OVERVIEW OF THE PL-1 YEAR

The internship year provides you with a foundation of knowledge and practical experience. This is accomplished by making you the primary physician in many care settings, by establishing basic skills and refining them with practice and feedback. You should be intellectually curious, sensitive and caring in the care of patients, and should be an organized, effective care provider. You should communicate well with families and staff, and behave in an ethical, honest and culturally sensitive fashion.

OVERALL EDUCATIONAL GOALS AND OBJECTIVES FOR THE PL-1 YEAR

PATIENT CARE

- Become proficient in oral presentation and physical examination skills.
- Learn how to recognize the acutely ill patient and correctly distinguish them from those with lesser illnesses.
- Learn the details of direct patient management in the inpatient and outpatient settings by functioning as the patient’s primary physician in all settings.
- Develop competence in managing common, uncomplicated pediatric illnesses.
- Learn proficiency with common pediatric procedures. Procedure logs must be maintained to demonstrate competency as you become proficient in the different required procedures. You should enter each procedure you perform on a weekly basis in New Innovations.
- To ensure patient safety, you must check your Quadramed electronic review queue daily for lab and radiology results on EVERY patient you have seen (under Sing/Review, Inbox Across visits). There is a separate review queue for the emergency room (EP), inpatient floor (IP) and clinic (CP). If the results are normal, click “accept final review” and the lab will be removed from your queue. If the results are abnormal, it is your responsibility to recall the family and/or patient and arrange for the necessary follow-up. This must be documented in the EMR with a “recall note”. On the inpatient floor, ALL PENDING labs at discharge must be
entered in the sign out sheets. The labs should be followed up and results should be discussed with the resident and supervising attending and necessary action taken.

**MEDICAL KNOWLEDGE**

- Demonstrate an active adult-oriented sense of learning as shown in your participation in teaching conferences (scheduled talks and attending rounds). The exception is only if there is an emergency with the patient that cannot wait until after the lecture. If you are post-call, doing evening shifts in the ED, then you will be excused from lecture.
- Teach the medical students in an enthusiastic and effective manner on a regular basis.
- Utilize the on-line library and other available resources to supplement your knowledge base.
- Use the results of your in-service training exam to recognize deficiencies in your knowledge base and to study to improve these areas of knowledge.
- Participate in the ongoing **Self-Directed Board Review Curriculum** with the assistance of your mentor.
- Complete certification in **USMLE Step 3** (if not done previously).
- Primary reading source should be a primary pediatric text, such as Rudolph’s or Nelson’s in order to master basic pathophysiology and AAP journals for management.

**INTERPERSONAL SKILLS AND COMMUNICATIONS**

- Demonstrate good interpersonal interactions with medical students, peers, staff, patients and their families. Work as a team player, listening to all members of the health care team.
- Communicate with parents on at least a daily basis, discussing the child's progress, and management plans.
- You will **ALWAYS** have a functioning **beeper** that is on and with you during assigned work hours, when on call and when on back-up call. You will **PROMPTLY** answer pages **within 15 minutes** of receiving them. If you are performing a procedure, etc and are unable to get to a phone, please have a colleague answer the page for you. If you fail to respond within 15 minutes, and multiple pages are required, then the chief resident and/or faculty involved will be instructed to complete an Early Warning Card, which will become part of your resident file and considered during your bi-annual residency program evaluations. Additionally, you will be assigned an extra call as penalty. If your beeper number changes, you must notify all residents, faculty and the residency program immediately by email.
- You are required to check your **Outlook email** at least **once a day** for important updates and requests.
- Any **paper work or documentation requested of you by the residency Program** Coordinator or residency program office must be
completed by the mentioned deadline. Additionally, any documentation or other paperwork that you submit to the residency Program Coordinator or residency program office for completion will have a one week turnaround time.

PROFESSIONALISM

The department embraces the AAP Committee on Bioethics report as the guiding document on professionalism for the faculty and residents:


http://pediatrics.aappublications.org/content/pediatrics/120/4/e1123.full.pdf

Patient care related:

- Demonstrate respect, compassion and integrity in your interactions with patients, their families and staff.
- Demonstrate commitment to ethical principles pertaining to provision or withholding of care, confidentiality of patient information, and informed consent.
- Demonstrate sensitivity and responsiveness to our diverse patient population, including diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

Attendance:

- Resident must enter all scheduled duty hours for a block rotation into New Innovations prior to the start of the rotation. At the end of every week of work, these hours must be updated to reflect the actual time worked. It is the resident’s responsibility to be compliant with both NYS and ACGME duty hours while at Harlem Hospital and while on rotations at MSKCC & CHONY.
- You will be present and participate in all residency and rotation requirements/assignments/clinical duties unless you are sick or excused.
  - If you are unprepared for assignments/lectures you will receive an early warning evaluation and be assigned an additional project to perform.
  - If you are found to be absent from assigned clinical duties that you were not previously excused from, your residency will be extended or you will lose vacation time to compensate. This stands for all rotations at Harlem (including electives), CHONY and MSKCC.
- Requests for an excused absence should be made by email to the Associate Program Director and cc’d to the Chief Resident and for approval. For excused absences on your continuity clinic day that has been approved, you must additionally contact your preceptor directly so that arrangements can be made for your scheduled patients. Please follow the departmental policies on excused absences.
Acceptable reasons for an excused absence include visa appointments, USMLE step 3 examinations, interviews, etc.

You may only take vacation time during your scheduled vacation – i.e. we are unable to grant you three day weekends, etc during scheduled rotations.

If you require any time off to see your doctor or attend any personal matter, please inform the CR in advance to arrange the necessary coverage. You may avail 0.5 day off every four months, to a total of 2 days in the academic year. We recommend if possible to avoid taking this during your primary rotations.

- If you are sick and unable to come to work, please contact the chief resident as early as possible so that coverage can be arranged. You are also required to email the Associate Director (CC the PD) for record keeping. If you are sick on your continuity clinic day, you must additionally contact your preceptor directly so that arrangements can be made for your scheduled patients. Please understand that when you are absent, someone will be pulled from another experience to cover for you, so if you have an excessive number of sick days you will be asked to speak further with the Associate Program Director. Please follow the policies for sick days.

- There is a departmental policy on interpersonal conflict resolution to address difficulties at the resident-resident level, resident-faculty level and faculty-resident level. The goal of the policy is to have smaller issues resolved at the individual level rather than being unnecessarily escalated to higher levels, while providing guidelines for appropriate resolution of larger conflicts.

**PRACTICE BASED LEARNING AND IMPROVEMENT**

- Use feedback from your senior residents to improve your written admission and daily notes, and to improve your skills at presenting patients concisely yet completely. Both these endeavors will help organize your patient care and make you a more effective provider.

- Use the techniques of evidence based medicine to help in decision making. Learn these skills by participation in Journal Club, Chief of Service rounds, conferences and Grand Rounds presentations.

- Scholarly activity:
  - Complete one case report and submit it for publication or poster presentation by the end of your first year.
  - Complete Institutional Review board (IRB) training in ethical and regulatory aspects of research by December of this year.
  - Pass the USMLE Step 3 by the end of your first year of residency.
  - If interested in and committed to completing additional scholarly work during residency, review and implement strategies from the department’s “Timeline for residents who would like to conduct research” to ensure you complete your project by the time you graduate.
• Begin thinking about and planning for your PL-2 electives
• You are required to participate actively in departmental and hospital wide PI / QI projects. Whenever your scheduling allows, attend RCA and hospital wide PI meetings.
• Actively engage with your faculty mentor (see mentor system below)

SYSTEM-BASED PRACTICE

• Practice cost-effective health care and resource allocation that does not compromise quality of care.
• Advocate for patients through the complexity of the health care system by working closely with other members of the health care team including nursing and social work.
• Understand the health care beliefs of the community and the particular health care risk of the population being cared for, and effectively engaging the family in behaviors beneficial for the long-term health of the child. This will be emphasized during the ambulatory pediatrics rotation with home visits, during which you will use a service based learning approach to learn to work with community agencies through direct participation in service projects. During this rotation, you will develop sensitivity to the global needs of the patient in the context of the family and community.

EVALUATION

Your senior residents and attendings should give immediate verbal feedback as often as possible, with summative feedback at the midpoint and end of your rotations. In addition, you will be evaluated at the end of each rotation in writing via New Innovations. These evaluations are based on the competencies listed above and based on ACGME milestones. Depending on the rotation, you may be evaluated by some combination of an attending, a resident colleague, a student, nursing staff or other team member and/or a patient or parent. During some rotations, faculty attendings will directly observe you interviewing, examining and/or counseling a patient, followed by immediate verbal feedback and an electronic, written evaluation. The evaluations completed by attending faculty will be open, and you will be aware of who wrote the evaluation. In contrast, any evaluations of you completed by fellow residents, nursing staff, other team members or patients will be confidential. At the end of each rotation, you will confidentially evaluate your senior residents, attendings and overall rotation experience. The residents/ faculty member will not be aware of which resident has provided feedback.

Faculty members may also evaluate “critical incidents” involving you (both positive and negative) that will be recorded after feedback through Commendation Cards or Early Warning Cards.

Twice annually, you will meet with the program director, associate program director or departmental director to review your evaluations and how well you are meeting the competencies, participating in scholarly activity, completing
procedure logs & ILP’s (individualized learning plan) and progressing in career planning. Once annually, all residents will individually and anonymously evaluate the overall program. Twice annually, based on your evaluations, the clinical competency committee will submit milestone reporting to ACGME.

Your in-service examination scores, which are meant to be a guide to recognize any deficiencies in your knowledge base in preparation for the Pediatric Board Certifying exam, will be a part of your permanent folder. All residents are expected to actively participate in the board review classes.

Additionally, the American Board of Pediatrics (ABP) requires residency programs to annually rate each resident’s performance in the area of clinical competence (as satisfactory, marginal or unsatisfactory) and professionalism (as satisfactory or unsatisfactory) based on performance and evaluations. If a resident’s performance rating is satisfactory in both areas, the ABP will give credit for the year evaluated. Marginal evaluations in clinical competence require a period of remediation with subsequent improvement in performance to receive credit for the year. Unsatisfactory evaluations in either clinical competence or professionalism will require the resident to repeat the year of training.

Marginal or unsatisfactory ratings of clinical competence and/or professionalism on the ABP annual resident evaluation is not allowed for the PL-3 or final year of training. A resident must receive satisfactory evaluations in all components of competence in order to receive credit for the final year and graduate.

Additionally, actions resulting in extension of residency training are part of your official record, and are required to be reported to licensing and credentialing agencies and on verification of training requests submitted to the residency program prior to and after completion of your training.

THE MENTOR SYSTEM

You will be assigned a faculty mentor. The mentor system provides each resident with a designated faculty member who is responsible for guiding, assisting and supporting the resident. Overall, the mentor is to act as an advocate for the resident, offering support and guidance and keeping a watchful eye for problems. You may change your mentor during the first three months if you feel there is a faculty member who better fits your career goals.

The mentor and assigned resident should meet a minimum of twice a year. These meetings should be initiated and scheduled by the resident.

PROMOTION POLICIES

Criteria for failure to be promoted to the next year of training include:
Persistent failure to meet expectations in any of the six core competencies set by the ACGME on written evaluations or other unsolicited feedback, that remain uncorrected after initial remedial action has been implemented.

Remedial action for deficiencies is provided, as needed, through:

- Written action plan/guidelines for remediation adopted/developed on an individual basis
- Direct supervision by faculty mentor assigned to monitor progress in remediation
- Additional and/or repeat rotations (which may extend the period of residency training beyond 3 years)
- Outside services, such as language assistance or counseling

Please make sure to regularly review the department’s policies and procedure, especially those relating to mandated duty hours

**Rotations**

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