

# 1904 Pediatric Sub-Internship

Course:	<u>Pediatric Sub-Internship</u>
Course Number:	<u>PED 1904</u>
Department:	Pediatrics
Faculty Coordinator	Ladan Agharokh, MD ( <a href="mailto:ladan.agharokh@utsouthwestern.edu">ladan.agharokh@utsouthwestern.edu</a> )
Assistant Faculty Coordinators:	N/A
UTSW Education Coordinator Contact:	Anthony Lee ( <a href="mailto:Anthony.Lee@UTSouthwestern.edu">Anthony.Lee@UTSouthwestern.edu</a> )
Hospital: (Location of rotation)	Children's Medical Center
Periods Offered:	Periods 1-12
Length:	4 weeks
Max # of Students:	7
First Day Contact:	Ladan Agharokh, MD
First Contact Time:	8:00am
First Day Location:	Orientation via Zoom
Prerequisites:	PED 1801 Pediatric Core Clerkship

**Schedule Note:** The sub-internship in Pediatrics extends through the last Sunday of the 4 week block; it does not end on Friday of the 4th week like many other MS4 electives.

## I. Course Description

The student will be integrated as a functional member of a pediatric ward team. Students will be assigned to one of the inpatient pediatric teaching teams, general pediatrics or subspecialty. Students will take on primary responsibility for the patients they follow, similar to the level of an intern on the service. The student will assess patients, develop and implement patient care plans.

<u>Goals</u>	<u>Objectives</u>	<u>Assessment Methods</u>
<b>Patient Care:</b> Patient care should be in a compassionate, appropriate and effective manner for treatment of health problems and promote continuity of care.	<ul style="list-style-type: none"><li>Independently collect focused and comprehensive, developmentally appropriate histories and perform thorough physical examinations <b>(1.01)</b></li><li>Create and maintain complete and accurate medical records including dictation summaries. <b>(3.01)</b></li><li>Manage the patient's problem in the hospital, including writing orders under supervision. <b>(1.03)</b></li></ul>	<ul style="list-style-type: none"><li>Senior resident and attending physician review of electronic medical record (EMR) entries</li><li>Skills evaluation from direct observation.</li></ul>

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	<ul style="list-style-type: none"> <li>• Demonstrate effective communication with members of an interprofessional health care team. <b>(3.01, 3.02)</b></li> <li>• Describe the indications, contraindications, risks and benefits of procedures (arterial puncture, lumbar puncture, nasogastric tube insertion); obtain informed consent for procedures; Perform diagnostic/therapeutic procedures under direct supervision <b>(1.02, 1.04, 3.01)</b></li> <li>• Organize a daily patient care task list for each patient in a structured and systematic way; prioritize tasks according to degree of importance/urgency <b>(1.03)</b></li> <li>• Enter appropriate orders for admission, ongoing diagnosis and management, and discharge <b>(1.03)</b></li> </ul>	
<p><b>Medical Knowledge:</b> Become familiar with the major pediatric diagnoses requiring hospital care, which promote the development of clinical problem-solving skills.</p>	<ul style="list-style-type: none"> <li>• Describe the epidemiology, pathophysiology, and clinical findings of pediatric conditions that require hospitalization <b>(2.01)</b></li> <li>• Describe principles of pain assessment and management in pediatrics <b>(1.03)</b></li> <li>• Describe physiologic variations in common laboratory findings and vital signs <b>(2.01)</b></li> <li>• List signs and symptoms that suggest clinical deterioration or improvement (ie shock, respiratory failure) <b>(2.01)</b></li> <li>• Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses <b>(1.03, 1.04, 6.04)</b></li> <li>• Identify opportunities for preventative services in hospitalized patients <b>(1.04)</b></li> <li>• Describe the diagnostic evaluation and therapeutic management of hospitalized patients with common acute problems (ie. Fever, musculoskeletal pain or swelling, respiratory distress, fluid, electrolyte or acid/base disturbances, altered mental</li> </ul>	<ul style="list-style-type: none"> <li>• Direct observation by senior resident and/or attending physician</li> </ul>

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	status, failure to thrive, and/or abdominal pain/vomiting) <b>(1.03, 2.01, 2.02, 5.01)</b>	
<b>Interpersonal and Communication Skills:</b> Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange with healthcare professionals and families.	<ul style="list-style-type: none"> <li>• Demonstrate effective communication with patients and families across a broad range of socioeconomic and cultural backgrounds <b>(3.01, 6.04)</b></li> <li>• Demonstrate effective oral communication skills through: clinical presentations on rounds, calling consults, coordinating care with members of an interprofessional healthcare team, concise and pertinent patient handoffs <b>(3.01, 3.02)</b></li> <li>• Demonstrate effective written communication skills through documentation in the electronic medical record (daily progress notes, H&amp;Ps, transfer/accept notes, discharge summaries, cross-cover notes) <b>(3.01, 3.02)</b></li> <li>• Deliver case presentations in a clear, concise, and organized manner. <b>(3.01)</b></li> <li>• Communicate appropriate information to the family (<i>and patient</i>) concerning management. <b>(1.04, 3.01, 3.04)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Direct observation by supervising senior resident and attending physician</li> </ul>
<b>Practice-Based Learning and Improvement:</b> Students must use evidence-based medicine and self-directed learning to improve their patient care practices.	<ul style="list-style-type: none"> <li>• Demonstrate appropriate use of educational resources for self-education, including medical literature and on-line medical information. <b>(2.02, 4.04, 5.02)</b></li> <li>• Demonstrate a growth mindset by soliciting and applying feedback in order to improve one's practice <b>(4.04, 4.05)</b></li> <li>• Create clinical questions relevant to direct patient care, identify appropriate literature to drive evidence-based clinical decision making <b>(2.02, 5.02)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Direct observation by supervising senior resident and attending physician</li> </ul>
<b>Professionalism:</b> Medical students must demonstrate a commitment to accountability, carrying out professional responsibilities and an adherence to ethical principles, humanism, and sensitivity to diversity.	<ul style="list-style-type: none"> <li>• Demonstrate personal accountability to patients, colleagues, and staff <b>(3.02, 4.01, 6.04)</b></li> <li>• Demonstrate sensitivity to culture, genders and disabilities <b>(6.04)</b></li> <li>• Adhere to institutional guidelines, including those</li> </ul>	<ul style="list-style-type: none"> <li>• Observations of faculty and staff.</li> </ul>

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	regarding attire, language, documentation, and confidentiality (4.01)	
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Adapted from COMSEP/APPD Pediatric Subinternship curriculum: <https://media.comsep.org/wp-content/uploads/2019/01/30172802/COMSEP-APPDF.pdf>

## II. Methods of Instruction

### Didactic:

- Orientation: Occurs on the first day of the rotation (Monday) from 8-8:30 am (via Zoom).
- Sub-intern Academic Half Day: 3-4 times during the month, in the afternoon for 2-3 hours. When possible, these will be taught with the Internal Medicine Sub-Interns (via Zoom).
- Resident Noon Conferences: Occur daily at 12 noon; various pediatric topics that rotate throughout the year (via Microsoft Teams, will log in with resident team)
- Resident Afternoon Case Conference: Rotates Tuesdays or Thursdays throughout the year at 2 pm with the Department Chair and Residency Program Director (via Microsoft Teams, will log in with resident team)
- Department Grand Rounds: Weekly on Wednesdays at 8 am (via Zoom)
- Department Multidisciplinary Conference (MDC): Weekly on Tuesdays at 12 noon (via Zoom)

### Clinical:

Students should be available for all rounds concerning their patients. This includes but not limited to pre-rounding, rounds with the attending, multi-disciplinary rounds, and family meetings. Students will take short calls and assist with cross-cover of other patients on the team to mimic an intern on call.

## III. Overview of Student Responsibilities

The senior resident on the service is responsible for assigning of patients and supervising the student's patient management in conjunction with the attending physician. The student's schedule will follow the senior resident's schedule, including days off and short call days. The student will be responsible for direct patient care of at least 4-5 patients (depending on team census and patient acuity) including writing daily progress notes, orders, discharge planning, and discharge summaries, all to be co-signed by the senior resident or attending physician as indicated. Procedures may be performed under supervision where appropriate. The sub-Intern will be expected to participate in cross-cover during their short call days under the supervision of their senior resident or the intern on the patient's team.

### Days off:

Students will have a total of 4 weekend days off during the 4 week block. Days off should follow the senior resident's days off. The student is responsible for signing out their patient's to the appropriate intern on their service prior to their day off. **The last day of rotation ends on the Sunday of the 4<sup>th</sup> week, so please plan accordingly.**

## IV. Method of Evaluation of Students and Requirements

Students will be evaluated on the achievement of the objectives of the course through direct observation (either by senior resident or attending physician). Written communication in the electronic medical record will also be evaluated. The attending physician will evaluate the student's performance and submit both a grade (honors/pass/fail) and a written narrative summative evaluation. Similarly, evaluation of the course by the student will include sufficient opportunities to demonstrate achievement of the stated objectives of the course.