

# Orientation and Policy Manual

## Pediatric Hospitalist Medicine Fellowship Training Program



Department of Pediatrics,  
Emory University School of Medicine



Children's Healthcare of  
Atlanta

**General Pediatric Hospitalist Fellow**

David Lloyd, MD  
Program Director

Parminder Suchdev, MD  
Assistant Program Director

Janet Martin  
Program Coordinator

Division of General Pediatrics  
1405 Clifton Road, NE  
Atlanta, GA 30322  
(404) 785 6104  
(404) 785 1462 fax  
[david.lloyd@choa.org](mailto:david.lloyd@choa.org)  
[parminder.suchdev@choa.org](mailto:parminder.suchdev@choa.org)  
or  
[janet.martin@choa.org](mailto:janet.martin@choa.org)

Academic Year 2008-2009

## I. Mission Statement

The mission of the Pediatric Hospitalist is to provide excellent patient care. Excellent patient care leads to important questions that arise at the bedside, from which clinical pediatric research adds growth. This desire for excellence also drives us to teach residents, fellows, physician peers, nurses, and/or other medical personnel in order to maintain the highest standards of patient care.

## II. Goals of the Fellowship

The goal of the fellowship in Pediatric Hospitalist medicine is to train board certified pediatricians to become academic pediatric Hospitalists. Fellows should be stimulated by a desire to provide excellent patient care as a first priority, to develop a knowledge base to continue to perform relevant clinical and/or basic science research, and to become excellent teachers of medical students, residents, ancillary personnel, and future fellows. The pediatric fellowship is designed to provide opportunities to attain all these goals as well as to nurture future fellows. This manual is devoted to introducing the new fellow to basic skills, clinical research, instructors of medical students and policies of their fellowship.

## 1.0 Introduction

This document has been developed by the Program Coordinator in order to familiarize fellows with the Pediatric Hospitalist Fellowship Program and to provide information about the curriculum, policies and benefits pertaining to your training.

### 1.1 Welcome

Welcome to Emory's Pediatric Hospitalist Fellowship Program at Children's Healthcare of Atlanta. We are happy to welcome you into our family!

The mission of Children's Healthcare of Atlanta is to enhance the lives of children through excellence in patient care, research and education.

### 1.2 History

The Hospitalist program at Egleston was started by Joseph A Snitzer, III, in 1983. The original members were Joe Snitzer, Gerald Reisman, and Jackie Galloway. Dr. George Brumley was the Department Chair of Emory Pediatric Care Foundation (Emory Children's Center) at the time.

The three team members set out to build a team of physicians now called the Hospitalist, to aid and relieve the primary care physicians of inpatient care and

hospital rounds. The other main focus of the team was the bedside teaching of the Pediatric Residents and the Emory University Medical Students. The other role was to admit and manage patients of pediatric sub-specialist who did not have adequate manpower to have admissions on their service but could act as consultants. Children's Healthcare of Atlanta is one of the few hospitals in the area that has a full-time Pediatric Hospitalist program.

A Pediatric Hospitalist is a board-certified pediatrician who specializes in the care of children admitted to a hospital. The Hospitalist works with families, nursing staff, other consultants and pediatricians to coordinate the care of each hospitalized child. For children under the care of a pediatrician, the Hospitalist will work closely with the child's pediatrician/family practitioner. Children admitted to the General Pediatric service without a pediatrician will be directly cared for by the Hospitalist and then referred to a primary care pediatrician for follow-up. The Hospitalist provides ongoing communication with the child's primary care physician.

The Hospitalist Fellowship program was started 2006 and is under the Direction of David Lloyd, MD. It offers a one-year training for specialized care of hospitalized children.

The hospitalist group has grown from the original three to a team of ten. Dr. Snitzer is still part of the 10 physicians that now make up the Hospitalist Program at Children's Healthcare of Atlanta at Egleston. All members of the hospitalist group at Egleston have faculty appointments in the Emory Department of Pediatrics.

Corinne Taylor, MD, Division Director  
Joseph A, Snitzer, III, MD  
Karen Kogon, MD  
Patricia Lanits, MD  
David Lloyd, MD  
Judson Miller, MD  
Stephanie Walsh, MD  
Tabitha Lyon, MD  
Tony Cooley, MD  
Parminder Suchdev, MD, MPH

Faculty profiles can be accessed on the CHOA website:  
<http://www.choa.org/default.aspx?id=199>.

### III. Fellowship Schedule

The curriculum of this Fellowship Program is individually tailored to meet the academic and professional goals of each trainee. Below are the *general* fellowship schedule and total numbers of clinical and research rotations expected each year. These rotations are to be two weeks to four weeks in duration. These schedules provide a *general* guideline of the type of experiences to be encountered each year. Specific rotations schedules will be prepared in coordination with the Fellowship Program director prior to the beginning of each fellowship year in order to allow maximum planning time for each fellow.

#### Pediatric Hospitalist Fellowship Overview

1. Compulsory Requirements:
  - I. Pediatric Medical Services- 26 weeks (may be less according to previous experience) (include: Pediatric in- patient, ER, PICU, NICU)
  - II. Research Methods
  - III. Teaching Symposium
  - IV. Ethics
  - V. Research Paper or Abstract in Clinical Research, Education or Quality Improvement
  - VI. Advocacy
2. Licensure and Certifications:
  - I. Georgia Full License
  - II. Pediatric Board Certification (complete within 6 months of start date)
  - III. PALS certified
  - IV. NALS certified if doing NICU
  - V. Emory Senior Associate position
  - VI. CITI Certification
  - VII. Children's Healthcare Of Atlanta staff appointment
3. Electives: must pick at least two
  - I. Pediatric Emergency Medicine- 1 month
  - II. Neonatal ICU - 1 month
  - III. Pediatric ICU – 1 month (includes Transport Medicine)
  - IV. Rehabilitation Medicine
  - V. Administration
  - VI. Education
4. Selective's:
  - I. Pain Service
  - II. Microbiology
  - III. Respiratory Technology
  - IV. Advocacy
  - V. End of Life Care\Hospice
  - VI. Information Technology
  - VII. Sedation Service

- VIII. Consultation
  - IX. Pathology
  - X. International Medicine
  - XI. Billing 101
  - XII. Transfusion
5. Procedures:
- I. I.V.\PIC experience
  - II. Anesthesia – Intubation

**Fellowship Schedule 2008-2009 *Sample***

Month	Rotation	Physician Mentor
July 1-3	Orientation	
July 7-18	Anesthesia	Dr Bannister
July 21 – August 3	PICU	Dr. Toni Petrillo
August	Egleston ER	
September 2-12	Transfusion	Dr. Josephson
September 15 – Oct 3	Radiology/Pathology Research	Drs. Simoneaux/Abramowsky /Shehata
October 6-24	Administration	Dr. Pettignano
November 3 – 16	PICU	Dr. Toni Petrillo
November 17-21	Sedation	Dr, Goo ?
December	Egleston Wards	
January	Egleston Wards	
February - March	Scottish Rite	Rehab,Respiratory Care, Wards, Billing/coding
<b>April?</b>		
May	Micro Biology	Dr Jerris
June	Other	

## General Information

All Pediatric Hospitalist Fellows are Emory University School of Medicine House staff and must follow the policies as listed in the Emory House staff Policies and Orientation Manual at [www.med.emory.edu/GME](http://www.med.emory.edu/GME). The direct link to the manual can be found at [http://www.med.emory.edu/GME/house\\_staff\\_policies.cfm](http://www.med.emory.edu/GME/house_staff_policies.cfm). The contents of the manual include:

[Introduction](#)

[Section 1](#): House Staff General Responsibilities

[Section 2](#): School of Medicine's General Responsibilities

[Section 3](#): Summary of Benefits

[Section 4](#): Leave Time

[Section 5](#): Requirements for Appointment

[Section 6](#): Duty Hours and Moonlighting Policies

[Section 7](#): Disciplinary Actions

[Section 8](#): Counseling and Support Services

[Section 9](#): Behavioral Health Statement

[Section 10](#): Graduate Medical Education Committees

[Section 11](#): Personnel Files

[Section 12](#): Other Services

[Section 13](#): Workers' Compensation

[Section 14](#): Infection Control

[Section 15](#): Equal Opportunity

[Section 16](#): Liability Insurance and Risk Management Programs

[Section 17](#): Standards of Conduct

[Section 18](#): The Health Insurance Portability and Accountability Act [HIPAA]

[Section 19](#): Release of Information to the Media

[Section 20](#): Conflict of Interest

[Section 21](#): No Solicitation

[Section 22](#): Weapons

[Section 23](#): Smoke-Free Workplace

[Section 24](#): Drug-Free Workplace

[Section 25](#): Dress Code

[Section 26](#): Tips/Gifts

[Section 27](#): Care and Use of Property/Equipment

[Section 28](#): Pastoral Services

[Section 29](#): Security

[Section 30](#): Teaching Responsibilities

[Section 31](#): Department Orientation

[Section 32](#): Policies on Consensual Teacher-Student Relationships and Sexual Harassment

[Section 33](#): Grievance Procedure

[Section 34](#): Hearing and Appellate Review Procedures for Termination of a Residency Appointment

[Appendix A](#): Policy and Procedure on Resident Recruitment and Appointment

[Appendix B](#): Residency Appointment Agreement

[Appendix C](#): Equal Opportunity Policies

[Policy Statement on Discriminatory Harassment](#)

[Formal Procedures for Handling Complaints of Discriminatory Harassment](#)

[Appendix D](#): Moonlighting Forms

[Appendix E](#): Professional and General Liability Insurance

In addition to the policies of all Emory Housestaff, information pertinent to the Pediatric Fellowship Program is outlined in this manual.

## Egleston Staff Contact Information

	Title	Office	Pager
<b>Attendings</b>			
Corinne Taylor, MD	Division Chief, General Pediatrics	404-785-6104	404-790-0586
Joesph Snitzer, MD	Pediatric Hospitalist Attending	404-785-6104	404-790-0584
David Lloyd,	Fellowship Director, Pediatric Hospitalist Attending	404-785-6104	404-790-0582
Patricia Lantis, MD	Pediatric Hospitalist Attending	404-785-6104	404-216-5381
Karen Kogon, MD	Pediatric Hospitalist Attending	404-785-6104	404-216-6266
Stephanie Walsh, MD	Pediatric Hospitalist Attending	404-785-6104	404-790-0583
Parmi Suchdev, MD, MPH	Pediatric Hospitalist Attending	404-785-6104	404-408-2003
Anthony Cooley, MD	Pediatric Hospitalist Attending	404-785-6104	404- 754-3274
Judson Miller, MD	Pediatric Hospitalist Attending	404-785-6104	404-680-1518
Tabitha Lyon, MD	Pediatric Hospitalist Attending	404- 785- 0673	404-790-0581
<b>Other Staff</b>			
Janet Martin	Fellowship Program Coordinator	404-785-6104	404-725-8126

### B. Important Hospital Telephone Numbers

Emergency Center	404 785-6400 or 785-6405
Page Operator	404 785-2100
Pic pager	404 686-5500
Transfer Center	404 785-7778

### C. Payroll, Insurance and Income Tax Forms

Please refer to the Emory House-staff Policies and Orientation Manual at [www.med.emory.edu/GME](http://www.med.emory.edu/GME).

### D. Identification Badges

Identification badges are issued at the beginning of the year. They should be worn at all times while in the hospital. The Children's Healthcare of Atlanta issued identification badge will allow you access throughout the hospital.

## E. Parking Facilities

Children's Healthcare of Atlanta at Egleston provides parking for all Fellows in the Egleston parking deck. This decision, however, is per Children's, and cannot be assured through the Program. Your Children's identification badge is required for entrance to the parking deck. This will be provided during orientation or can be obtained through Security.

## F. Mailboxes

Mailboxes are located in the General Pediatric office area. Mail should be addressed to: General Pediatric Division, Children's Healthcare of Atlanta at Egleston, 1405 Clifton Rd., NE, Atlanta, GA, 30322

## G. Keys

You will receive a key for:

1. Fellow's Office
2. Personal cabinet/desk key

## H. Pager

Fellows will receive their own pagers through the Emory GME office and keep them for the duration of the fellowship. Fellows are responsible for their pagers, and there is a fee to replace lost pagers. Replacement batteries can be obtained through Janet Martin (Office Manager for the Hospitalist) or at any of the Nursing Stations.

## I. Fellows' Office

The Fellows' Office is located within the Hospitalist office suite. There is a dedicated desk, office phone, and computer for use during the fellowship. In addition, a network printer, fax machine and photocopier are located next door in Janet's office for staff use.

## J. Medical License

Each fellow is required to have a Georgia Medical license (**due date January 30<sup>th</sup>**) or Institutional Permit to practice as an Emory postdoctoral fellow. Therefore, it is essential to begin the application process for a Georgia license/permit as soon as possible upon notification of acceptance into the program. Applications can be obtained on the Georgia Composite Board of Medical Examiners website (<http://medicalboard.georgia.gov>) or by calling the Emory Graduate Medical Education (GME) office. If you have any questions contact Dr. Lloyd or Janet Martin. Currently, Emory University's GME office will reimburse you up to the cost for an institutional permit. The fellow is responsible for submitting the proper paperwork to the GME office for reimbursement.

## K. Malpractice Insurance

Coverage is provided for activities that are officially part of your fellowship training. This includes all Children's at Egleston/Scottish Rite on-site activities, night's on-call. Coverage does not automatically extend to any moonlighting activities. It is the fellow's responsibility to confirm or arrange malpractice insurance coverage for any moonlighting opportunities outside the fellowship program. Any moonlighting is added into the 80 hour week.

## L. Medical Clearance

Every new employee is required to present documentation of an entry physical exam. A once-yearly PPD is also performed through Employee Health on the Egleston campus. Hepatitis B vaccine status must also be documented, and a primary series of Hepatitis vaccines given, if lacking. You must show evidence of Influenza vaccine or receive one before starting the fellowship. Employee health is located at Egleston Hospital on the Ground floor, a few doors from Janet Martin's office.

## M. Copying Facilities

There is a copy machine, printer and fax available in the Hospitalist office suite which is available for use for fellowship related duties.

## N. Library Facilities

The Emory University School of Medicine library is the main library serving the entire medical center area. All fellows should have an Emory ID badge which will grant access to the facilities. The library is located across the street on Clifton Road, near the Rollins Research Building. Children's at Egleston contains a small but relatively complete pediatric library on the ground floor next to the Hospitalist office suite, and there are two librarians on duty daily. The majority of your clinical needs may be served there, but it is likely that research needs will require you to use the main library and CHOA website. Also online Emory library has most journals and textbooks, which can be accessed using you Emory email ID (<https://proxy.library.emory.edu/login>).

## O. Independent Time (Vacation Days)

Three weeks of vacation time and two major holidays, (Thanksgiving, Christmas or New Years) will be provided to all Fellows.  
(see page 14)

## P. Call Schedule

If you are sick and unable to perform clinical duties, you must inform another attending physician on service and Janet Martin to arrange coverage with one of your peers.

## Q. Meetings

Fellows are allotted up to 5 days of Continuing Medical Education (CME) annually to attend meetings or present at appropriate conferences. In order to utilize Travel Funds (or other research related funds), the fellows must have an abstract accepted for presentation at the meeting. Fellows will be expected to meet with the Assistant Program Director (Dr. Suchdev) during the 1<sup>st</sup> month of their Fellowship to outline their academic and research goals for the Fellowship year.

## R. Travel Expenses

Expenses that will be reimbursed include hotel, travel fare, registration fee, and meal expenses up to \$40.00 per day. Receipts must be kept in order to receive reimbursement. The fellow will only be reimbursed for advance purchase coach fares arranged through specified Travel Agency, or standard mileage equivalents if driving. The additional difference in fares is required to be covered by the fellow. Please make every effort to make advance registration and reservations to help minimize costs. Travel expenses may not exceed \$1000 per year.

## S. Book Money

An annual book money stipend of \_\_\_ is provided for each trainee for the purchase of appropriate clinical care or research-related textbooks or reference material. Approval for book purchase must be made with the fellowship director prior to purchase. Receipts must be obtained and provided to Janet Martin.

Please check with Dr Lloyd or Janet Martin about allowance for books.

## T. Computers and Printers

Computers and a printer are available in the Hospitalist Office for use to work on slides, papers, grants, and presentations. Learning the appropriate software remains the responsibility of the fellow.

Utilization of computer displays and projectors for slide presentations are considered to be necessary learned skills during fellowship. Currently, PowerPoint software is available. Although the attending and administrative assistant can be very helpful, you are expected to learn this software. Learning the software, preparing presentations, and making slides early, rather than close to the deadline dates (which only the attending are allowed to do!), is an expectation.

## Evaluation

The American College Graduate Medical Education considers a formal method of evaluation a key element of certification of pediatrician education. Items which must be documented include:

## A. Technical Skills/Patient Logs

It is your responsibility to document in the patient record all procedures (patient name, medical record number, date of procedure, complications), and to separately maintain a comprehensive list of the above procedures for your file. This documentation is an integral part of completing the files required for your certification. It is recommended that you maintain a log of patient names, procedures, etc. from which you can build your database to ensure documentation. Patient stickers can be a helpful method to achieve this, but we strongly encourage maintaining an Excel file with the information.

## B. Monthly/Weekly Evaluation

During each rotation you will work an attending whose responsibility it is to guide you through that rotation and give you feedback as necessary. A critique will be made of patient care, teaching abilities, technical skills, consultations, note writing, and personal interaction with others. In addition, the attending will be responsible for filling out a formal evaluation at the end of the rotation. The Fellow is encouraged to discuss concerns with any evaluations with the Program Director in a timely manner.

## C. Semi Annual Evaluation

In addition to monthly evaluations, a formal meeting with the Program Director will take place every month. When appropriate, these meetings will be used to discuss the overall progress of the fellow as well as specific goals. The fellow should be prepared with a written list of goals for the next six months to be discussed at these meetings. Opportunity will also be provided for discussion of problems or concerns.

In addition, the Fellow will be required to meet with the Assistant Program Director during the 1<sup>st</sup> month of their fellowship to develop their research goals. Regular meetings will be scheduled to discuss progress.

## D. Fellow Meetings

Once a month, fellows will meet with the fellowship director to discuss administrative issues such as scheduling and research issues. This meeting will typically take place after the academic conferences on Thursday afternoons. This meeting will be your opportunity to voice your concerns about the program in general, specific rotations, or any other issues deemed appropriate.

## E. Emory Fellows Conference

Once a month during August to April a fellow's conference will be scheduled for all Emory fellows. This is an integral part of the Fellowship training, and attendance is required.

## Conferences

### A: Egleston Grand Rounds

Egleston Grand Rounds are currently held every Wednesday morning at 7:30 a.m. in the first floor Conference Rooms. Attendance to Grand Rounds is strongly encouraged throughout fellowship. The Grand Rounds schedule and all other continuing education opportunities at CHOA can be accessed on the website: <http://www.choa.org/default.aspx?id=45>.

### B: Surgery Conference

Surgery Conference currently meets in the first floor Conference Rooms on Friday mornings at 7:30 a.m. Conference attendance is encouraged throughout fellowship.

### “Roundmanship”:

We realize that the example and tone set by both attending and fellows during rounds will send a strong message to the rotating house officers. Such examples include expectations for dignity regarding patients and families, the manner of care for patients, how to utilize chart documentation, how to maintain good sterile and isolation techniques and how to relate to other members of the team.

1. After all exams wash your hands, and, remind others to do so. Adhere to the isolation techniques that have been ordered. This simple request has been demonstrated to positively impact patient's families' perception of their physician and will do the same for your residents and the nursing staff.
2. Setting an example of examining the patient, as opposed to examining only the chart, will encourage house officers not to rely solely on digital readouts and flow sheets when faced with a problem. Review all the documentation at the bedside, including the vital sign flow sheets, nursing notes, and the respiratory flow sheets. These will provide information for you as well as teach the house officer the value of all this information.
3. Demonstrate the importance of daily conversations with the families. The fellow should take the primary responsibility of speaking with families, particularly the families of patients who are more acutely ill and undergoing more significant daily changes. As a learning experience, the primary resident should be included in these conversations when possible.

**Comment [ps1]:** Not sure the purpose of this section, especially under the “Conferences” heading. I would delete this section.

## CLINICAL RESPONSIBILITIES

### A. Rounding

### B Call

Transfer Center (direct admits), ER 404-785-7778  
Peds On Call Pager: 404 225 2937

### C Floor Consults

Subspecialty consults: Seeing inpatients of other services ( surgery etc.) when assigned to Pediatric Hospitalist Fellow and must be seen within 24 hours of the first call. Pediatric Hospitalist attending will be available to discuss these consults With the fellow according to schedule.

**Comment [ps2]:** I would include a brief description here of the daily rounding schedule: what time most attendings show up, round, conferences, etc. Also include information about EPIC, note procedures, discharge summaries, delinquent charts, etc. Let me know if you need help in writing this section.

**Comment [ps3]:** Need to expand. I would consider adding the "Gen Peds Pager Rules" document that Tabitha created last year.

**Comment [ps4]:** Sections D and E should not be under CONFERENCES. I would create a new heading called "CLINICAL RESPONSIBILITIES"

## Teaching Responsibilities

Developing teaching skills and transmitting knowledge are vital experiences for the Hospitalist fellow. Opportunities to develop these skills will be available in several areas. These include educating medical students, residents, other specialty's fellows, and your colleagues. (Fellows must attend Fellow Teaching Seminar taught by Dr Greenwald or other faculty members). These are required education activity for the first year fellow.

### A. Pediatric Advanced Life Support, Advanced Trauma Life Support, Advanced Cardiac Life Support

You should be certified in PALS prior to entering fellowship. However, if this is not the case, certification should be obtained shortly after beginning by contacting the Egleston Education to register for the next available course. The fellow should also obtain instructor status and is encouraged to participate as an instructor for subsequent courses.

### B. Resident Conferences

The chief residents organize a daily teaching conference for the housestaff at noon in one of the 1<sup>st</sup> floor conference rooms. There is usually a case presented and discussed. Attendings and fellows are encouraged to attend to facilitate the discussion and provide clinical and management pearls. There is no noon conference on Thursdays, since the residents attend Grand Rounds at Hughes Spaulding.

As a Fellow, you are encouraged to pick a topic of interest and present at one or more of the resident teaching conferences.

## Research Responsibilities

Developing research projects is an important part of an academic career. This fellowship will offer you training in developing projects as well as opportunities in clinical research; it is the fellow's responsibility to translate this opportunity into concrete results. We desire that you leave the program with not only a paper but also a research niche; that is, that you have an area of expertise that you can call your own. Such a niche gives you a base of knowledge on which to build your career, and not incidentally, with which to market yourself at job search time. The potential to continue research in an independent fashion may be critical to finding the position you desire in academic medicine. This does not necessarily mean exclusive bench research. Development of statistical and epidemiological skills for clinical or outcomes research may provide an excellent path. The keys are commitment and focus to specific research questions under a committed mentor, educational, and performance improvement to develop your own project. Your project may be an idea that originates in your clinical work or it may be suggested by a mentor or supervisor.

An important initial step is to select an expert in the field of your research interest, and question them about the feasibility of the idea for your project. These individuals have a global view of their area of expertise. They know where the significant gaps in knowledge exist in the area you plan to study.

When determining the subject of your research, it is helpful to remember that studies that have a narrow focus are best. Such investigations usually lead to new questions or larger studies that test the power of your original hypothesis.

- Select a senior preceptor who can be a source of constructive criticism as well as encouragement as your project develops.
- Read all the literature available on your topic critically. What were the limitations of these studies? Were the methods flawed? If a study concluded with a new question, was it followed up?
- You have to be realistic about your choice of topic. Is it possible to complete the topic within your year of study? What resources will be available to you?
- If courses on biostatistics and study design become available during your fellowship year, take advantage of them. Emory offers fellows in all divisions a basic research course.
- Avoid studies that measure too many variables. It is better to focus on or test one or two variables at a time.
- Get the opinion of experts in the field who will critically review your completed study proposal before you begin. This will avoid the pitfall of omitting an important aspect of your study and finding out in the middle of your project when it cannot be included in your data.
- Participation in journal clubs is an excellent way of developing your ability to critically appraise the methods and conclusions of any research paper.

## A. Project Development

Research goals and specific projects will be developed under the advisement of Fellowship Director or Assistant Director. Fellows are required to draft a proposal outlining their objectives and proposed timeline and should discuss this with the Fellowship Director during the 1<sup>st</sup> month of the fellowship.

## B. Supervision

As described above, each fellow will be assigned a research mentor whose responsibility it is to guide the development of a research theme and design of a specific research project(s). Your mentor will be responsible for monthly evaluations and for discussions regarding research progress.

## C. Expectations

The fellow is expected to treat the research experience as a serious commitment of time and effort no different from clinical responsibilities. You should meet with your mentor prior to each research month to establish goals and schedules for the month ahead. Regular attendance in the lab and at lab group meetings is expected (if applicable). You will be asked to update the division at regular intervals in Research Conferences regarding lab progress and to elicit feedback in development of study protocols, etc.

## Pediatric Administrative Management Elective

### Objectives:

- A. Introduce the fellow to management practices which are essential to the functioning of an intensive care unit and critical care program.
- B. Provide the fellow an understanding of the administrative structure of children's and general hospitals and introduce them to administrative issues commonly discussed and essential to ongoing unit function.
- C. Introduce the fellow to financial issues affecting hospitalist

**Hospitalist Fellowship Information**  
**Joyee Goswami Vachani**  
**Updated February 4<sup>th</sup>, 2009**

**Rotations**

Orientation	Learn Epic (online computer system), option to take Super user classes
Anesthesia	Do intubations, LMAs, IV lines. Keep procedure log
PICU	Function as a fellow: teach/lead residents and team, do procedures, q 4h call
Egleston ER	Function as fellow: see patients and do procedures, shift work (app. 12-14 shifts of 8-10 hours each.
Administration	Attend CHOA/Hughes meetings, reading/discussions on topics such as business of medicine, feedback, leadership
Transfusion Medicine	Blood Bank and Red Cross visits, readings/discussions on transfusion topics. Ideally schedule to do it the week that the Heme/Onc fellows are doing it as well.
Radiology/Pathology	AM: Radiology X-ray reviews with residents/attendings PM: Pathology side sign-out reviews autopsies
Sedation	CT/MRU sedation with ER/PICU attendings
Egleston Wards	Function as an attending run resident team, teach Medical Students, etc.
Clinical Lab/Micro	Watch and participate in core lab and microbiology techniques, option to work on micro project
Scottish Rite Wards	TBD

### First Year Fellows' Conferences (once a month)

Research (Michael DeGuzman)	5 sessions: introduction to research tools including CITI training and SPSS (biostatistics tool)
Teaching (Dr Greenwald)	3- sessions: overview of teaching concepts pertinent to clinical medicine: includes bedside teaching, small group discussions, and lecture environments
Ethics	3- sessions

### Other Activities:

- Monthly meetings with Dr. Lloyd
- Research opportunities
- Outside the hospital – Evidence Based Medicine Series, Residents as Mentors
- Emory Faculty Teaching Conference
- Conferences – PAS, COMSEP, etc.

### To Do/Checklist before July 1<sup>st</sup>:

- Georgia Medical License
- DEA
- NPI
- TB skin test
- Emory and CHOA Credentialing!!! Lots of paperwork and it takes time
- Administrative Processing – OSHA/Needle-stick, HIPPA, Infectious Control online modules
- Lots of other random, extras that Janet and Dr. Lloyd will help you with during orientation week. For example:...
  - CHOA ID and parking sticker – security office
  - Fellow office key, personal and Gen Peds Admitting pagers – Janet
  - CITI training for IRB/research – Parmri

### Vacation/Holidays:

- 3 weeks of vacation
- 2 of 3 holidays off – ie, you work one holiday on Eggleston Wards (Thanksgiving, Christmas or New Years) Patricia Lantis does the schedule

- All long weekends except 1 off – is, you work one long weekend on Egleston Wards (Fourth of July, Labor Day, Martin Luther King, or Memorial Day)

### **Other Random Tips:**

- The beauty of this fellowship is the flexibility. Beyond the 5-6 months of required clinical time (2months Egleston Wards, 1-2 months Scottish Rite Wards, 1 month Egleston PICU or NICU, 1 Month Egleston ER) there is a lot of elective time that you can cater to your academic career needs/goals. Run your ideas by Dr. Lloyd and if he approves your idea, you're good to go.
- I did a lot of rotations that enhanced my education and skills that I didn't have time to do during residency. These will be different for you. Again talk with Dr. Lloyd to figure out what rotations beyond the requirements make sense for you.
- Since there is only 1 year, it's hard to get a research project done. With that being said, you can make a lot of headway or work on projects that are already started. The key is to stay organized and start early.

**Please feel free to contact me as often as you'd like. Let's meet sometime soon to go over any questions you may have. My contact info is below:**

- Cell: 404-931-7674
- Email: [joyee.goswami@gmail.com](mailto:joyee.goswami@gmail.com)

**Relax and enjoy your self – you are going to love this year!!!!!!**



## Family Centered Rounds

**Family Centered Rounds (FCR)** is a method of rounding that ensures that the care that families receive is patient and family centered. Care is provided that is respectful of and responsive to each family's individual needs, preferences, and values to ensure that this helps to influence all clinical decisions. This is specifically accomplished by conducting rounds at the bedside with all active participants present including the attending physician, resident, intern (s), medical students, bedside nurse and when applicable the case coordinator, SW, PT, OT, ST, nutritionist or language interpreter. It will also include both daily goals and ultimate discharge goals for both acute and chronic patients and their families.

More and more large institutions have adopted this mode of care after its initiation at Cincinnati Children's Hospital in 2002 (Pediatrics Vol 119, Num 4, April 2007). Their experience showed improvement in family satisfaction and in both resident and student education and, in fact, decreased the amount of nursing to MD phone calls and confusion and/or clarifications. We also hope to show a more effective mechanism for discharge of the family when they are ready and a decrease in delay of discharges.

Initially, FCR will be conducted as a pilot study only. Only patients on 5w and on the B2 hospitalist team will be included. Rounds will take place between 9:30am and 11:30 am. The unit clerk on 5W will be responsible for determining which patients are on B2 and giving the parents the information sheet and the choice card which will state if they are interested in participating, and if they are, in the room or outside the room and if they want to be awoken. This card will be posted on outside of the patient's door.

Discussion on rounds should include: case presentation, discussion of plan, Developing discharge goals (preferably within 24 hours of admit and updated daily), questions and concerns. Teaching.

### Basic Steps to FCR

- 1. Family Choice:** All families will be given the choice to be included on FCR and whether this will occur in the room or outside the room and if they want to be awakened for rounds. Obviously, each family has special circumstances and not all concerns may be appropriate to be handled in front of the family. (I.e. social concerns, sensitive topics, etc). **This should be addressed before entering the patient's room. A cow should be brought into the room whenever possible to facilitate checking test results and order entry.**
- 2. Roles and Responsibilities:** Before beginning rounds key people need to be present. Occasionally, arrangements may need to be made ahead of time (interpreters). Everyone has a specific role

**Medical Student and or intern responsible for the patient:** Enters the room first to wake the family and reconfirm wish to participate in the rounds. Also, insure that the patient's nurse is aware that rounds are beginning. All other introductions are made with initiation of rounds.

**Presentation of patient:** Key phrases: "I am going to review your story so our entire group understands what brought you to the hospital. Please feel free to add or correct anything as I go along." Or "I am going to review with the team what has happened over the past 24 hours. Your input is very important." For night float patients: "Good news. You do not have to tell your story all over again. The doctors who cared for you last night explained the story and wrote it out. I do want to go over key parts to make sure we have it right before we discuss plans. Is that okay." Remember to use both medical and layman terms so the family understands what you are saying. This will take practice. Both the upper level resident and attending can help with this. During this time, results of tests can be discussed; new tests discussed and overall care plan.

Introduce discharge goals and involve the family in developing those goals. You could initiate by saying something like "The pt is not ready to go home yet but let's talk about what needs to happen here for you to be able to go home. There will be a rack in each room with dc plans specific for patient that will be generated and checked off by nursing and family. Make eye contact with family and medical team when presenting.

For those families that need more time: "Our discussion usually lasts 10 to 15 minutes if we need more time, one or two of us will come back after we have finished seeing the other patients. It is Dr. Upper level resident's job to keep us on track and to let us know if we need to finish later." It will be the 3<sup>rd</sup> year resident's job to keep the team on a timely track.

Remember to ask if the nurse caring for the patient has anything to add at the end of the discussion.

**Upper Level resident:** Write orders on CPOE that are discussed while on rounds. The resident can even complete pending notes in plan section if not done.

Keep the team on track in terms of time in the room (no longer than 10 to 15 minutes). Preview the patients with medical student and or intern to identify any sensitive issues that need to be addressed prior to entering the patient's room.

Identify who should be available on rounds that day and insure that they are present.

This may need to be done the day before (interpreter, SW, etc)

**Attending:** Witnesses student's or intern's understanding of the patient's condition and family and staff's comfort level. Aid and facilitate in discussion when needed. Model appropriate behavior so residents and students can learn from (ask questions, eye contact, sitting down, etc.) Address fears, apprehensions, anger etc...

Ask for permission to conduct additional teaching in the room. Opportunity to perform pertinent parts of physical exam or to do a short discussion on the patient's condition. Would limit this a little and more extensive teaching can be done later so as not to delay rounds. Outside the room, teaching can continue and the encounter can be reviewed by

asking, “How did that encounter go?” Or “How could we have done a better job at handling that?” or “What did you think of the parent’s reaction?”

Remember this is a learning process. Kinks will most likely need to be worked out!! Be patient. FCR should benefit everyone from the family, to the nurses, to the students, residents and attendings!!

As part of our quality control we will be surveying families, staff, residents and attendings. We want feedback and suggestions!!

**Dealing with uncertainty when present:**

Remember we can all learn from acknowledging uncertainty in front of families when confronted with it. Reassure families and “thinking out loud” are not bad things when done appropriately.

**Interns and Residents please fill out this quick survey on the first and last day of the rotation to help us measure changes.**

<http://www.zoomerang.com/Survey/?p=WEB2287YYALRF5>