga institutional policies as stated at the utcomchatt.org website including those listed below:

- **Institutional Policy on Resident Reappointment and Promotion**
- **Institutional Policy on Resident Dismissal**
- **Institutional Policy on Resident Leave**
- **Institutional Policy on Resident Recruitment and Eligibility Policy**
- **Institutional Policy on Resident Recruitment, Selection and Appointment**
- **Institutional Policy on Resident Supervision**
- **Addressing Non Academic Resident Complaints**
- **Institutional Policy on Resident Responsibilities and Due Process**
- **Institutional Policy on Resident Evaluation**
- **Institutional Policy on Moonlighting**
- **Institutional Policy on Resident Work Hours**
- **Institutional Policy on USMLE Step 3 or COMLEX Policy (prior to promotion to PGY-3 level)**

Rotation Request Sheet to decide with mentor and turn in to Chief Resident by March 15th with Mentor signature. Nonstandard or away rotation requests must also be appoved by the Program Director.

PGY-1***		Write in Choice	preferences - timing, etc
Inpatient	4		
Outpatient	2		
ED	1		
Community	1		
Nursery	1		
NICU	1		
subspecialty	1		
Subspecialty	1		
PGY-2*		**Write in Choice**	**preferences - timing, etc**
Inpatient	2		
Inpatient-S	1	Supervisor if ready to do this	
PICU	2		
NICU	1		
Outpatient	1		
Admed/sub**	1		
ED	1		
D&B***	1		
Individualized/subsp	1		
Individualized/subsp	1		
PGY3*		**Write in Choice**	**preferences - timing, etc**
Inpatient-S	2 or 3	Supervisor	
Outpatient-S	2	Supervisor	
ED or CHUCC	1		
subspecialty/Admed**	1		
subspecialty	1		
subspecialty	1		
Individualized	1		
Individualized	1		
Individualized	1		

Resident_____
Mentor_____
Date:_____

Recommendations for Subspecialty and Individualized Rotations for various career choices

Tracks	Recommended **Subspecialties** (Adolescent and Development are mandatory for all tracks)	Recommended individualized	
General Pediatrics	Cardiology GI Endo Genetics Hem/Oncology Nephrology Neurology Pulmonary Allergy ID Dermatology	- 3rd NICU month with focus on attending deliveries and initial stabilization plus care for level 2 babies - 2 weeks of GYN with 2 extra weeks of adolescent - 2 weeks of ENT and 2 weeks of ophthalmology - Sports medicine and pediatric ortho psychiatry/psychology month - Pediatric surgery (different surgical clinics) - Additional floor - Additional outpatient month	- Additional outpatient month as supervisor or - Additional floor as supervisor
Hospitalist	Nephrology ID Neurology Genetics Hem/onc Endocrine Gastroenterology Pulmonary ID Cardiology **Surgery**	- 1 month PICU -work with intensivists, in a "fellow" role - 1 month NICU- emphasis on delivery/transport/lines/procedures - Extra inpatient month - Away rotation for rheumatology (at Le Bonheur)	- Extra inpatient month as supervisor
Adolescent Medicine	Endocrinology Dermatology- Psychiatry Sports medicine	- GYN - Additional Inpatient - Additional Outpatient - - School health - Addiction medicine	- Additional outpatient month as supervisor or - Additional floor as supervisor
Allergy-Immunology	Allergy Pulmonary Gastroenterology Genetics Hematology Endocrinology Neurology Dermatology	- Additional Inpatient - Additional Outpatient	- Additional outpatient month as supervisor or - Additional floor as supervisor

Cardiology	Pulmonary Genetics Nephrology Cardiology Radiology	- Second Cardiology with emphasis on Echocardiography (interpretation and some performance) and EKG interpretation (late in PL3 year) - Additional month of PICU - Additional month of NICU - Procedure month (Anesthesia or ICU): central lines, arterial lines, IVs, etc. - Away rotation for Pediatric Cardiology (emphasis Pediatric Cardiac Surgery)	- Additional month of NICU as supervisor - Additional floor as supervisor
Child Abuse	Peds radiology	- Additional ED - Additional PICU - - Child Abuse: CPIT, Modules (DVD from Berenstein), DCS	- Additional ED month as supervisor - Additional outpatient month as supervisor or - Additional floor as supervisor
Developmental pediatrics	Genetics Neurology Endocrinology Gastroenterology Consider neuroradiology	- Child Psychiatry –outpatient with focus on psychopharm management - Additional month as 3rd year in Developmental Pediatrics [can be an away rotation) - Away for Child Abuse Training [2 weeks] and for Child Adoption Training [2 weeks] - Away at Cerebral Palsy Center [2 weeks] and for Feeding Team [2 weeks]	- Additional outpatient month as supervisor or - Additional floor as supervisor
Emergency Medicine	Cardiology-must Pulm Gastroenterology Endocrine Nephrology Radiology	-1 additional 3rd year month in ED (minimum) -Pediatric orthopedic -Additional PICU -Anesthesia experience - 2-4 weeks -Pediatric Surgery	- Additional ED month as supervisor - Additional outpatient month as supervisor or - Additional floor as supervisor
Endocrinology	Endocrinology Genetics Neurology Hem-Oncology Nephrology	-Additional PICU -Away additional endocrine rotation - Neuroradiology with Peds radiology - Combined Peds dentistry (emphasis in dental eruption/timing) 1 week /2 weeks dermatology/vacation 1 week - Adolescent psychiatry - Another NICU - Another floor (emphasis in complex patients) - Research month (endocrine related project)	- Additional month of NICU as supervisor - Additional floor as supervisor

GI	Gastroenterology Endocrine Nephrology Cardiology	-Research month (with goal of getting a poster presentation at NASPGHAN) -Away GI rotation at transplant facility Another NICU Extra PICU Inpatient	- Additional floor as supervisor
Genetics	Genetics Neurology Endocrinology Gastroenterology Cardiology Radiology ? Dermatology?	Another NICU Away rotation in metabolic	- Additional month of NICU as supervisor - Additional floor as supervisor - Additional outpatient month as supervisor
ID	ID Nephrology Pulmonary Dermatology Gastroenterology Endocrinology Hemaology	- 1-2 weeks in micro lab - ID away month at LeBonheur and St. Jude - Immunology away rotation - Additional NICU—focus on complex care and ID - Additional PICU - Additional Inpatient—complex care - Surgery and surgical subspecialty months	- Additional month of NICU as supervisor - Additional floor as supervisor
Hematology-oncology	Hem/Onc ID Nephrology Neurology Endocrinology Gastroenterology Cardiology	- Additional PICU - Immunology - Radiation oncology or pathology - Blood bank rotation - BMT away - Research month Extra ED	- Additional floor as supervisor
Neonatology	Genetics Pulmonary Neurology Cardiology Gastroenterology Endocrinology Radiology,	- Additional NICU - - Surgery/anesthesia - Perinatal rotation with high risk OB Additional PICU	Additional month of NICU as supervisor
Nephrology	Nephrology Endocrinology Cardiology Radiology	- -Additional PICU -Additional NICU -Adult Nephrology	Additional month of NICU as supervisor or IP supervisor
Neurology	Neurology Genetics	- Additional PICU -2 weeks neurosurgery	- Additional month of

	Psychiatry/psychology Radiology (with emphasis on neuroradiology, including some adult exposure)	-Development extra - Away rotation in PMR - Peds Orthopedics - Consider month in adult Neurology - Attendance to adult neuro monthly Thursday noon case presentation meeting	NICU as supervisor or - Additional floor as supervisor
PICU	ID Pulmonary Cardiology Gastroenterology Hem-onc Endocrinology	-Radiology – CT scan, Peds imaging and chest X-ray - Additional NICU - Additional PICU - Peds Surgery (G-tubes, OR, etc) - Anesthesia - Adult Critical Care Medicine-Surgical - Palliative Care	- Additional month of NICU./PICU as supervisor or - Additional floor as supervisor
Pulmonary	Pulmonary Allergy Genetics Gastroenterology Cardiology Radiology	Additional PICU Additional NICU Additional ER Research/Statistics Introduction	Additional month of NICU as supervisor - Additional floor as supervisor

A Checklist for the Pediatric Resident - by project			
Presentations			**Time e**
◊	Interesting Case (2nd or 3rd year)		20-40 + hrs
◊	Journal Club (2nd yr)		10 hrs
◊	Journal Club (3rd yr)		10 hrs
◊	M&M		4 hrs
◊	Scholarly Project		varies quite a bit-50-1
◊	QI Project		10-100
Projects			
◊	Community Activity (1st year)		1/2 day-2 days
◊	Community Activity(2nd year)		1/2 day-2 days
◊	Community Activity (3rd year)		1/2 day-2 days
◊	Advocacy for a patient (1st year)		2 hrs, but variable
◊	Advocacy for a patient (2nd year)		2 hrs, but variable
◊	Advocacy for a patient (3rd year)		2 hrs, but variable
◊	QI project (2nd year)		minimum 10 hrs, but v
◊	QI project (3rd year)		minimum 10 hrs, but v
◊	Scholarly Project		50- 100 hours
Other			
◊	2 QI modules (first half of intern year)		30-45 min each
◊	2 patient safety modules		30-45 min each
◊	PREP questions (1st year)		40 hrs
◊	PREP questions (2nd year)		40 hrs
◊	PREP questions (3rd year)		40 hrs
◊	ILP (1st year)		1 hr
◊	ILP (2nd year)		1 hr
◊	ILP (3rd year)		1 hr
◊	Portfolio on the teaching file - update regularly		
◊	Doctor's Day in Nashville		1 day
◊	Research Day (Nuts and Bolts)		1 day
A Checklist for the Pediatric Resident - by year			
Intern		**Date**	**Ti**
◊	ID a mentor and project idea (scholarly)		
◊	Community Activity (1st year)		

◊	Advocacy for a patient (1st year)		
◊	2QI modules		
◊	2 Patient safety modules		
◊	PREP questions (1st year)		
◊	ILP (1st year)		
◊	Portfolio on the teaching file - update regularly		
	Nuts and bolts conference either PGY1 or PGY2		
2nd Year			
◊	Journal Club (2nd yr)		
◊	Community Activity (2nd year)		
◊	Advocacy for a patient (2nd year)		
◊	QI project (2nd year) First PDSA cycle		
◊	PREP questions (2nd year)		
◊	ILP (2nd year)		
◊	Portfolio on the teaching file - update regularly		
◊	Working heavily on Scholarly project		
◊	Research Day (preferably done intern year)		
	M and M either PGY2 or PGY3 year		
	Business of Medicine Seminar either PGY2 or 3		
	Interesting Case conference either PGY2 or PGY3 year		
Senior year - done this year or by this year			
◊	Journal Club (3rd yr)		
◊	M&M if not already done		
◊	Scholarly Project presentation		
◊	Community Activity (3rd year)		
◊	Advocacy for a patient (3rd year)		
◊	QI project (3rd year) second PDSA cycle and presentation		
◊	PREP questions (3rd year)		
◊	ILP (3rd year)		
◊	Portfolio on the teaching file - update regularly		
◊	Doctor's Day in Nashville (most will do prior to 3rd year)		
◊	Interesting Case (if not done 2nd year)		

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