

GOALS & OBJECTIVES

Pediatric Sub-Internship

Overarching goals for students on the sub-internship:

Students will:

- Take on primary responsibility for patients and share information effectively with patients and their families. (PBMR-7, ECIS-3)
- Prioritize and organize work efficiently; demonstrate time management skills to coordinate care at the level of an intern simultaneously for multiple patients. (PBMR-5,7)
- Function as a "team player" with residents, attendings, nurses, and ancillary staff. (SATBC-2a,2b)
- Coordinate care of patients through the continuum of their hospitalization, including:
 - Anticipate patient care needs and address changing priorities (PBMR-7, SATBC-2a,2b,3)
 - Coordinate care and communicate information effectively at the time of admission, in handovers, with consultants, and when planning discharges (SATBC-2a,2b,3)
- Cope with uncertainty in patient care issues and apply EBM principles. (CLQI-3, PCMC-3)

Entrustable Professional Activities (EPAs) and the Sub-Internship

EPAs are tasks which trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. The activities below represent what entering residents are expected to perform on day 1 of residency without direct supervision, regardless of specialty choice. The sub-internship will focus on and assess the EPAs in bold.

- EPA 1: Gather a history and perform a physical examination
- **EPA 2: Prioritize a differential diagnosis following a clinical encounter**
- **EPA 3: Recommend and interpret common diagnostic and screening tests**
- **EPA 4: Enter and discuss orders and prescriptions**
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- **EPA 7: Form clinical questions and retrieve evidence to advance patient care**
- **EPA 8: Give or receive patient handover to transition care responsibility**
- **EPA 9: Collaborate as a member of an interprofessional team**
- **EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.**
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

COMPETENCY 1: PATIENT CARE

Provide patient care that is compassionate, appropriate and effective for the treatment of health problems

- 1.1 Independently collect both focused and comprehensive, developmentally appropriate patient histories. (PCMC-1) & (AAMC-EPA 1) (DO)
- 1.2 Independently perform both focused and comprehensive, developmentally appropriate physical exams. (PCMC-2) & (AAMC-EPA 1)(DO)
- 1.3 Synthesize information to formulate a differential and primary diagnosis (PCMC-3, MKS-3a) & (AAMC-EPA 2, 3, 4, 5, 6) (DO,HP,CC)
- 1.4 Develop a prioritized and inclusive problem list (PCMC-3, MKS-3a) & (AAMC-EPA 2, 3, 4, 5, 6) (HP)
- 1.5 Identify the reason for the patient's admission(PCMC-3, MKS-3a) & (AAMC-EPA 2, 3, 4, 5, 6) (HP, CC)
- 1.6 Summarize interval patient information and rationale for ongoing clinical management (PCMC-3, MKS-3b) & (AAMC-EPA 2, 3, 4, 5, 6) (CPA, HO)
- 1.7 Recognize patients requiring immediate attention by supervising physician (PCMC-3) & (AAMC-EPA 10) (SS)
- 1.8 Suggest appropriate diagnostic plan based upon interpretation of diagnostic studies (MKS-1d, MKS-3a, PCMC-3) & (AAMC-EPA 3) (CC, CPA)
- 1.9 Develop a prioritized management plan with the health care team and describe a rationale for the clinical plan (PCMC-3, MKS-3b) & (AAMC-EPA 2, 3, 4, 5, 6) (DO, CPA)
- 1.10 Manage time effectively in completing patient care tasks (PBMR-5,7) & (All AAMC-EPAs) (MT)
- 1.11 Identify relevant clinical information necessary for hand-offs (PCMC-3, SATBC-3) & (AAMC-EPA-8,9) (CPA, HO)
- 1.12 Reassess patients(e.g., when assuming care, throughout the day and throughout the hospital course) (PCMC-3, EPA-2) (MT)
- 1.13 Formulate appropriate orders & prescriptions for discharge and ongoing care (MKS-1e, MKS-3b, PCMC-3) & (AAMC-EPA-4) (MT, CPA)
- 1.14 Practice appropriate infection control measures while caring for patients. (CLQI-5) & (AAMC-EPA-13) (DO)

COMPETENCY 2: MEDICAL KNOWLEDGE

Demonstrate sufficient knowledge to provide patient care with appropriate supervision

- 2.1 Describe the clinical findings of common pediatric conditions that require hospitalization (MKS-1d, MKS-3a) (CPA, MT)
- 2.2 Describe the diagnostic evaluation and management & criteria for admission and discharge of hospitalized patients including: (MKS-1e,3a,3b) (CC)
 - Abdominal pain or distention
 - Altered mental status (e.g., irritability, lethargy, seizure)
 - Fluid, electrolyte and acid-base disturbances
 - Respiratory distress
- 2.4 Recognize variations in common laboratory findings and vital signs, e.g. (MKS-1d, MKS-3a) (SS,CC)
 - Heart rate, Respiratory Rate, Blood Pressure
 - BUN and creatinine
 - Cerebrospinal fluid
 - Complete blood count and differential
 - Chest x-ray
- 2.5 Describe the signs and symptoms that suggest deterioration (including signs of shock and respiratory failure) or improvement of a patient's clinical condition (MKS-1d, MKS-3a) (SS)
- 2.6 List drugs of choice and rationale for their use in common pediatric illnesses (MKS-1e, MKS-3b) (CC,SS)
- 2.7 Calculate doses of medication based on age, weight, and diagnosis (MKS-1e, MKS-3b) (CPA)
- 2.8 Calculate fluid and electrolyte requirements for children based on weight, diagnosis, and fluid status (MKS-1e, MKS-3b) (CPA)

COMPETENCY 3: INTERPERSONAL AND COMMUNICATION SKILLS

Demonstrate interpersonal and written communication skills that result in effective information exchange and collaboration with patients, their families, and all members of the health care team

- 3.1 Communicate effectively with patients and families (ECIS-1, ECIS-3) (CPA)
- 3.2 Gather patient information using active verbal and non-verbal listening skills, clarifying and summarizing statements, and open-ended and closed-ended questions within a structured format (ECIS-1, PCMC-1) (DO)
- 3.3 Share information with the patient and family in a way that facilitates their understanding. (ECIS-3, PCMC-6) (DO, CPA)
- 3.4 Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level (ECIS-3, PCMC-6) (CPA)
- 3.5 Communicate patient information accurately and efficiently to all health care team members, including the primary care provider (ECIS-3, SATBC-2a, SATBC-2b) (CPA, HO)
- 3.6 Deliver well-organized, appropriately focused, and accurate oral patient presentations (PCMC-3) (CPA, CC)
- 3.7 Convey concise, pertinent information at the time of hand-offs (SATBC-3) (CPA, HO)
- 3.8 Frame a question for a consultant and communicate the patient information and clinical question effectively (ECIS-3, SATBC-2a) (MT)
- 3.9 Write well-organized, appropriately focused, and accurate patient notes, including admission, progress, cross-cover, and discharge notes and summaries (ECIS-2, PCMC-3) (CPA, HP, DC)

COMPETENCY 4: PROFESSIONALISM

Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity

- 4.1 Demonstrate personal accountability to patients, colleagues and staff, in order to provide the best patient care (PBMR-5) (CPA, RN)
- 4.2 Demonstrate integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families (PBMR-3) (CPA, RN)
- 4.3 Demonstrate a humanistic, family-centered approach to the care of the patient (PBMR-3) (CPA, RN)
- 4.4 Demonstrate punctuality and ability to complete patient care tasks efficiently (PBMR-5) (MT, CPA)
- 4.5 Adhere to institutional guidelines, including those regarding attire, language, documentation, and confidentiality (PBMR-5, PBMR-6) (CPA, MT, RN)
- 4.6 Maintain appropriate professional boundaries with patients, families, and staff (PBMR-1, PBMR-3) (CPA)

COMPETENCY 5: PRACTICE-BASED LEARNING & IMPROVEMENT

Use evidence based medicine and self-directed learning in the care of patients and education of others.

- 5.1 Demonstrate self-directed learning in daily practice (CLQI-2) (ILP)
 - a) Identify strengths, deficiencies, and limits in one's knowledge and clinical skills through self-evaluation
 - b) Acknowledge own uncertainty
 - c) Develop a plan for improvement
 - d) Perform appropriate learning activities
- 5.2 Improve one's own practice by soliciting and incorporating feedback (CLQI-1a) (CPA, MT)
- 5.3 Demonstrate evidence-based clinical practice (CLQI-3) (CPA)
 - a) Access appropriate resources to answer clinical questions
 - b) Critically appraise relevant literature
 - c) Incorporate evidence from the literature into patient care
- 5.4 Use information technology to optimize learning (CLQI-3)

5.5 Participate in the education of patients, families, and the health care team (PCMC-6, MKS-4b) (CPA)

COMPETENCY 6: SYSTEMS-BASED PRACTICE

Strive to provide high-quality health care and advocate for patients within the context of the health care system.

6.1 Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, and physical therapists, during hospitalization (SATBC-2a, SATBC-2b) (CPA)

6.2 Coordinate transition from inpatient to home care (SATBC-3)

a) Identify medical needs (e.g., medications, nutrition, activity, and equipment) (DC)

b) Arrange follow-up care (e.g., medical home/primary care, special services, support networks, subspecialty care) (DC)

Methods of Assessment Code:

DO – Direct Observation

CC – Case Conference

CPA – Clinical Performance Assessment

HP – History and Physical Examination

DC – Discharge Summary

RN – Professional Assessment Tool

SS – Simulation Session

MT – Midterm Feedback

ILP – Individualized Learning Plan

HO – Hand off Assessment Tool

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