**Pediatric Hospitalist Medicine**

**Orientation and Policy Manual**

**Fellowship Training Program**



Department of Pediatrics, Emory University School of Medicine

Children’s Healthcare of Atlanta

**Anjali Kirpalani, MD**

Co-Program Director

**Patricia Lantis, MD**

Co-Program Director

**Parminder Suchdev, MD, MPH**

Assistant Program Director

**Tasha Mohamed**

Program Coordinator

Division of General Pediatrics

1405 Clifton Road, NE

Atlanta, GA 30322

(404) 785-6104

(404) 785-1462 fax

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Welcome

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

Mission and Goals of the Fellowship

The mission of Children's Healthcare of Atlanta is to make kids better today and healthier tomorrow.

The goal of this fellowship is to train pediatricians to become academic pediatric hospitalists. Fellows should be stimulated by a desire to provide excellent patient care as a first priority, but also to develop a knowledge base to perform clinical and/or basic science research and quality improvement projects, and to become excellent teachers of medical students, residents, ancillary personnel, and future fellows.

Overview

The hospitalist fellowship program was founded by David Lloyd, MD in 2006. It is a collaboration of Emory University School of Medicine, Department of Pediatrics and Children’s Healthcare of Atlanta. It offers a one-year training program for specialized care of hospitalized children. The program also includes training and experience in clinical and/or epidemiological research and quality with mentorship. The program is strengthened through collaborations with the Centers for Disease Control & Prevention and Rollins School of Public Health.

Introduction

This document has been developed to familiarize Fellows with the Pediatric Hospitalist Fellowship Program and to provide information about the curriculum, policies and benefits pertaining to your training. It is meant to serve as an informational guide only, and specific policies and procedures are subject to change.

History

In 1998, Egleston Children's Health Care System and Scottish Rite Medical Center came together to form Children's Healthcare of Atlanta—one of the largest pediatric systems in the country. The new system had a single priority: family-centered care. The next year, [Hope and Will](http://www.choa.org/About-Childrens/New-Hope-and-Will), our colorful boy and girl mascots came to life, representing the hopeful attitude and strong will of our patients, families and staff.

**Patients at Scottish Rite Convalescent Home for Crippled Children in the early 1900s**

In 2006, Children's assumed responsibility for the management of services at Hughes Spalding Children's Hospital—growing the system to three hospitals and 17 neighborhood locations.

Children's at Egleston

* 1928 — Henrietta Egleston Hospital for Children opened.
* 1956 — Egleston became the pediatric teaching affiliate of Emory University School of Medicine.
* 1998 — Egleston Children's Health Care System and Scottish Rite Children's Medical Center officially merged to become Children's Healthcare of Atlanta.

Children's at Hugh Spalding

* 1952 — The Hughes Spalding Pavilion officially opened as a private hospital for paying African-American adults.
* 1989 — Hughes Spalding temporarily shut its doors for renovation. The facilities reopened in 1992 as Hughes Spalding Children's Hospital.
* 2006 — Children’s assumed responsibility for the management of services at Hughes Spalding.

Children's at Scottish Rite

* 1915 — Scottish Rite Convalescent Home for Crippled Children opened.
* 1965 — Scottish Rite expanded into a full-fledged medical center.
* 1998 — Egleston Children's Health Care System and Scottish Rite Children's Medical Center officially merged to become Children's Healthcare of Atlanta.

Today, CHOA cares for more than half a million patients annually and operates three hospitals in metro Atlanta that specialize in caring just for children and teens:

* 529 staffed beds
* 17 neighborhood [locations](http://www.choa.org/About-Childrens/Locations-and-Directions), including:
  + Five Urgent Care Centers
  + Marcus Autism Center
* 32 telemedicine locations around Georgia
* More than 7,800 [employees](http://www.choa.org/Pediatric-Hospital-Jobs)
* Access to more than 1,700 pediatric physicians representing more than 60 pediatric specialties and programs
* 6,500 [volunteers](http://www.choa.org/Support-Childrens/Volunteering)

Children’s is the largest Medicaid provider in the state, serving more than 185,000 children who could not cover the costs of their care in 2011.

In 2011, CHOA treated children from all 159 Georgia counties and managed:

|  |  |
| --- | --- |
| * + 777,881 patient visits   + 326,182 unique patients (from all 159 counties in Georgia)   + 24,572 hospital admissions   + 136,769 inpatient days   + 747,103 outpatient visits   + 37,785 surgical procedures | * + 188,637 Emergency Department visits   + 100,843 Urgent Care Center visits   + 46,551 primary care visits   + 142,000 calls to the Children's nurse advice line |

**Hospitalists at Egleston**

Started in 1983 by Dr. Joseph A. Snitzer, III, the hospitalist program at Egleston was one of the first of its kind. Under the leadership of Dr. George Brumley, the Department Chair of Emory Pediatric Care Foundation, the three original team members, Joe Snitzer, Gerald Reisman, and Jackie Galloway, set out to build a team of physicians 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 medical students at Emory University School of Medicine. Additionally, the service was able to admit and co-manage patients for pediatric sub-specialists.

The hospitalist group has grown from the original three to a team of eleven. All members of the hospitalist group at Egleston have faculty appointments in the Emory University, Department of Pediatrics and clinical privileges at Children’s Healthcare of Atlanta.

Corinne Taylor, MD, Division Director Robert Dixon, MD

Joseph A, Snitzer, III., MD Anjali Kirpalani, MD

Tony Cooley, MD Patricia Lantis, MD

Tabitha Lyon, MD David Lloyd, MD

Judson Miller, MD Parminder Suchdev, MD, MPH

Joanne Mendoza, MD

**Hospitalists at Scottish Rite**

The Scottish Rite hospitalist program was started in the spring of 1992 by Dr. Richard Kenny and Dr. Dennis Sullivan. At that time, most patients admitted at Scottish Rite were cared for by their own private physicians. Therefore, the hospitalist program was initially developed as a consultative service to assist these physicians. It was also designed to provide inpatient care for patients with a primary care physician unable to care for them during a hospital admission, such as physicians outside the Atlanta metropolitan area or family practitioners without privileges at Scottish Rite. Over the next five years, around 1500 contacts were made in offices and clinics all over Georgia educating clinicians that Scottish Rite had grown beyond its initial role as an orthopedic facility and that a hospitalist service was available to care for their patients during their hospital stay. Gradually, the practice grew and now there are 19 general pediatricians who care for nearly all general pediatric patients admitted at Scottish Rite.

In addition to inpatient care provided, the faculty also assists with education of residents from Morehouse School of Medicine pediatric residency program, Atlanta Medical Center family medicine residency program, and Emory University pediatrics residency program.

In 2012, an additional 4 hospitalists were added to assist with the admission and care of inpatient neurology patients. (Neuro-Hospitalists).

Deborah Andreson, MD Chevon Brooks, MD

Ann Beach, MD Rachel Friedberg, MD

Tracy Creek, MD Margaux Charbonnet, MD

Jeffrey Klick,MD Khaliah Johnson, MD

Gary Frank, MD David Kotzbauer, MD

Darryl Morris, MD Jennifer Madden, MD, MPH

Kristin Nieh, MD LaToya Oglesby, MD

Diedre Rowe, MD Natavut Punyasavatsut, MD

Laura Rich, MD Javier Tejedor-Sojo, MD

Sarah Black, MD, MPH Sneha Desai, MD

Nadeen White, MD Karen Willis, MD

Locations

**Egleston**

1405 Clifton Road NE  
  
Atlanta, GA 30329  
404-785-6000

There are 2 towers

Tower 1 (newer tower, Flower elevators):

* + 1st floor: Classrooms, Cafeteria
  + 2nd floor: Cardiac Stepdown Unit, Cardiac ICU
  + 3rd floor: Surgery Suites, Anesthesia Suites
  + 4th floor: PICU, AFLAC Outpatient Heme-Onc Clinic

Tower 2 (Butterfly Elevators):

* Ground floor: Resident Lounge, Attending Offices, MRI
* 1st floor: ED, Imaging (except MRI)
* 2nd floor: Technology-dependent ICU, NICU
* 3rd floor: AFLAC Inpatient Heme-Onc
* 4th floor:
* East: primarily surgical patients
* ISU/4N: Transition from ED to admission, Overflow
* West: General Pediatrics (also GI, Pulmonology)
* 5th floor:
* East: General Pediatrics (also neurology, neurosurgery, OT/PT/ST offices)
* West: General Pediatrics (also endocrine, pulmonology)
* 6th floor:
  + - East: Renal and Liver Unit; Overflow
    - West: Dialysis Clinic



**Scottish Rite**

1001 Johnson Ferry Road NE  
  
Atlanta, GA 30342-1605  
404-785-5252

* Ground Floor: Cafeteria, Attending dining room
* 1st floor: ED, Radiology, SRPAC office, Patients admitted for General Pediatrics, Neurology, Neurosurgery, AFLAC
* 2nd floor: General Pediatric, Surgery, 2 Obs, Surgical Suites, NICU
* 3rd floor: ACU (acute care unit - higher acuity patients, especially respiratory), general pediatrics, pulmonology, CIRU, PICU
* 4th floor: General pediatrics, Endocrine, GI

**Hugh Spalding**

35 Jesse Hill Jr. Drive SE  
  
Atlanta, GA 30303-3032  
404-785-9500

* 1st floor: ED, primary care clinic
* 2nd floor: Subspecialty clinics (Heme, Neuro, Developmental Peds), physician dining room (**code 5039**)
* 3rd floor: Inpatient unit, administrative offices

Grady Memorial Hospital is also located on the downtown campus. The NICU is located on 5L, term nursery is located on 4A, and Labor & Delivery is located on 4J. Steiner Auditorium, where Thursday morning grand rounds are held, is located across the street from the ED (80 Jesse Hill Jr. Drive SE). The auditorium is on the first floor.

On the corner of Jesse Hill Jr. Drive and Armstrong Street is the Emory University Faculty Office Building. The first floor has several classrooms used for various meetings and conferences. Pediatric faculty offices are located on the second floor as well as the offices for the pediatric residency program for Emory.

**Office Park**

1600 Tullie Circle  
Atlanta, GA 30329-2303

This is the administrative offices for Children's Healthcare of Atlanta. The learning center, located in building 1680, is the location for many training opportunities including EPIC classes and PALS classes. The human resources office is located in building 1600 if ever needed.

**Emory University School of Medicine, Office of Graduate Medical Education**

Suite 327

School of Medicine Building

1648 Pierce Drive  
Atlanta, GA 30322

404-727-5658

See GME website (<http://med.emory.edu/gme>) for policies and procedures as they apply to fellows. An initial GME orientation for will take place prior to the beginning of the fellowship. It is usually scheduled during the last week of June and takes place in the School of Medicine Building.

Curriculum

Pediatric Hospital Medicine is a rapidly evolving and growing field. Its continued growth is spurred by the need for physicians specializing in issues especially relevant in the inpatient setting, such as patient safety, quality improvement and teaching of medical student and residents. In 2008, the first comprehensive list of *Pediatric Hospital Medicine Core Competencies* was drafted in order to standardize knowledge, skills and attitudes expected of hospital pediatricians. These competencies also act as the framework for the curriculum used by the 22 current pediatric hospital medicine fellowship programs designed to advance the training of physicians in order to fill these roles. A copy of the competencies is included with this handbook (as well as an outline on page 38) and should serve as a guide and provide general learning objectives for the fellowship.

As a one-year fellowship program, this program will allow for exposure to all 54 competencies described. Upon completion of this program, the fellow should have obtained experience, required knowledge and skills, in specific areas such as research, quality improvement, and patient safety. This program should also allow the fellow to develop expertise of all clinical conditions and core skills, as well as communication, leadership and one additional area according to a fellow's specific interests. During the course of the fellowship, the fellow will work towards producing work for submission of an abstract to a national meeting. Further products, such as peer-reviewed or scholarly publications, are encourage but not required.

The curriculum of this fellowship program is individually tailored to meet the academic and professional goals of each trainee. Below are the *general* fellowship requirements and total numbers of clinical and research rotations expected each year. Further descriptions and information follow. Specific rotations schedules will be prepared in coordination with the fellowship program directors prior to the beginning of each fellowship year in order to allow maximum planning time for each fellow.

1. Required Clinical Rotations:
2. Academic Pediatric Hospital Medicine at Egleston, 8-12 weeks
3. Private Pediatric Hospital Medicine at Scottish Rite, 8-12 weeks
4. Additional Requirements:
   * 1. Research Project
     2. Electives, 16-20 weeks
     3. CHOA Fellows’ Introduction to Research Training (FIrST)
     4. CHOA Fellows’ Teaching Symposium
     5. CHOA Fellows' Ethics Conference
5. Additional Educational Experiences Available:
   * 1. AAP Section on Hospital Medicine (SOHM) Fellows' Conference
     2. Pediatric Academic Societies Meeting
     3. Pediatric Hospital Medicine Conference
     4. GME Research Day and Fellows' Research Competition
     5. Fellows' Teaching Competition
     6. Emory Quality Academy
     7. Membership in professional organizations
     8. Emory University School of Medicine Faculty Development
6. Administrative Responsibilities
7. Georgia Medical License
8. DEA
9. Credentialing
10. American Board of Pediatrics Certification
11. Pediatric Advanced Life Support (PALS) certification
12. NRP certification
13. CITI certification
14. Training in EMR System
15. Patient Lists
16. Duty Hour Documentation

1. Required Clinical Rotations

### 1.a. Academic Pediatric Hospital Medicine

Co-Directors:

Anjali Kirpalani, MD [akirpa2@emory.edu](mailto:akirpa2@emory.edu)

Patricia Lantis, MD [Patricia.Lantis@choa.org](mailto:Patricia.Lantis@choa.org)

During this rotation, the fellow will function as a faculty attending for teaching teams and non-teaching teams throughout the year. The teaching team typically consists of one Pediatric intern, one senior resident, and 1-2 Emory medical students. At times, there may be a senior medical student on the team, functioning as a sub-Intern. Expectation of residents is included on pages 39-43. The other attending physicians on service are available for discussion of patients, and the fellow is encouraged to contact an attending if any clinical or administrative questions arise. The year often begins with 1-2 weeks of working with a teaching team under the guidance of an attending to allow for the fellow to get comfortable with the hospital and the EMR system.

Documentation is done using an electronic medical record called EPIC. All physician orders and notes are done using the online system. All Fellows will receive EPIC training and login information prior to the start of the Fellowship. Billing is also done in EPIC (see page 44), and as attending of record, the fellow will also be responsible for billing for his or her patients on a daily basis.

The fellow will also take attending call during these 8-12 weeks, including overnight call from home. Patricia Lantis is responsible for making the call schedule and fellows will be allowed to make requests in the same fashion/priority as the rest of the group. Schedule/vacation requests will be discussed prior to starting your fellowship year. **When the fellow is scheduled to be on call, a second, back-up attending is scheduled to assist with questions or concerns that arise during call.** As much as possible, day calls with the team are then coordinated with the fellow's night call duty, but at times this is not possible. Fellows should expect to be on call 1-2 night calls per week during the weeks on service.

Weekday rounds typically begin at 9:00 or 9:30am, immediately following resident morning report which occurs Monday, and Tuesday from 8-9am, and Friday from 8:30-9am. The fellows are expected to be at morning report to participate in resident education. The teams meet their attending and conduct walking/teaching rounds on the medical wards. Rounds are typically completed in time for noon conference, depending on patient volume and attending style. Teaching takes place at the bedside during rounds and also in the afternoons when some attending choose to sit down and discuss cases, research articles or other relevant topics.

Weekend round begin at 8 am SHARP in the resident call room area on the ground floor (**Door Code 808**). Sign out is given by the post-call team to the on-call team with the attendings present. This sign out also serves as sit down rounds and a plan is outlined for each patient.

The typical weekly conference schedule is listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Time | Conference | Location |
| Monday, Tuesday | 8:00 – 9:00  12:00 – 1:00 | Morning Report  Core Curriculum | Classroom 3&4  Classroom 3&4 |
| Wednesday | 7:30 – 8:30  12:00 – 1:00 | Egelston Grand Rounds  Noon Conference | Classroom 5  Classroom 3&4 |
| Thursday | 8:00 – 9:00 | Grand Rounds  Admitting team stays at Egelston | Steiner Auditorium, Grady Campus |
| Friday | 7:30 – 8:30  8:30 – 9:00  12:00 – 1:00 | Surgery Joint Conference  Morning Report  Noon Conference | Classroom 5  Classroom 3&4  Classroom 3&4 |

Attending/fellow attendance is required at morning report and is strongly encouraged at Egelston Grand Rounds. Attendance at other conferences is optional, depending on interest and topic.

**Consults**

The Pediatric Hospitalist Team is also available for general pediatric consults for patients admitted to other services in the hospital (i.e. surgical services, anesthesia, etc). Consults are never emergent. If emergency assistance is required (respiratory distress, etc.), the primary service should contact the Rapid Response Team (5-8326). There is a 24 hour window in which to evaluate the patient and provide recommendations. Consults are usually completed by the attending rounding on the pre-admitting team, or the team with the fewest patients. If the fellow completes the consult, they can discuss any details with the other attendings on service. Fellows can also bill for these consults.

**Instructions for Call Days**

* Turn Pager on at 8AM
* Page it (404-225-2937) and enter "999" to let the night call doctor know you are on now.
* Answer pages from ER, calls from Transfer center, and accept appropriate patients.
* As a fellow (even though your are acting in the role of an attending), CHOA policy prevents fellows from refusing a patient. Therefore, if a patient from the transfer center or ED seems inappropriate for admission to the general pediatrics service, please discuss with your back-up attending. Other options for patients that seem inappropriate for direct admission include directing them to the ED. One caveat: a patient admitted to an outlying hospital (not just in the ED) must be accepted to the floor (i.e., cannot be routed through the ED). If concerned, send CHOA transport team to pick up the patient. This will allow some evaluation that can assist in appropriate placement of the patient upon arrival. General admission guidelines are included, see page 45.
* Notify the on call admitting resident (404-245-6691) of patients coming and discuss brief plan.
* If consults are called in, delegate who sees the patient based on the time of day, urgency and our current staffing.
* On weekdays, attendings take call with their team on a Q4 schedule. Weeknight call starts at 4pm.
* On weekends, call is 24 hours, starting at 8am.

### 1.b. Private Pediatric Hospital Medicine, Scottish Rite

Contact: Deb Andresen, MD, [Deborah.Andresen@choa.org](mailto:Deborah.Andresen@choa.org)

During these 8-12 weeks, the fellow will work with the Scottish Rite Children and Adolescent Consult (SRPAC) service. The SRPAC office suite is located on the first floor, next door to the medical lab **(door code 315).** Fellows are to use the desk located in the swing office, room 120. The fellow will spend the first few weeks partnered with a SRPAC attending to become accustomed to work-flow. During the remaining weeks, the fellow will act as an independent rounder and will be responsible for patient care and billing. Further information regarding how to bill for patient encounters is available on page 44. Attending physicians on service will be available for assistance and fellows are encouraged to discuss clinical and administrative issues that arise in the care of patients.

A typical day for the SRPAC team begins at 8am. Patients are assigned to rounding physicians by the night doctor. Daily patient lists are printed and available on the front desk. The "short call" physician admits all patients and sees all consults from 8-10am. The short call physician continues to admit patients from the emergency department from 10am-4pm. The "long call" physician admits patients directly admitted to patient care areas and sees all consults from 10am-4pm. The long call physician admits all patients and sees all consults from 4-8pm. A midlevel provider arrives at 5pm and assists with admission and patient cross-cover issues. The neuropediatrician, a pediatrician who also assists with the neurology service, arrives at 4pm and is available to assist with admission. The night doctor arrives at 8pm and is responsible for the entire SRPAC service until 8am the following morning.

Unless acting as either the short call or long call physician, rounding physicians are expected to remain in the hospital for as long as needed to provide care to his or her assigned patients. Once daily work has been completed for patient care, rounding physicians are free to leave the hospital for that day. However, he or she should remain available by phone in the event a question should arise from consultants, nursing staff or families. Prior to leaving, a signout report should be printed and left for the night team.

To print SRPAC signout:

* Open individual patient chart
* Select 'Patient Summary' tab (on left)
* Select 'Ped Report' page (on top)
* Click on 'Pediatric Rounding Report Comments'
* Briefly summarize patient including potential issues and instructions for overnight team
* Close individual patient chart
* Repeat above steps for each patient
* From patient list screen, click 'Patient Report' button
* Check 'Rounding Report'
* Select printer ('GENPEDP01' for printer in SRPAC suite)
* Click print

SRPAC participates in several teaching conferences per week and attendance is strongly encouraged. The typical weekly conference schedule is listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Time | Conference | Location |
| Tuesday | 7:30-8:30  12:00 – 1:00 | SR CME  Resident Noon Conference | Auditorium  SRPAC conference room |
| Wednesday | 12:00 – 1:00 | CME Conference | SRPAC Conference room |
| Thursday | 12:00 – 1:00 | Radiology Conference | Radiology Conference room |
| Friday | 12:00 – 1:00 | Resident Noon Conference | SRPAC conference room |

The fellow's calendar is made by Deb Andresen and requests should be submitted to her by email as soon as possible.

2. Additional Requirements

### 2.a. Research

Research is an important part of an academic career and this fellowship will offer training in project development as well as opportunities in clinical research. Ideally, during this time, the fellow will be able to identify a research niche to pursue as his or her career develops beyond fellowship. Development of statistical and epidemiological skills for clinical or outcomes research is important future pediatric hospitalists and is consistent with objectives outlined in the *Pediatric Hospital Medicine Core Competencies*.

Research opportunities are not limited to bench research and projects ideas often originate from clinical work. When determining the subject of research, it is helpful to remember that studies with a narrow focus are usually best. Small, directed investigations often serve as important first steps in larger studies since preliminary work leads to new questions.

**Supervision**

An important initial step in developing a research project is for the fellow to select a mentor with expertise in the area or field of interest. With this expertise, a mentor will be aware of gaps in current knowledge within their field and help identify areas of needed research. He or she can help determine the feasibility of potential projects within that area.

Fellows should also select a senior preceptor who can be a source of constructive criticism as well as encouragement as a project develops. Research mentors will be crucial for assisting in developing of a research project. Research mentors and fellows should meet monthly in order to provide ongoing evaluation and discussion of research projects.

**Project Development**

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

When finding and developing a project, fellows may find it helpful to critically read all the literature available on a topic of interest. Limitations and flaws of previous studies may provide ideas about future studies. Consulting with experts in the field can direct research and often identify potential pitfalls of oversights. Most importantly, fellows should be realistic about the scope of a topic or project. Ideally, a project should be completed within the timeframe of the fellowship and large studies with multiple variables will be frustrating and difficult to complete in a timely manner.

Participation in journal clubs is an excellent way to develop the ability to critically appraise methods and conclusions of a research paper. Involvement is strongly encouraged. Courses in biostatistics, study design and basic research are available and should be utilized.

**Expectations**

The fellow is expected to treat the research experience as a serious commitment of time and effort no different from clinical responsibilities. He or she should meet with mentors monthly to establish goals and schedules for the month ahead. Fellows will be asked to update the division at regular intervals and to elicit feedback in literature review, development of study protocols, and preliminary results.

During their training, fellows are expected to submit a research abstract to a national conference. Additional products such as peer-reviewed or scholarly publications are encourage but not required

### 2.b. Electives

This fellowship provides 16-20 weeks of elective time. It is meant to be flexible and allow the fellow to pursue his or her interests or address areas where he or she would like to gain extra knowledge, skills or experience. Electives can be taken in 1, 2, or 4-week blocks depending on the rotation or needs of the fellow.

Some of the potential elective opportunities are listed below, including contact information and a brief description. Specific learning objectives should be designed by the fellow, preceptor and fellowship director prior to the beginning of the elective to ensure both the goals of the trainee as well as the *Pediatric Hospital Medicine Core Competencies* are best accomplished.

**Anesthesia**

Contact: Carolyn Bannister, MD, cbannis@emory.edu

During this rotation, the fellow will assist the anesthesia team in pre-operative management of children. This is an excellent time for fellows to develop core skills such as airway management and intubation as well IV catheter placement. The workload for this rotation is heaviest early in the morning; therefore, this elective can be paired with research time or another elective experience.

**Business of Medicine**

Contact: Yasmin Tyler-Hill, MD, ytyler-hill@msm.edu

As Medical Director for the Egelston Campus, Dr. Taylor serves in a variety of administrative and leadership roles. By shadowing Dr. Taylor, the fellow will have the opportunity to attend many different meetings and observe much of the "behind the scenes" work not seen in clinical care. Through meetings, readings and discussions with Dr. Taylor, the fellow can learn more about important healthcare system competencies such as business practice, communication, cost-effective care and leading a healthcare team.

**Child Protection Services - The Stephanie V. Blank Center for Safe and Healthy Children (CHCS)**

Contact: Tamika Bryant, MD, Tamika.Bryant@choa.org

During this rotation, the fellow will improve skills in identifying and managing the care of abused and neglected children by participating in inpatient consults and outpatient clinic with the Center for Sage and Healthy Children. The fellow will also attend relevant program meetings such as trauma rounds. If scheduling permits, the fellow should take this opportunity to accompany a CHCS physician as he or she testifies in legal proceedings.

**Health Law Partnership (HeLP)**

Contact: Bob Pettignano, MD, Robert.Pettignano@choa.org

The Health Law Partnership (HeLP) is a multidisciplinary, community collaboration between healthcare providers and lawyers to improve the health and well-being of low-income children and their families by addressing the multiple determinants affecting children’s health. Dr. Pettignano serves as the medical director for the program and while working with him, the fellow would have a unique opportunity about learning to be an advocate for his or her patients.

**Microbiology and Laboratory Services**

Contact: Bob Jerris, PhD, Robert.Jerris@choa.org

During this rotation, the fellow will work closely with Dr. Jerris, the Director of Clinical Microbiology to understand lab work done to identify many of the pathogens treated in our hospitals. Fellows will learn valuable skills such as gram staining and plating of samples. This rotation allows for collaboration with clinicians, especially in the Infectious Disease Department and often the fellow will serve to lead clinical presentations as it pertains to interesting lab studies.

**Nutrition and Obesity**

Contacts: Stephanie Walsh, MD, Stephanie.Walsh@choa.org, Nutritionist Kipp Ellsworth, [kipp.ellsworth@choa.org](mailto:kipp.ellsworth@choa.org)

Managing nutritional needs of the inpatient pediatric patient is a core skill identified among the core competencies. Working with CHOA nutritionists, the fellow can participate in various consults and clinics to address nutritional issues of ill children. Also, as pediatric obesity continues to rise, inpatient management of overweight children also continues to be an issue. Working with Dr. Walsh and the Stong4Life clinic will give the fellow additional tools for addressing obesity with his or her patients.

**Pain Medicine**

Contact: Claudia Venable, MD, Claudia.Venable@choa.org

Dr. Venable serves at the medical director for the Center for Pain Relief, which utilizes a multidisciplinary approach to assist children and families manage acute and chronic pain. During this rotation, the fellow will join the pain team during clinic as well as during inpatient consults on both Egelston and Scottish Rite campuses. Developing the ability to manage a patient's pain is included among the core skills described in the core competencies.

**Palliative Care - The Pediatric Advance Care Team (PACT)**

Contact: Jeff Klick, MD, Jeffrey.Klick@choa.org

During this rotation, the fellow will work closely with the multidisciplinary PACT team, the inpatient consult service of CHOA's palliative care program. The palliative care team specializes in identifying and treating patients with life-threatening conditions and improving the quality of life for these patients. Caring for these patients is a specialized clinical service outlined within the core competencies and this rotation is a valuable opportunity for the fellow to learn these skills.

**Pathology**

Contact: Bahig Shehata, MD, bshehat@emory.edu

During this rotation, the fellow would work closely with the pediatric pathologists in the daily sign-out of biopsies, surgical specimens, bone marrows, and cytology (including BAL) preparations. The fellow will be encouraged to assist actively in the performance of post mortem examinations followed by the microscopic evaluation and other studies in each case.

**Quality Improvement**

Contact: Gary Frank, MD, Gary.Frank@choa.org

Dr. Frank acts as the Medical Director for CHOA's Department of Quality and Medical Management. While rotating with Dr. Frank, the fellow will have the opportunity to attend meetings and discuss quality improvement and patient safety throughout the CHOA system. Important quality concepts such as 'Lean' and 'Six Sigma' will be discussed in meetings and readings. The fellow should have the opportunity to attend a lean workshop during this rotation.

**Radiology**

Contact: Jonathan Loewen, MD, [jonathan.loewen@choa.org](mailto:jonathan.loewen@choa.org)

Pediatric Radiographic interpretation is a core skill outlined among the pediatric core competencies. Working with the pediatric radiologists will give the fellow the opportunity to improve his or her skills. This rotation accommodates a half-day schedule and therefore is optimal for combining with another elective such as anesthesia.

**Rehabilitation Medicine**

Contact: Josh Vova, MD, Joshua.Vova@choa.org

The Comprehensive Inpatient Rehabilitation Unit (CIRU) is a 28-bed, inpatient rehab unit located on the Scottish Rite campus. It is one of the largest inpatient pediatric facilities and utilizes physicians, nurses, physical therapists, occupational therapists, speech therapists, music therapists, child life experts, social workers and teachers to address patient's multidisciplinary needs after traumatic injury or illness. During this rotation, fellows should focus on competencies relating to the care of technology dependent children or children with complex medical problems.

**Sedation Services**

Contact: Pradip Kamat, MD, Pradip.Kamat@choa.org

During this rotation, the fellow will work closely with the physicians who provide procedural sedation throughout various areas of the hospital. This is an opportunity for the fellow to learn basics about procedural sedation, including medications and risks of procedures.

**Transfusion Medcine**

Contact: Cassandra Josephson, MD, cjoseph@emory.edu

During this rotation, the fellow will work closely with the blood bank to learn advanced skills and knowledge regarding pediatric transfusions, including risks and patient safety measures.

**Transport**

Contact: Toni Petrillo, MD, Toni.Petrillo@choa.edu

During this rotation, the fellow will have the opportunity to learn about the challenges and strategies for transporting critically ill children. Potential experiences including observing work flow in CHOA's transfer center or "riding along" with CHOA's transport team.

Additional electives in any pediatric subspecialty (Heme/Onc, GI, Cardiology, Pulmonology, Endocrine, Rheumatology, Allergy/Immunology, or Neurology) can be arranged as needed to strength the fellow's clinical knowledge and skills or to provide further training depending on a trainee's specific goals or career aspirations.

**Emergency Medicine**

Contact: Wendy Little, MD, [Wendy.Little@choa.org](mailto:Wendy.Little@choa.org)

The inclusion of emergency medicine (EM) as an elective within a hospital medicine fellowship services multiple purposes. First, many pediatric hospital medicine job descriptions include shifts in the emergency or urgent care setting. Even if specific ER service is not required, pediatric hospitalists are often called upon to consult on pediatric patients in the emergency department. Second, and more importantly, as an admitting physician, effective communication with emergency room physicians is critical. Working on the other end of this conversation is effective in bolstering these communication skills.

During the EM rotation, the hospital medicine will function in the same capacity as a pediatric EM fellow. Fellows work under the supervision of a pediatric EM attending in either the B or C pod in the Egelston ED. Fellows work approximately 14 8-hour shifts during their rotation within the ER. They also participate in the PEM fellow's conference that occurs on Thursday afternoons at 1:00 at office park. The PEM schedule is made by Wendy Little, and requests should be submitted to her as soon as possible.

Egelston ER uses EPIC ASAP, a division of EPIC EMR designed specifically for use in the emergency department. Prior to the fellow's first shift, he or she will be required to complete training. Information about EPIC training will be provided by Wendy Little prior to the beginning of the rotation.

The EM rotation is an excellent opportunity to practice and perfect core skills outlined in the *Pediatric Hospitalist Core Competencies.* It is important for fellows to maintain a log of performed procedures.

**Critical Care**

The inclusion of a critical care elective within a pediatric hospital medicine fellowship has multiple purposes. First, many positions in pediatric hospital medicine require physicians to assist in the care of ICU patients, whether in the PICU or in the NICU. Some hospitalist positions include attending deliveries. Secondly, working with the critical care teams provide opportunity to work closely with the transport teams and learn more about how to safely transport ill children. Third, critical care rotations often provide opportunities to practice core skills outlined in the *Pediatric Hospitalist Core Competencies.*  Finally, caring for critically ill children provides valuable perspective for caring for all patients admitted to the hospital.

Within this program, the fellow can complete the critical care requirements by rotating either in the Pediatric ICU or in the neonatal ICU. Elective time can also be used for additional critical care training if desired.

**Pediatric Intensive Care, Egelston**

Contact: Toni Petrillo, MD, Toni.Petrillo@choa.org

The Egelston PICU is a 30-bed closed unit, where the critical care team acts as primary service for all medical patients and consultant for all surgical patients. Patients in the PICU have a variety of medical and surgical problems and can include extracorporeal membrane oxygenation (ECMO) patients. Cardiac patients are cared for in a separate cardiac ICU.

During his or her rotation, the hospital medicine fellow will function as an extra fellow in the ICU. He or she will take 30-hour call along with a critical care fellow. Call scheduled is made by Toni Petrillo and requests should be submitted to her as soon as possible.

**Neonatal Intensive Care**

Contact: David Carlton, MD, dpcarlt@emory.edu

CHOA and Emory University have access to NICU training in multiple diverse settings. Egelston NICU is referral-based NICU with primarily surgical patients, including ECMO. Grady Memorial Hospital has a thriving OBGYN service as well as a level 4 NICU caring for critically ill infants. Fellows interested in meeting critical care requirements with NICU training are encouraged to discuss specific goals with the program director in order to arrange an optimal learning experience.

### 2.c. CHOA Fellows' Introduction to Research Training (FIRsT)

Fellows Introduction to Research Training (FIRsT) provides pediatric fellows with an overview and introduction to clinical and translational research in the academic setting. Didactic sessions, panel discussions, and interactive opportunities provide forums for fellows to gain an appreciation of the fundamentals of clinical and translational research, biostatistics, epidemiology, the research enterprise, and practical and applied aspects of conducting research. These concepts are conveyed over a 20-hour period, comprised of 4-hour sessions over 5 days, annually following the general pediatrics board examination.

FIRsT is direct by Dr. Andi Shane, assistant professor of pediatrics and infectious disease. More information about the course can be found at the website: http://www.pediatrics.emory.edu/education/fellowship/fellowresearch.html.

The conference is usually scheduled for 1 week during October, after completion of the pediatric board certifying exam.

### 2.d. CHOA Fellows' Teaching Symposium

The Teaching Symposium is a multifaceted interactive educational program for all pediatric fellows. Each session is devoted to specific aspects of different medical learning environments. The first half of the symposium is oriented to adult learning theory and concepts with an emphasis on small group interactions. The second half of the symposium will emphasize speaking skills and adjuncts to improving learner attention and retention of information. The course will conclude mini-lecture presentations that incorporate concepts advanced in this course.

The course is directed by Dr. Michael Greenwald, assistant professor of pediatrics and emergency medicine. More information about the course can be found at the website: http://www.pediatrics.emory.edu/education/fellowship/teachsym.html. The conference takes place during 2-hour afternoon sessions scheduled over six weeks throughout the spring.

### 2.e. CHOA Fellows' Ethics Conference

This is a discussion and case-based course designed to highlight issues of bioethics in caring for children. It is directed by Dr. Mike Ziegler, assistant professor of pediatrics and emergency medicine. The conference takes place during 2-hour afternoon sessions scheduled over six weeks throughout the spring.

3. Additional Educational Experiences Available

The flexibility of this program allows fellows to pursue experiences which are relevant to the trainee's interest and career aspirations. This list outlines many of the most popular conferences, meetings or other education opportunities available but is not comprehensive. Collaboration of CHOA, Emory Healthcare, Emory University School of Medicine, Rollins School of Public Health and the Centers for Disease Control provides innumerable opportunities. Fellows should discuss specific interests with program administration as early as possible so as to arrange the most optimal educational experience possible.

3.a. AAP Section on Hospital Medicine (SOHM) Fellow's Conference

This national meeting will match PHM fellows with leaders within the PHM community for networking, skills-building exercises, and career development. Didactic sessions will focus on quality and safety, research, clinical topics, and leadership. Small group interactions will focus on the special projects developed by fellows. More information is available on SOHM's website (http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Hospital-Medicine/Pages/Pediatric-Hospital-Medicine-Fellows-Conference-2012.aspx)

3.b. Pediatric Academic Societies (PAS) Meeting

The Pediatric Academic Societies (PAS) Annual Meeting is the largest international meeting focused on research in child health. We bring together a variety of groups to—not only discuss original research, which has been the hallmark of the PAS meeting, but to also discuss how this research can be applied to actual clinical practice in pediatrics. This alliance also provides opportunity to discuss other critical issues that affect child health such as public policy and advocacy.

3.c Pediatric Hospital Medicine Conference

The Pediatric Hospital Medicine Conference is the premier educational conference for pediatric hospitalists and other clinicians involved in the care of pediatric inpatients. The conference is co-sponsored by the Academic Pediatric Association (APA), the Society of Hospital Medicine (SHM) and the American Academy of Pediatrics (AAP).

This conference is the optimal environment for fellows to present research or clinical cases.

3.d. GME Research Day and Fellows' Research Competition

Each spring, the graduate medical education department hosts a research symposium. The event is an opportunity for the fellow to present a poster of his or her research. Information about dates and location will become available on GME's website.

Also in the spring, CHOA hosts a research competition among the fellows in various pediatric subspecialties. The pediatric fellows compete for a trophy and a cash prize. More information will be provided later in the year.

3.e. Fellows' Teaching Competition

Since 2003 the Department of Pediatrics has sponsored an annual event known as the Fellowship Teaching Competition. This unique program features representatives from fellowships in the department who compete for a trophy and cash prizes for who can design and deliver the best mini-lecture. The purpose of the event is to both showcase talented teachers in the department and to demonstrate effective ways to design and deliver a medical lesson. The event occurs each spring and participation is encouraged. More information will be provided closer to the event.

3.f. Emory Healthcare Quality Academy

Several times each year, Emory Healthcare hosts an intensive 2-day quality improvement training program. Information about scheduling is available on Emory Healthcare’s website.

3.h. Membership in Professional Organizations

Fellows are encouraged to maintain membership in relevant professional organizations, including the American Academy of Pediatrics (AAP), the American Academy of Pediatrics Section on Hospital Medicine (AAP SOHM) and the Society of Hospital Medicine (SHM). The websites for these organizations contain information about becoming a member as well as many other valuable resources. The AAP SOHM has an active email list serve which discusses clinical conundrums, current practices and administrative issues that pertain to pediatric hospital medicine. Book funds may be used to help defray the cost of membership. A receipt should be submitted to Janet Martin for reimbursement.

3.i. Emory University School of Medicine Faculty Development

As an associate faculty member to the Emory University School of Medicine, the fellow has access to multiple faculty development resources available from Emory University, the School of Medicine, or the Department of Pediatrics. Opportunities include teaching workshops, research and writing classes, curriculum vitae development among many others. As a member of the Emory faculty, the fellow will also be invited to the new faculty orientation. More information about time and location will be provided closer to the date.

The following websites will provide multiple helpful resources and educational opportunities:

Emory University Faculty Development - http://cfde.emory.edu/index.html

School of Medicine Faculty Development - http://www.medicine.emory.edu/faculty-and-staff/faculty/index.html

Division of Pediatrics Faculty Development - http://www.pediatrics.emory.edu/resources/development/index.html

4. Administrative Requirements

4.a. Georgia Medical License

Since the PHM Fellow functions in the role of an attending, each fellow is required to have a full, unrestricted Georgia Medical license. Applications and information regarding requirements can be obtained on the Georgia Composite Board of Medical Examiners website (<http://medicalboard.georgia.gov>). Acceptance of application can take a minimum of 6 to 8 weeks so the fellow should begin the process of applying as soon as possible. The cost of application is $500 and an initial license is valid for approximately 12 months. The cost of the application can be submitted to GME for reimbursement. A checklist for initial application is included within the orientation manual.

4.b. DEA Registration

As a prescribing physician, the fellow should have an unrestricted DEA registration. Information and online application is available from the Drug Enforcement Agency's website (http://www.deadiversion.usdoj.gov/). A valid medical license is required prior to application for DEA registration. Application costs $731 and is valid for approximately 3 years.

4.c. Credentialing

As a member of Emory faculty who practices at CHOA, the fellow will need to complete credentialing paperwork for both Emory and CHOA. This paperwork can be lengthy and the credentialing process may take several months, therefore it should be started as soon as possible. The credentialing office will provide paperwork and instructions shortly after acceptance to the fellowship. If questions arise, Janet Martin is available for assistance as is the credentialing office for each location at the numbers below. Using the Georgia Uniform Healthcare Practitioner Credentialing form, available online (<http://www.georgiacredentialing.org/>) and in this manual, will streamline the process.

CHOA credentialing services

404-785-7485

Emory credentialing services

404-778-5034

New employees are required to present documentation of a current PPD and up to date immunizations including Hepatitis B and influenza (within the last year). If necessary, these can be obtained at CHOA's employee health which is located on the ground floor of Egelston, just down the hall from the hospitalist offices.

4.d. American Board of Pediatrics Certification

All pediatric hospital medicine fellows are required to register for the American Board of Pediatrics (ABP) certifying exam with plans to complete the exam within the first 6 months of the fellowship program. Information about the exam and online registration are available at ABP's website: https://www.abp.org/. Registration cost is $2,225 and this year’s exam is scheduled for October 22-24, 2013.

4.e. Pediatric Advanced Life Support (PALS) certification

Current PALS certification is required and should be completed prior to the beginning of the fellowship on July 1. If fellows require assistance obtaining current PALS certification, the program administration should be contacted as soon as possible to arrange training. CHOA provides a one-day PALS renewal course for those with current certification, prior to its expiration. However if previous certification has lapsed, the full two-day course is required for recertification.

4.f. Neonatal Resuscitation Program (NRP) certification

For fellows interested in completing critical care requirements by rotating in the NICU, a current NRP certification will be required. Janet Martin can assist in arranging certification prior to NICU rotations if needed.

4.g. Collaborative Institutional Training Initiative (CITI) program certification

The CITI program provides research ethics education to all those participating in human subjects research and is required for all investigators prior to submission of Internal Review Board (IRB) application. The fellow must complete this online certification by the end of July so as to not delay later research efforts.

As this fellowship program is a collaboration of CHOA and Emory, the fellow must complete certification for both institutions. The program can be completed on line at CITI program's website (https://www.citiprogram.org/). On initial registration, an affiliation must be provided. Once the training modules for the first institution are completed, the 'affiliate with another institution' tab, will allow for a second organization to be added and a second set of training modules completed.

4.h. Training in EMR System

CHOA, at both Egelston and Scottish Rite, uses EPIC for its electronic medical record. As a part of orientation, fellows new to CHOA will be required to complete EPIC training. EPIC ASAP training will be required prior to rotation in the emergency department. Within EPIC, several pre-established order sets and note templates are available to streamline daily workflow. Handouts on useful EPIC tips are included within the orientation manual, including commonly used 'smart phrases,' order sets and predesigned notes.

4.i. Patient Lists

It is the fellow’s responsibility to document all procedures (patient name, medical record number, date of procedure, complications), and to separately maintain a comprehensive list of patients and procedures for his or her file. This documentation is an integral part of completing the files required for certification. Patient stickers can be a helpful method to achieve this, but an electronic document with this information is strongly encouraged.

4.j. Duty Hour Documentation

It is the fellow’s responsibility to submit documentation of daily work hours and to ensure that works hours are within the ACGME-required 80 hours per week (averaged over 4 week rotation). Other common duty hour standards includes an adequate rest period (at least 10 hours) between duty periods, 24-hour limit on continuous duty with up to 6 added hours for continuity of care, 1 day off in every 7 days (averaged over 4 week rotation) and in-house call no more frequently that every 3 hours.

# Policies

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://med.emory.edu/gme/housestaff/housestaff_policies/index.html>

The contents of the manual include:

[Introduction](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#Introduction#Introduction)

[Section 1](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_1:_HOUSE#_SECTION_1:_HOUSE): House Staff General Responsibilities

[Section 2](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_2:_SCHOOL#_SECTION_2:_SCHOOL): School of Medicine's General Responsibilities

[Section 3](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_3:_SUMMARY#_SECTION_3:_SUMMARY): Summary of Benefits

[Section 4](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_4:_LEAVE#_SECTION_4:_LEAVE): Leave Time

[Section 5](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_5:_REQUIREMENTS#_SECTION_5:_REQUIREMENTS): Requirements for Appointment

[Section 6](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_6:_MOONLIGHTING:#_SECTION_6:_MOONLIGHTING:): Duty Hours and Moonlighting Policies

[Section 7](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_7:_DISCIPLINARY#_SECTION_7:_DISCIPLINARY): Disciplinary Actions

[Section 8](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_8:_COUNSELING#_SECTION_8:_COUNSELING): Counseling and Support Services

[Section 9](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_9:_BEHAVIORAL#_SECTION_9:_BEHAVIORAL): Behavioral Health Statement

[Section 10](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_10:_GRADUATE#_SECTION_10:_GRADUATE): Graduate Medical Education Committees

[Section 11](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_11:_PERSONNEL#_SECTION_11:_PERSONNEL): Personnel Files

[Section 12](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_12:_OTHER#_SECTION_12:_OTHER): Other Services

[Section 13](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_13:_WORKERS'#_SECTION_13:_WORKERS'): Workers' Compensation

[Section 14](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_14:_INFECTION#_SECTION_14:_INFECTION): Infection Control

[Section 15](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_15:_EQUAL#_SECTION_15:_EQUAL): Equal Opportunity

[Section 16](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_16:_LIABILITY#_SECTION_16:_LIABILITY): Liability Insurance and Risk Management Programs

[Section 17](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_17:_STANDARS#_SECTION_17:_STANDARS): Standards of Conduct

[Section 18](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_18:_CONFIDENTIALITY#_SECTION_18:_CONFIDENTIALITY): The Health Insurance Portability and Accountability Act [HIPAA]

[Section 19](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_19:_RELEASE#_SECTION_19:_RELEASE): Release of Information to the Media

[Section 20](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_20:_CONFLICT#_SECTION_20:_CONFLICT): Conflict of Interest

[Section 21](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_21:_NO#_SECTION_21:_NO): No Solicitation

[Section 22](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_22:_WEAPONS#_SECTION_22:_WEAPONS): Weapons

[Section 23](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_23:_SMOKE-FREE#_SECTION_23:_SMOKE-FREE): Smoke-Free Workplace

[Section 24](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_24:_DRUG-FREE#_SECTION_24:_DRUG-FREE): Drug-Free Workplace

[Section 25](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_25:_DRESS#_SECTION_25:_DRESS): Dress Code

[Section 26](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_26:_TIPS/GIFTS#_SECTION_26:_TIPS/GIFTS): Tips/Gifts

[Section 27](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_27:_CARE#_SECTION_27:_CARE): Care and Use of Property/Equipment

[Section 28](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_28:_PASTORAL#_SECTION_28:_PASTORAL): Pastoral Services

[Section 29](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_29:_SECURITY#_SECTION_29:_SECURITY): Security

[Section 30](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_30:_TEACHING#_SECTION_30:_TEACHING): Teaching Responsibilities

[Section 31](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_31:_DEPARTMENT#_SECTION_31:_DEPARTMENT): Department Orientation

[Section 32](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_32:_POLICY#_SECTION_32:_POLICY): Policies on Consensual Teacher-Student Relationships and Sexual Harassment

[Section 33](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_33:_GRIEVANCE#_SECTION_33:_GRIEVANCE): Grievance Procedure

[Section 34](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_SECTION_34:_HEARING#_SECTION_34:_HEARING): Hearing and Appellate Review Procedures for Termination of a Residency Appointment

[Appendix A](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_APPENDIX_A:_POLICY#_APPENDIX_A:_POLICY): Policy and Procedure on Resident Recruitment and Appointment

Appendix B: Residency Appointment Agreement

Appendix C: Equal Opportunity Policies

[Policy Statement on Discriminatory Harassment](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_POLICY_STATEMENT_ON#_POLICY_STATEMENT_ON)

[Formal Procedures for Handling Complaints of Discriminatory Harassment](http://med.emory.edu/GME/HousestaffPolicies7-05.htm#_FORMAL_PROCEDURES_FOR#_FORMAL_PROCEDURES_FOR)

Appendix D: Moonlighting Forms

Appendix E: Professional and General Liability Insurance

## 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).

## Independent Time/Vacation

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

## Sickness Policy/Extended Absences/FMLA

The call schedule is made several months in advance. If the fellow is sick, or unable to perform clinical duties for any reason (Jury duty, family emergency, etc.), the fellow must contact the co-directors as soon as possible. It is also expected that the fellow arrange change in coverage so that clinical responsibilities are appropriately covered. Extended leave due to serious medical illness or other unforeseeable issues will be handled in accordance with Human Resources policies. As this program is a short fellowship, fellowswill be **expected to make up extended time missed**. FMLA is available per Human Resources policies.

## Meetings/Travel Expenses

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. 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 (for more information, see Emory Travel site at: [www.finance.emory.edu/home/travel/index.html](https://www.finance.emory.edu/home/travel/index.html)), 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.**

## Book Money

An annual book money stipend is provided for each trainee for the purchase of appropriate clinical care or research-related textbooks, reference materials or membership dues. Approval for book purchase must be made with the fellowship director prior to purchase. Receipts must be obtained and provided to Tasha Mohamed.

## Malpractice Insurance/Moonlighting

Coverage is provided for activities that are officially part of the fellowship training program. This includes all Children’s at Egleston/Scottish Rite on-site activities and nighttime 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.

## Identification Badges

Identification badges are issued at the beginning of the year. Emory ID badge will be issued at GME orientation. CHOA badges will be issued by security at CHOA orientation. They should be worn at all times while in the hospital. The CHOA issued identification badge will allow access throughout the hospital and parking.

## Parking Facilities

Children’s Healthcare of Atlanta provides free parking for all fellows. During rotations at Egleston, parking is available either in the main parking deck (accessed from Upper Gate Rd.) or in the Emergency Department deck (accessed from Clifton Rd. or Haygood Dr.) During rotations at Scottish Rite, parking is available in the staff parking deck across from the main entrance to the hospital (accessed from hospital entrance or Meridian Mark Rd.). CHOA ID badge is required for entrance to the parking deck.

## Mail

Mailboxes are located in the General Pediatric office area. Mail should be addressed to: (Your Name), General Pediatrics, Children’s Healthcare of Atlanta at Egleston, 1405 Clifton Rd., NE, Atlanta, GA, 30322.

Email addresses are issued by both Children’s Healthcare of Atlanta and Emory University School of Medicine. Both should be checked regularly.

## Office, Copying facilities

The Fellows’ Office is located within the Egleston Hospitalists’ office suite, on the ground floor at Egleston. 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 Janet’s office for staff use. Fellows will receive a key for both the office as well as the desk.

## Pagers

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 Tasha Mohamed.

**Contact Information**

**Egelston Hospitalists**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Cell | Office (404-785) | Email |
| Joseph Snitzer | 404-790-0584 | 5-6492 | Joseph.Snitzer2 @choa.org |
| Corinne Taylor | 404-790-0586 | 5-1001 | Corinne.Taylor@choa.org |
| Patricia Lantis | 404-216-5381 | 5-6042 | [Patricia.Lantis@choa.org](mailto:Patricia.Lantis@choa.org) |
| David Lloyd | 404-790-0582 | 5-6338 | [David.Lloyd@choa.org](mailto:David.Lloyd@choa.org) |
| Tabitha Lyon | 404-790-0581 | 5-0673 | [Tabitha.Lyon@choa.org](mailto:Tabitha.Lyon@choa.org) |
| Tony Cooley | 404-754-3274 | 5-1734 | [Anthony.cooley@emory.edu](https://webmail.choa.org/OWA/redir.aspx?C=yTZ5ydTDd0WIYjKxEBmIX0xHyHmAAtBIqnbEfj61BCH1tdYOtzKvssk32QzsxpAN5St6zeonVjk.&URL=mailto%3aAnthony.cooley%40emory.edu) |
| Parmi Suchdev | 404-408-2003 | 5-1674 | [Parminder.Suchdev@choa.org](mailto:Parminder.Suchdev@choa.org) |
| Jud Miller | 404-680-1518 | 5-6173 | [jmiller@emory.edu](https://webmail.choa.org/OWA/redir.aspx?C=yTZ5ydTDd0WIYjKxEBmIX0xHyHmAAtBIqnbEfj61BCH1tdYOtzKvssk32QzsxpAN5St6zeonVjk.&URL=mailto%3ajmiller%40emory.edu) |
| Anjali Kirpalani | 404-216-8406 | 5-1482 | Akirpa2@emory.edu |
| Robert Dixon | 678-237-3194 | 5-1489 | [Robert.Dixon@choa.org](mailto:Robert.Dixon@choa.org) |
| Joanne Mendoza | 404-268-9794 | 5-1450 | [jgarde@emory.edu](mailto:jgarde@emory.edu) |

**Scottish Rite Hospitalists**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Cell | Office (404-785) | Email |
| Deborah Andresen | 404-219-4560 | 5-4634 | [Deborah.Andresen@choa.org](mailto:Deborah.Andresen@choa.org) |
| Ann Beach | 404-213-8664 | 5-7463 | [Ann.Beach@choa.org](mailto:Ann.Beach@choa.org) |
| Chevon Brooks | 404-580-2576 | - | [cbrooks@msm.edu](mailto:cbrooks@msm.edu) |
| Margaux Charbonnet | 404-333-1670 | 5-4262 | Margaux.charbonnet@choa.org |
| Tracy Creek | 678-313-8410 | - | [Tracy.Creek@choa.org](mailto:Tracy.Creek@choa.org) |
| Nancy Doelling | 404-697-0084 | 5-4825 | [Nancy.Doelling@choa.org](mailto:Nancy.Doelling@choa.org) |
| Gary Frank | 404-376-1191 | 5-4823 | [Gark.Frank@choa.org](mailto:Gark.Frank@choa.org) |
| Rachel Friedberg | 202-641-1819 | 5-2338 | [Rachel.Friedberg@choa.org](mailto:Rachel.Friedberg@choa.org) |
| Khaliah Johnson | 404-213-9976 | 5-9854 | [Khaliah.Johnson@choa.org](mailto:Khaliah.Johnson@choa.org) |
| David Kotzbauer | 770-608-6970 | 5-2026 | David.Kotzbauer@choa.org |
| Jennifer Madden | 404-229-0469 | - | [Jennifer.Madden@choa.org](mailto:Jennifer.Madden@choa.org) |
| Darryl Morris | 404-312-5088 | 5-4818 | [Darryl.Morris@choa.org](mailto:Darryl.Morris@choa.org) |
| Kristin Nieh | 404-769-3266 | 5-3244 | [Kristin.Nieh@choa.org](mailto:Kristin.Nieh@choa.org) |
| LaToya Oglesby | 404-906-3539 | 5-4827 | [LaToya.Taylor@choa.org](mailto:LaToya.Taylor@choa.org) |
| Natavut Punyasavatsut | 404-229-5197 | 5-4828 | [Natavut.Punyasavatsut@choa.org](mailto:Natavut.Punyasavatsut@choa.org) |
| Laura Rich | 404-219-7202 | 5-4819 | [Laura.Rich@choa.org](mailto:Laura.Rich@choa.org) |
| Diedre Rowe | 678-986-0734 | 5-4246 | [Diedre.Rowe@choa.org](mailto:Diedre.Rowe@choa.org) |
| Javier Tejedor- Sojo | 678-787-5159 | 5-3377 | [Javier.Tejedor-Sojo@choa.org](mailto:Javier.Tejedor-Sojo@choa.org) |
| Sarah Black | 404-771-7048 | - | [Sarah.Black2@choa.org](mailto:Sarah.Black2@choa.org) |
| Sneha Desai | 404-834-4197 | - | [Sneha.Desai@choa.org](mailto:Sneha.Desai@choa.org) |
| Nadeen White | 404-775-4871 | - | [Nadeen.White@choa.org](mailto:Nadeen.White@choa.org) |
| Karen Willis | 404-747-3440 | - | Karen.Willis@choa.org |

**Important Phone Numbers, Egleston (program into your phone!)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone | |  |
| Emory Children’s Center | | 404-778-2400 | |
| Gen Peds Admitting Resident Phone | | 404-245-6691 | |
| Gen Peds Admitting Pager | | 404-225-9271 | |
| Chief Resident’s Office | | 404-785-6228 | |
| Resident Call Room | | 404-785-1026  404-785-1027 | |
| PIC (Emory) pagers | | 404-686-5500 | |
| Emergency Department | | 404-785-6422 | |
| Units | |  | |
| 3E (AFLAC) | | 404-785-6460 | |
| 4E | | 5-6331 | |
| 4N | | 5-6512 | |
| 4W | | 5-6281 | |
| 5E | | 5-1570 | |
| 5W | | 5-6599 | |
| CSU | | 5-6682 | |
| ER | | 5-6422 | |
| NICUB | | 5-6506 | |
| PICU | | 5-6006 | |
| TDICU | | 5-1882 | |
| TRIP (6E) | | 5-1060 | |
| Labs | |  | |
| Main | | 404-785-6415 | |
| Blood Bank | | 5-273/5-6421 | |
| Cardiac Cath | | 5-6476 | |
| Chemistry | | 5-6420 | |
| GI | | 5-6591 | |
| Heme | | 5-6410 | |
| Micro | | 5-6426 | |
| Send Out | | 5-6052 | |
| Emory PCR | | 404-712-0606 | |
| Radiology | |  | |
| CT | | 404-785-6031 | |
| Dictation | | 5-6029 | |
| Fluoro | | 5-6168 | |
| IR | | 5-2077 | |
| MRI | | 5-1487 | |
| Reading Rm | | 5-6541 | |
| Neuro Reading Rm | | 5-1633 | |
| Pharmacy | | 404-785-6588 | |

**Important Numbers, Scottish Rite**

|  |  |
| --- | --- |
| Name | Phone |
| Ann M Ellis, Business Operator | 404-785-3414 |
| Christina Fields, Residency Coordinator | 404-785-3782 |
| Units |  |
| 1W (Room 1- 24) | 404-785-2603 |
| 1E (Room 30 - 44) | 5-2075 |
| 2W | 5-2601 |
| 2E | 5-2605 |
| 3W | 5-2606 |
| 3E | 5-2600 |
| 4W | 5-2608 |
| 4E | 5-2609 |
| CIRU (rehab) (Room 350-377) | 5-2612 |
| AFLAC (Room 180-199) | 5-2602 |
| 2 Obs | 5-5010 |
| Emergency Department | 5-2285 |
| Labs |  |
| Main | 404-785-5276 |
| Blood Bank | 5-2045 |
| Chemistry | 5-5277 |
| GI | 5-2139 |
| Heme | 5-4511 |
| Micro | 5-2043 |
| Send Out Lab | 5-4537 |
| Radiology |  |
| CT | 404-785-4945 |
| Fluoro | 5-4784 |
| IR | 5-4775 |
| MRI | 5-2480 |
| Nuclear Medicine | 5-4624 |
| Reading Room | 5-2162 |
| Pharmacy | 404-785-2059 |

**Other Helpful Numbers**

|  |  |  |
| --- | --- | --- |
| Name | Phone | Email |
| Tasha Mohamed, Administrative Assistant, Egelston | 404-785-6104,  404-725-8126 (cell) | [Tasha.Mohamed @choa.org](mailto:Janet.Martin@choa.org) |
| Medha Dhawan, Practice Manger, Egleston and SR | 404-785-1167,  404-345-8053 (cell) | Medha.Dhawan@choa.org |
| Transfer Center | 404-785-7778 |  |
| Epic Helpline | 404-785-6767 |  |
| On Site Interpreter | 404-785-5277 |  |

Pediatric Hospital Medicine Core Competencies



General Pediatrics Inpatient Rotation Guide

**Senior Resident Expectations**

Leadership  
The senior resident role is your opportunity to practice decision-making while still under the direction of an attending. It is also a time to develop skills needed in a supervisory position such as delegation of duties and monitoring of others’ work. Responsibilities in your leadership role include:

* *Prior to Rounds:* Review patients with the intern, sub-intern, and medical students. If any significant concerns are raised, the senior should evaluate the patient and guide care decisions, calling an attending for guidance if needed. Keeping in mind acuity (“sick” patient), patients that require early decision making (consults, radiologic studies, etc), and potential discharges, the senior should be ready to propose a plan for order of rounds to the attending.
* *On rounds:*  The senior should be first to refine plans proposed by medical students and interns, providing supporting thought process/evidence based knowledge as appropriate. When rounding occurs outside the patient room, the senior should present the plan for the day to the patient/family and answer their questions. For patients participating in family centered rounds, rounds should proceed as per those guidelines.
* *Oversight of intern and students:* The senior is the direct supervisor to the intern and medical students. The senior should delegate tasks, provide support and help with completion of patient care tasks. Seniors should supervise end of shift sign-out. Seniors will document a brief, focused senior note for admissions they supervise. The senior needs to identify any particular difficulties the intern is having and provide guidance/discuss with attending as appropriate.

Educator  
The senior resident is expected to be a significant source of education for the intern and the medical students. This includes:

* general education in the course of patient care
* reading on patient conditions such that you are prepared to give brief highlights and guide evidence based decisions on rounds
* pulling review articles or studies related to patient conditions to share with the team
* presenting topics of interest to the team in a didactic format at least once a week

**Intern Expectations**Patient Care  
Direct patient care is a primary focus during internship. You will be refining your history and physical exam skills, your ability to generate a differential diagnosis, and determining appropriate laboratory and radiologic evaluations to obtain. Functional aspects of patient care that you are responsible for include:

* Documentation of H & P’s and progress notes in a timely fashion
* Pre-rounding on patients prior to rounds
* Follow up of all labs and radiologic studies (including those obtained at OSH)
* Calling consults and following up on recommendations
* Completing discharge summaries in a timely fashion
* Updating sign-out

Education  
Your knowledge base will be expanded considerably during internship simply by learning from and about your patients. In addition, it is expected that you will:

* Read, read, read! Expand your knowledge by reading about your patients’ conditions.
* In addition to reading texts, explore the literature. Each week bring to rounds at least one article related to a patient you are caring for.
* Prepare one short didactic to present to the team each week (this could be related to your article).
* Attend all morning reports, noon conferences, and grand rounds.

**General Expectations**

It is expected that pediatric residents will demonstrate professionalism and commitment to quality care at all times. If you are contacted in error regarding a patient on the General Pediatrics service but not on your team, please take the time to direct the caller to the correct physician or offer to pass on information to that person. Please be punctual and adhere to the published CHOA dress code. Always keep your attending informed of any changes to your schedule such as alteration of your published clinic day. Every effort should be made to schedule personal appointments outside of your shifts. Any unavoidable planned absences should be scheduled well in advanced and approved by the APD/chief. In addition, you are responsible for personally arranging (with the aid of the APD/chief as necessary) for an equal or higher level resident to cover your responsibilities. You are also responsible for informing your attending of the arrangements.

**Rounding**Preparation  
In order to maximize efficiency during attending rounds and allow time for teaching, the resident team and medical students must maximize pre-rounding preparation. The intern, with support as needed from the senior resident, should:

* Receive sign-out from overnight team
* Review clinical data (vitals, I/O’s, MAR, lab and radiology results)
* Read notes entered since you last reviewed the chart including consults, event notes, nursing   
  notes (look for sticky notes also), allied health notes (PT, OT, speech, nutrition, social work, etc).   
  *Do not forget to check attending notes for comments and notations on changes to plan of care.*
* See patients. A cursory exam is fine if it is early and you do not feel it is necessary to wake the   
  patient. A more complete exam can be done on attending rounds. Likewise, if the RN reports   
  no events and the parents are sleeping, you may choose to defer disturbing them.  
  \*Special notation regarding “float” patients: You should receive adequate sign out from the   
  admitting intern/resident, review the H&P and clinical/ laboratory data, and then see the   
  patient. If you are able to speak with the parent or patient, you should review key aspects of   
  the history and ask for any clarifications. A focused exam should be done whenever possible.
* Start progress note documentation and “share” the notes
* Call OSH to follow up any outstanding culture data, obtain records, or radiologic studies.
* Call PMD office if needed for information or records.
* Call consults if you are certain they will be ordered (the senior can contact the attending to  
  discuss as necessary).
* Place case management requests. Place orders for medication pre-authorizations and durable medical equipment as early as possible to avoid discharge delays.
* **Prior to rounds, write preliminary D/C orders** on any patient that is likely to be discharged.

Attending Rounds

* The start time of attending rounds will vary depending on a number of factors (i.e. conferences, clinics, admitting day issues, patient procedures) but will typically start between 9 am and 10 am. The senior and attending should make contact to discuss a time and a starting point.
* Senior to appoint a member of the team (medical student often a good choice) to alert unit secretary or individual nurses when the team arrives to a unit.
* If desired by the team, collect a COW. Use of a COW during rounds can contribute to efficiency as orders can be entered in real time and interns can sometimes tidy up notes as well.
* Utilize Family Centered Rounds whenever feasible and desired by the family.
* Please see the attached “Follow up Patient Presentation” document for guidance on concise and complete patient presentation method. The most junior member of the team following the patient should be the presenter.
* Float admissions: discuss with your attending whether the patient needs to be presented in full. Often a brief overview will be sufficient.

**Documentation**

Written communications include H & P’s, daily progress notes, and discharge summaries. These should be well organized, complete and placed on the chart in a timely fashion. Whenever you are documenting in the medical record, please keep in mind that while it is a necessary aspect of patient care for billing and medical-legal reasons, the primary importance is communication. Others including consulting physicians, cross-cover physicians, nurses, and allied health persons will go to the medical record to learn your thoughts about and plans for your patient. Thus, being complete and explicative in your daily notes about your management decisions is very helpful (and may even save you a few pesky pages!).

History and Physicals

* One of the available templates may be used.
* Please remember to document the patients PMD. Early recognition that a patient does not have a PMD is very helpful for discharge planning.
* If you are using an exam template, be sure to **document all pertinent positives and negatives in the right side column**. Please do not use templates that are not appropriate to your patient.
* Likewise, templates for family history, PMH, allergies, diet, and development may be used but **only** if done appropriately. For example, “regular diet” would not be appropriate for a g-tube dependent patient.
* A **full** review of systems is **required**. **Do not** **delete the template for ROS** and write a free text list.
* Lab values from outside hospitals should be documented in full.
* A brief differential diagnosis should be discussed in the assessment portion.
* Brief comments explaining management decisions should be included in the plan.

Progress Notes

* Progress notes should be written in a SOAP note fashion. They should be complete but brief and on point concerning the patient’s status for **that day**. You may use a template if it conforms to this standard.
* **Do not use templates that:** 
  + Import old lab/radiology data that are not relevant to the patient’s care that day
  + Import expansive vitals tables (single line most recent vitals is appropriate)
  + Import detailed medication lists (you should write a simple list of **current meds**)
  + Import full readings of radiologic studies (you should write a simple result, particularly if   
    negative, or a short description of findings)
* Lab and radiology data should be recorded as necessary but be relevant. For example, do not continue to put CXR results from 2 days ago in your note. You can and should document trends (CRP is 12, down from 25) and can document comments (BMP normal) rather than full lab results.
* The A/P should be on point for that day and not a running description of the patient since admission.
* **Copying forward of notes is prohibited.** The only exception is that you may copy and paste HPI and PICU course from PICU transfer notes to your accept note. However, the exam, assessment, and plan should be your own documentation.
* **Copying or adopting in any way medical student notes, including those written by sub-interns,** **is not allowed.** Likewise, it is a **serious offense** to provide a medical student with your Epic log in so that their documentation appears as your own.

Discharge Summaries  
Discharge summaries should be concise and accurate. The summary should contain the most pertinent aspects of a patient’s hospital course. The level of detail need only convey the broad picture of what occurred while the patient was in house. Detailed information regarding the discharge plan that the next provider (typically the PMD) will need to carry out is essential.

* Always include recommended follow up labs, procedures, and physician visits as well as a list of medications the patient was to continue at discharge.
* You should personally fax the summary to the PMD when you have completed it (please note in the D/C summary whether you faxed it). Please do not ask the nurse to fax the summary. Our nurses have many other duties and they do not know when you have completed the summary.
* Please keep in mind that you must open a D/C summary after writing the D/C orders and before the patient is removed from the census in order for your D/C instructions and medications to populate in the D/C summary.

*Please note: This document is meant to be a general guideline. Attending practices may vary. It is always best to discuss particulars with your attending.*

*TL*

*Rev 3/13/11*

Billing and Coding

During the fellowship, the trainee will receive teaching on appropriate billing and coding for inpatients. Inpatient codes for new patients are 99221, 99222 and 99223. Observation admission codes are 99218, 99219 and 99220. Billing codes for subsequent days are 99231, 99232, and 99233. The following two pages are a useful guide to determine the appropriate level of billing.

At Egelston, billing is done within the daily progress note. The smart phrase ‘ECC E&M CODES:2480000’ should be included in each daily progress note and the appropriate level of billing should be selected from the drop-down menu.

At Scottish Rite, billing is done as a separate tab in EPIC. In order to access appropriate resources, when logging onto EPIC, ‘ZSR Pediatrics’ is entered for department. The ‘SRPAC charges’ tab should be selected. After ensuring the problem list is up to date, daily billing codes are selected in ‘Charge Capture’ under the appropriate category. Once the code and corresponding problems are selected, the daily charges are filed by clicking the ‘file charges’ button.

Egelston General Admission Guidelines

When admitting a patient to the general pediatric service, please note that there are certain conditions that are typically managed by other services. If questions arise regarding the potential admission of one of the following patients or other any other patients, a back-up attending is available for discussion.

* Gynecologic issues in patients over age 14 and all pregnant patients: refer/transfer to Emory Midtown.
* Unrepaired, clinically significant congenital heart disease: Cardiology
* Palliated heart disease: Cardiology
* Shunts/conduits/other interventions that are prone to clotting: Cardiology
* Cardiothorasic surgery patients within 30 days of intervention: CT Surgery
* Sickle Cell patients: Hematology/Oncology
* Transplant patients: Appropriate service (renal transplant refer to renal, etc.)
* Dialysis-dependent patients: Renal
* Short-gut syndrome: GI
* Cystic Fibrosis: Pulmonology
* Diabetic Patients: Endocrine (if DM is stable and admitted for another issue, consider admission to gen peds with endo consult)
* Hand injury with compartment syndrome or surgical intervention: Surgery
* Orthopedic conditions requiring emergent surgery/joint darinage: Orthopedic Surgery, however the following **SHOULD** be admitted to General Pediatrics
  + - Femur fractures in patients under 36 months
    - All fractures under in patients 12 months
* Depressed skull fractures: Neurosurgery
* Concussion with emesis: Neurosurgery
* Head trauma with fracture: Neurosurgery
* Tracheostomy patients
  + - Less than 2 weeks since placement or prior to first trach-change: ENT
    - Otherwise: Pulmonology
* Altered Mental Status of unknown etiology: PICU
* New-onset focal neurologic finding (i.e. paresis): PICU
* Organ failure: Refer to appropriate service (i.e. Cardiology, Hematology, Renal, etc.)
* Status asthmaticus s/p PICU and followed by Pulmonology: Pulmonology
* Video EEG monitor: Neurology (Note: All other neurology admission **ARE** admitted to General Pediatrics.)

Recommended Reading List and Resources

**Books**

Caring for the Hospitalized Child: A Handbook of Inpatient Pediatrics. AAP 2013.

How Doctors Think. Jerome Groopman. 2008.

Better. Atul Gawande. 2008.

The Checklist Manifesto. Atul Gawande. 2011.

Good to Great: Why Some Companies Make the Leap... and Others Don't. Jim Collins. 2001.

Good to Great and the Social Sectors: A Monograph to Accompany Good to Great. Jim Collins. 2005.

Execution: The Discipline of Getting Things Done. [Larry Bossidy](http://www.amazon.com/Larry-Bossidy/e/B001H6IUL2/ref=ntt_athr_dp_pel_1), [Ram Charan](http://www.amazon.com/Ram-Charan/e/B001H6MV3A/ref=ntt_athr_dp_pel_2), [Charles Burck](http://www.amazon.com/Charles-Burck/e/B004LTY552/ref=ntt_athr_dp_pel_3). 2002.

**Library Resources**

The Woodruff Health Sciences 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 at 1642 Clifton Road, on the first floor of the Dental Building. Many resources are accessible on the library’s website: <http://health.library.emory.edu/>. Emory username and password (same as for Emory email) are needed for many resources. The library also provides classes on how to use helpful software, such as EndNote and Quosa. These programs are available for use during fellowship and can be downloaded from Emory’s IT department (<http://it.emory.edu/software/>).

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. Librarians are instrumental in obtaining journal articles that are otherwise unavailable. CHOA has access to multiple online research resources including UptoDate and online journal articles. These resources can be accessed from Careforce (under ‘Patient Care,’ then ‘Online Clinical Research Tools’).

**Posters/Printing/Presentations**

Logos and templates for powerpoint presentations are available from CHOA’s system messaging page on careforce

(<http://careforceconnection/Departments/MarketingandPublicRelations/SystemMessagingandMarketingTemplates/Pages/Home.aspx>).

Resources are available for printing research posters and invoice can be submitted for reimbursement. More information is available at Emory’s Graphic Design department website (<http://gdvp.emory.edu/index.html>).

Getting Started

Prior to arrival

* Georgia Medical License
* DEA
* Documented PPD within last year
* Up to date immunization records, including flu shot within last year
* CHOA credentialing papers
* Emory credentialing papers
* Current PALS certification

Upon arrival

* EPIC Training
* ID Badge
* Office Keys
* Emory GME Orientation (June 26-28)
* CHOA Fellows’ Orientation (July 1)
* CITI certification (by July 30)
* Emory New Faculty Orientation (September 19)

Addendums

Georgia Medical License Application Checklist

Georgia Uniform Healthcare Practitioner Credentialing Application Form

Egelston Campus Map

Scottish Rite Campus Map

PL1 Face Sheet

PL2 Face Sheet

PL3 Face Sheet

SRPAC Face Sheet

EPIC Tips

Creating EPIC smart phrases

Creating Preference lists

Frequently Used Templates, Order Sets and Smart Phrases

Clinical Guidelines and Pathways

Asthma

Bronchiolitis

Fever

Hyperbilirubinemia

Seizures

Pediatric Hospital Medicine Fellowship Individual Learning Plan

Pediatric Hospital Medicine Fellowship Self Assessment