

**UCD Pediatric Residency**

**PROGRAM HANDBOOK AND**  
**POLICY MANUAL**

**2016-2017**

University of Colorado School of Medicine  
**Pediatric Residency Program**

**Program Personnel and Contact Information**

**Adam Rosenberg, MD**

Residency Program Director  
 Professor of Pediatrics  
 Phone: 720-777-5332  
 Fax: 720-777-7258  
 Adam.rosenberg@childrenscolorado.org

**Sheilah Jimenez/Kathy Urban**

Residency Program Coordinators  
 Phone: 720-777-6738/720-777-3846  
 Fax: 720-777-7258  
 Sheilah.jimenez@childrenscolorado.org  
 Kathy.urban@childrenscolorado.org

**Faculty Listing and Clinical/Research Interests**

<b><u>Faculty</u></b>	<b><u>Clinical / Research Interests</u></b>
Marsha Anderson, MD Associate Professor Assistant Program Director, Pediatric Residency	Pediatric Infectious Disease
James Barry, MD Associate Professor	Neonatal-Perinatal Medicine
Bernard Timothy, MD Associate Professor Program Director Child Neurology	Neurology with specialty qualifications in child neurology/stroke
Braun Patty, MD, MPH Associate Professor	General Pediatrics
Bunik Maya, MD, MPH Associate Professor	General Pediatrics / Primary Care
William Campbell, MD Assistant Professor	Behavior & Development
Betsey Chambers, MD Instructor	General Pediatrics/Well Baby Nursery
Ellen Elias, MD Professor	General Pediatrics/Genetics
David Fox, MD Assistant Professor	General Pediatrics
James Gaensbauer, MD Assistant Professor	Pediatric Infectious Disease/Evidence Based Medicine
Joe Grubenhoff, MD Assistant Professor	Pediatric Emergency Medicine
Mary Kohn, MD Senior Instructor	General Pediatrics/ Well Baby Nursery
Claudia Kunrath, MD Assistant Professor	PICU
Oren Kupfer, MD Assistant Professor	Pediatric Pulmonology
Tai Lockspeiser, MD, MHPE Assistant Professor	General Pediatrics/Primary Care /Education

University of Colorado School of Medicine  
**Pediatric Residency Program**

Lindsey Lane, MD, MSBC Professor Vice Chair of Pediatrics	General Pediatrics / Primary Care/Education
Margaret Macy, MD Associate Professor	Pediatric Hematology/ Oncology
Patrick Mahar, MD Assistant Professor	Pediatric Emergency Medicine
Daniel Nicklas, MD Assistant Professor	General Pediatrics/Primary Care Curriculum
Carol Okada, MD Assistant Professor Assistant Program Director, Pediatric Residency	PICU
Thomas Parker, MD Associate Professor	NICU / Fellowship Education
Daniel Reirden, MD Assistant Professor Program Director – Med/Peds Residency	Adolescent Medicine
Leslie Ridall, DO Assistant Professor	PICU / Pediatric Urgent Care
Genie Roosevelt, MD, MPH	Emergency Medicine
Sass Amy, MD, MPH Assistant Professor Assistant Program Director, Pediatric Residency	Adolescent Medicine
Michael Schaffer, MD Professor	Cardiology
Seltz Leonard, MD Associate Professor Assistant Program Director, Pediatric Residency	Pediatric Hospitalist
Andy Sirotnak, MD Professor	Child Abuse & Neglect Director, Child Protection Team
Jason Soden, MD Associate Professor	Pediatric Gastroenterology
Jennifer Soep, MD Assistant Professor 3 <sup>rd</sup> yr Clerkship & 4 <sup>th</sup> yr Medical Student Director	Rheumatology
Danielle Sorrano, MD Assistant Professor	Pediatric Nephrology
Susan Townsend, MD Associate Professor	NICU
Meghan Treitz, MD Assistant Professor	General Pediatrics/ Primary Care /Advocacy/3 <sup>rd</sup> year clerkship
Heather Varnell, MD Instructor	General Pediatrics / Primary Care

**Program Curriculum**

- [Overall Educational Program Goals](#)
- **Didactics and Conferences:**

## **Pediatric Residency Program**

- Academic Half Day: Weekly
- Longitudinal Small Groups: Monthly
- Grand Rounds: Weekly September through May
- M&M: Monthly
- Q.I. and Safety: During the Advocacy curriculum
- Emergency Lecture Series: Weekly July and August
- Spanish class: Weekly July and August
- Specialty specific didactics while on clinical rotation to include: NICU, GI, Hem/Onc, pulmonology, primary care curriculum, advocacy, and behavior and development.
- **Research and Scholarly Activities/Requirements:**

All residents are required to complete a scholarly project. Examples of scholarly activity include clinical or bench research with a presentation at the annual Resident Research Day, QI. projects, education research and development of curricular materials.
- **Electives:**

<b>Core Electives:</b> <ul style="list-style-type: none"><li>Allergy/Immunology</li><li>Cardiology</li><li>Child Abuse &amp; Neglect (CAP Team)</li><li>Dermatology</li><li>Endocrinology</li><li>Genetics</li><li>GI</li><li>Hem/Onc</li><li>ID</li><li>Renal</li><li>Neurology</li><li>Pulmonology</li><li>Rheumatology</li></ul>	<b>Other Electives:</b> <ul style="list-style-type: none"><li>Anesthesia</li><li>Child Psych</li><li>CICU</li><li>ED Elective</li><li>Newborn Care</li><li>Newborn Center (CHCO NICU)</li><li>Nutrition</li><li>Radiology</li><li>Sports Medicine</li><li>Toxicology</li><li>Rural (ask coordinator for approved sites)</li><li>Research (form must be approved)</li><li>International (6 months advanced notice; must be approved)</li><li>Global Health (October 2016)</li><li>Medical Educators (Jan or May 2017)</li></ul>
---	--
- **Sample/examples of program evaluation forms**
  - [Resident Evaluation](#)
  - [Faculty Evaluation](#)
  - [Program Evaluation](#)

## **Program Manual Statement**

The training program complies with Accreditation Council for Graduate Medical Education (ACGME) and CUSOM Graduate Medical Education (GME) policies, procedures and processes that are available on the [GME website](#). In addition, direct access is available by clicking the hyperlinks below. The program reviews all GME and program policies, procedures and processes at least annually with residents/fellows.

### **GME Policies**

University of Colorado School of Medicine  
**Pediatric Residency Program**

[Additional Pay for Additional Work Policy](#)  
[Concern/Complaint Policy](#)  
[Disciplinary Action Policy](#)  
[Duty Hours Policy](#)  
[Eligibility and Selection Policy](#)  
[Evaluation and Promotion Policy](#)  
[Grievance Policy](#)  
[International Residency Rotations Policy](#)  
[Leave Policy](#)  
[Medical Records Policy](#)  
[Moonlighting Policy](#)  
[Non-Compete Policy](#)  
[Physician Impairment Policy](#)  
[Prescriptions: Residents Writing for Staff, Family & Friends Policy](#)  
[Professionalism Policy](#)  
[Quality Improvement and Patient Safety Policy](#)  
[Supervision Policy](#)  
[Transitions of Care \(Structured Patient Hand-off\) Policy](#)  
[Policy on USMLE \(and COMLEX\) Examinations](#)  
[Work Environment Policy](#)

**Key University of Colorado Policies**

[Sexual Harassment Policy](#)  
[Disability Accommodation Policy](#)  
[HIPAA Compliance](#)

## **PROGRAM-SPECIFIC POLICIES**

### **Medical Student Learning Objectives**

#### **INFANT, CHILD AND ADOLESCENT CARE GOALS AND OBJECTIVES**

##### **GATHER A HISTORY AND PERFORM A COMPLETE PHYSICAL EXAM ON A PEDIATRIC PATIENT**

- Obtain accurate history for a pediatric patient
- Conduct an effective pediatric interview by adapting the interview to the visit
- Perform an accurate comprehensive or focused physical exam on a pediatric patient minimizing their physical discomfort
- Perform an age appropriate physical examination on a pediatric patient with sore throat
- Perform an age appropriate physical examination of the ear, demonstrating appropriate use of otoscopy and pneumatoscopy and discuss findings
- Perform an age appropriate physical examination of the chest including general observation, palpation, percussion and auscultation and discuss findings
- Perform a newborn exam

##### **DEVELOP A PRIORITIZED DIFFERENTIAL DIAGNOSIS AND SELECT A WORKING DIAGNOSIS FOLLOWING A PATIENT ENCOUNTER**

- Synthesize data, including history, physical examination, and data to identify and prioritize the patient's problems
- Develop prioritized differential diagnoses for the common clinical conditions in newborns, children and adolescents

##### **RECOMMEND AND INTERPRET COMMON DIAGNOSTIC TESTS**

- Demonstrate knowledge of and indications for and interpretation of basic clinical tests, procedures and imaging commonly encountered in pediatrics, including basic chemistries, complete blood count, cultures of the blood, spinal fluid and throat

##### **PROVIDE COMPLETE, WELL-ORGANIZED DOCUMENTATION OF A CLINICAL ENCOUNTER**

- Provide timely, effective, accurate documentation in writing to other physicians or health care providers

##### **PROVIDE A COMPLETE, WELL-ORGANIZED ORAL PRESENTATION OF A PEDIATRIC PATIENT**

- Accurately communicate data orally to other physicians or health care providers

##### **RECOGNIZE A PEDIATRIC PATIENT REQUIRING URGENT OR EMERGENT CARE AND SEEK HELP APPROPRIATELY**

- Recognize normal and abnormal findings
- Accurately track changes in the physical exam over time in a pediatric patient
- Seek help appropriately

##### **COMMUNICATE EFFECTIVELY WITH PATIENTS AND FAMILIES**

- Use verbal and non-verbal skills to establish rapport with patients/families taking

University of Colorado School of Medicine  
**Pediatric Residency Program**

into account the patient's age and developmental stage

- Communicate with families in difficult situations
- Understand the unique aspects of the adolescent visit with respect to confidentiality and risk-taking behaviors
- Perform anticipatory guidance and preventative health maintenance unique to an adolescent patient
- Perform anticipatory guidance for a newborn
- Communicate with patient/family via telephone encounter by performing a simulated telephone triage for a common pediatric problem: obtain a specific history, elicit critical physical findings, assess the condition and provide advice for management, including indicators for urgent evaluation
- Demonstrate sensitivity to patients including but not limited to differences in race, gender, sexual orientation, and literacy
- Effectively use an interpreter during appropriate patient care scenarios

**DEMONSTRATE PROFESSIONALISM BY SHOWING COMPASSION, INTEGRITY AND RESPECT FOR OTHERS, RESPONSIVENESS TO PATIENT NEEDS AND ACCOUNTABILITY TO COURSE REQUIREMENTS**

- Document truthfully
- Demonstrate compassion and empathy to all patients
- Dress and behave appropriately
- Timeliness in clinical and project work
- Maintain confidentiality, privacy

**DEMONSTRATE THE MEDICAL KNOWLEDGE NECESSARY TO CARE FOR COMMON PEDIATRIC CONDITIONS**

- Demonstrate core knowledge of pediatric medicine in the nursery, outpatient clinic, inpatient/urgent care setting
- Write a complete pediatric prescription
- Write for bolus and maintenance intravenous fluids for pediatric patients

## Additional Pay for Additional Work Policy

### Additional Pay for Additional Work Policy

In addition to complying with the GME [Additional Pay for Additional Work Policy](#), the Pediatric Residency program's policies and procedures are:

Pediatric Residents may work extra shifts only as PGY2's and PGY3's in good standing. All rules below must be followed for moonlighting opportunities.

1. Residents must complete the "additional work for additional pay" form (available on MedHub) and submit to the GME office PRIOR to their moonlighting shift.
2. Residents may moonlight at a primary training site (pulm, heme-onc, well-baby nursery, NICU) after they have completed that rotation.
3. Extra shifts must be in compliance with **duty hour regulations**:
  - a. Max of 80 hours worked per week, averaged over 4 weeks

University of Colorado School of Medicine  
**Pediatric Residency Program**

- b. 4 days off per month, averaged over 4 weeks.
- c. Max of 24 hour shift (+4 hours for transition of care)
- d. 8 hours minimum off between shifts (10 hours preferred.)
4. If extra shifts or being post-call from extra shifts would cause the resident to miss AHD, LSG, or continuity clinic, the resident CANNOT take that shift.
5. Residents may work extra shifts:
  - a. Whenever they wish over vacation, but these hours are NOT recorded as duty hours.
  - b. On nights, ED or service months when extra shifts are in compliance with duty hours as described in #4.
  - c. During elective/research/CFEB, residents are being paid for their time on elective, research, or CFEB during the week. Therefore, extra work is permitted on weekend days/nights (Friday night, Saturday day/night, Sunday day). **Effective July 1, 2016, residents will no longer be allowed weeknight extra shifts during CFEB/elective, except in extenuating circumstances at the discretion of the Program Director.**
6. The resident jeopardy call system does not apply to extra shifts. If a resident has signed up for extra work and is ill or unavailable due to emergency, backup will be the responsibility of the site for which the extra shift is picked up.

## Moonlighting Policy

### Moonlighting Policy

The Pediatric Residency program recognizes that moonlighting is not an activity associated with part of the formal educational experience; thus, residents are not allowed to participate in moonlighting activities.

Residents are allowed to do extra work for extra pay. Please see policy as outlined above.



## Duty Hours Policy

### Duty Hours Policy

The University of Colorado Pediatric Residency Program complies with the ACGME Common and *specialty-specific* Program Requirements copied below.

In addition to complying with GME [Duty Hours Policy](#), the University of Colorado Pediatric Residency program's policies and procedures are:

- 1) All residents will report duty hour compliance through weekly logging in MedHub. Residents will all participate in the UCDSOM GME survey of duty hour compliance. All residents are responsible for reviewing their schedules at the beginning of rotations and checking them for assignments that would cause a duty hour violation. If a problem exists, it must be reported to the program coordinator and to the administrative chief resident. If residents discover that daily assigned workloads create a situation where duty hour violations occur, they must take immediate action to correct the situation. They must notify the residency program director that a potential problem exists. A plan to address the problems must be established at that time to correct the problem. When necessary, the program's residency leadership will assist in ensuring that a resolution to the problem is accomplished. The only violations considered acceptable are resident-initiated time extensions to complete necessary care for a single patient. These extensions should not exceed 90 minutes. Each instance will be reviewed by the program director. The only other potentially acceptable breach of the duty hour regulations is a return for work less than 8 hours after ending their previous shift in preparation for entering unsupervised practice of medicine with care for patients over irregular or extended time periods. This exception is only allowable during the PL3 year. In each case, the breach will be reviewed by the program director.
- 2) Our residency program does not use at-home call.
- 3) Residents are responsible for tracking their level of fatigue. Supervising faculty are also responsible for monitoring resident fatigue on their clinical assignments. If the resident or faculty find that lack of adequate rest is interfering with the residents ability to provide proper care for patients, the program's chief resident in charge of the jeopardy schedule must be contacted and the jeopardy resident must come in to finish the shift for the resident with excess fatigue. The chief resident will notify the jeopardy resident of the need to relieve the fatigued resident. The information will be shared with the director of the residency program. The program director or associate program director will be responsible for contacting the resident with fatigue problems to identify the causes of the fatigue problem and to work at both the individual and system level to ensure that causes are addressed. The resident may also choose to transition care temporarily to another provider to allow a rest period within a shift.

University of Colorado School of Medicine  
**Pediatric Residency Program**

- 4) The residency program has a jeopardy system with residents on call for this system. Residents who find themselves in unmanageable situations are required to contact the chief resident overseeing the jeopardy system and request back-up support.
- 5) All residents who wish to moonlight or do extra work for extra pay must seek permission in writing from the residency program director. Decisions on a resident's request will be dealt with in accordance to the UCDSOM GME policy on moonlighting and extra work for extra pay found in the GME manual. All moonlighting or extra work must be counted in a resident's duty hours and thus must not lead to a duty hour violation.
- 6) Residents are permitted to trade call. All call trades must be done in a fashion that neither resident will violate any of the duty hour standards. All call trades must be reported to the administrative chief resident. This includes trades that are made with residents in other specialties that may be working with the program's residents on certain rotations. The chief resident may veto any call trade that, in their judgment, creates a situation that will lead to a duty hour violation. All changes must be reflected in the official AMION call schedule.
- 7) The residency program coordinator is responsible for monitoring residents' compliance with completion of their GME assigned duty hour surveys. Residents' failure to complete these surveys will be recorded in their personnel folder and will be reviewed with residents at their semi-annual reviews. Residents with a pattern of failures to complete this survey will be subject to disciplinary action by the residency program.
- 8) On a monthly basis, compliance with duty hour reporting, any reported violations, the cause of the violation and action plan to correct are reported to the UCDSOM GME officer of compliance.
- 9) A copy of the most recent ACGME duty hour requirements is posted on MedHub. All residents are responsible for carefully reviewing this document. The program strictly adheres to all ACGME mandated duty hour restrictions.

## **Eligibility and Selection Policy**

### **Eligibility and Selection Policy**

In addition to complying with GME [Eligibility and Selection Policy](#), the Pediatric Residency program's policies and procedures are:

**Pediatric Residency Program**

We only accept applications through the Electronic Residency Application System (ERAS). Please do not mail, e-mail, or fax any applications

ERAS application must include the following minimum requirements:

- CV
- Dean's Letter or MSPE
- Medical School Transcript
- Personal Statement
- Three (3) Letters of Recommendation – letters from pediatric faculty are preferred
- United States Medical Licensing Examination (USMLE) Step I Scores
- Successful scores on both components of USMLE Step II are required by the mid-point of the intern (PL1) year, but not to apply or interview for a position.
- COMLEX scores are not accepted.

October 31 is the application deadline. Incomplete or late applications will not be considered if received after this date.

## Evaluation & Promotion Policy

### Evaluation and Promotion Policy

#### Criteria for Promotion & Graduation

In addition to complying with the GME [Evaluation and Promotion Policy](#), the Pediatric Residency program's policies and procedures are:

#### Promotion/Advancement Requirement for PGY 1 to 2

- 1) Each resident is responsible for entering procedures into the electronic procedure log in MedHub at least on a monthly basis.
- 2) Each resident is required to evaluate their preceptors / attending, and when appropriate, supervising resident in MedHub.
- 3) Each resident is required to take responsibility for being evaluated on each rotation. This includes soliciting evaluations on elective rotations. For each assignment, both direct observations as well as one summative competency based evaluation should be completed.
- 4) Each resident must have received a minimum of 2 nursing evaluations and 6 family evaluations per year.
- 5) Every six months there should be a minimum of 12 direct observations of care by faculty. These can be inpatient or outpatient and brief (eg: counseling, portions of PE, DR experience, etc.)
- 6) Each resident must fill out a Rotation Evaluation for each month in MedHub.
- 7) Each resident must log duty hours weekly in MedHub.
- 8) Each resident must attend 36 continuity clinic experiences for the year.
- 9) Each resident is required to prepare a case presentation for the noon educational conference and upload a copy of all presentations to their learning portfolio in MedHub.
- 10) Each resident will do at least 1 journal club / EBM exercise (EBCEC). The resident is required to upload the presentation to their MedHub learning portfolio.
- 11) Each resident must complete an individualized learning plan with specific, attainable learning goals in MedHub. This is to be updated at least every 6 months with 3 active goals at all times.
- 12) Residents are expected to attend Academic Half-Day, LSG, morning report and other scheduled didactics.
- 13) Residents must attend scheduled educational retreats.
- 14) Complete and pass the initial course in NRP and PALS.

#### Acceptable Performance for Year 1:

- 1) All faculty, resident, nursing and family evaluations indicating satisfactory performance.
- 2) An ITE score at the start of the PL2 year of at least the national mean.
- 3) Completion of all required elements listed above, documented at every 6 month meeting with the PD or Associate PD.
- 4) The clinical competency committee will carefully review all of the above materials twice per year and in the spring recommend readiness for the PL2 year.

University of Colorado School of Medicine  
**Pediatric Residency Program**

**Promotion/Advancement Requirements for PGY 2 to 3**

- 1) Each resident is responsible for entering procedures into the electronic procedure log at least on a monthly basis.
- 2) Each resident is **required** to evaluate their preceptors/attendings, and when appropriate, interns, in the electronic evaluation system.
- 3) Each resident is **required** to take responsibility for being evaluated on each rotation. This involves soliciting evaluations on elective rotations. Each resident must receive at least 2 nursing evaluations and 6 family evaluations per year.
- 4) Every six months there should be a minimum of 12 direct observations of care by faculty. These can be inpatient or outpatient and brief (eg: counseling, portions of PE, DR experience, etc.)
- 5) Each resident must fill out a Rotation Evaluation for **each** month in the electronic evaluation system.
- 6) Each resident must log duty hours weekly in MedHub.
- 7) Each resident must have attended a minimum of 36 continuity clinics.
- 8) Each resident must complete an individualized learning plan with specific, attainable learning goals.
- 9) Each resident must take and pass USMLE part 3 before the mid-point of year 2.
- 10) Each resident must identify a scholarly project and a second half day experience in year 2.
- 11) Each resident will present cases throughout the year at morning report.
- 12) Each resident is expected to attend Academic Half-Day, LSG, morning report and other scheduled didactics.
- 13) Each resident is expected to attend the mandatory educational retreats.
- 14) Each resident must recertify in NRP in the spring of the PL2 year.

**Acceptable Performance for Year 2:**

- 1) All faculty, resident, nursing and family evaluations indicating satisfactory performance.
- 2) An ITE score at the start of the PL3 year of more than the national mean for training year.
- 3) Completion of all required elements listed above, documented at every 6 month meeting with the PD or Associate PD.
- 4) The department competency committee will carefully review all of the above materials in the spring to determine readiness for the PL3 year.

**Completion Requirements for the 3<sup>rd</sup> Year Resident:**

- 1) Each resident is responsible for entering procedures into the electronic procedure log at least on a monthly basis.
- 2) Each resident is **required** to evaluate their preceptors/attendings, and when appropriate, interns, in the electronic evaluation system.
- 3) Each resident is **required** to take responsibility for being evaluated on each rotation. This involves soliciting evaluations on elective rotations. Each resident must receive at least 2 nursing evaluations and 6 family evaluations per year.
- 4) Every six months there should be a minimum of 12 direct observations of care by faculty. These can be inpatient or outpatient and brief (eg: counseling, portions of PE, DR experience, etc.)
- 5) Each resident must fill out a Rotation Evaluation” for **each** month in the electronic evaluation system.

**Pediatric Residency Program**

- 6) Each resident must log duty hours weekly in MedHub.
- 7) Each resident must have attended a minimum of 36 continuity clinics.
- 8) Each resident must complete an individualized learning plan with specific, attainable learning goals.
- 9) Each resident must take and pass USMLE part 3 before the mid-point of year 2.
- 10) Each resident must complete a scholarly project.
- 11) Each resident will present cases throughout the year at morning report and prepare one supervisors conference.
- 12) Each resident is expected to attend Academic Half-Day, LSG, morning report and other required didactics.
- 13) Each resident is expected to attend the mandatory educational retreats.
- 14) Each resident must recertify in NRP in the Spring of the PL2 year

**Acceptable Performance for Year 3:**

- 1) All faculty, resident, nursing and family evaluations indicating satisfactory performance.
- 2) An ITE score at the start of the PL3 year of more than the national mean.
- 3) Completion of all required elements listed above, documented at every 6 month meeting with the PD or Associate PD.
- 4) The department competency committee will carefully review all of the above materials in the spring to determine readiness for completion.

**Clinical Competency Committee**

Charge

The Clinical Competency Committee (CCC) is responsible for reviewing the clinical and professional competency of pediatric residents in training at CUSOM. The CCC reviews and monitors the academic and professional progress of residents, reports resident progress to the ACGME and provides guidance to the resident, and/or Program Director in situations where a resident may be in need of help in maximizing his or her potential.

Committee Goals

The primary goal of the CCC is to ensure that residents have every opportunity to attain their maximum potential during their training and that they have access to the tools necessary to accomplish this. The objectives of the committee will be the:

- Early identification of resident demonstrating learning needs or areas for improving their professionalism
- Early intervention for residents demonstrating learning needs or areas for improving their patient care
- Timely and clear communication with those identified residents to address their needs/areas for improvement
- Creating of a learning plan for addressing resident needs/areas for improvement when needed; support in completing learning plans
- Identification and collaboration with outside personnel (advisors, mentors, associate program directors, etc) in order to accomplish objectives

Committee Focus

University of Colorado School of Medicine  
**Pediatric Residency Program**

The CCC will participate actively in:

- Reviewing all resident evaluations by all evaluators semiannually.
- Review of other data including ITE performance, presentations, conference attendance, procedure logs and learning plans
- Making recommendations to the program director for resident progress, including promotion, remediation and dismissal
- Preparing and assuring the reporting of Milestones evaluations of each resident semi-annually to the ACGME, beginning June 2014

Committee Structure

The CCC will be comprised of 12 members, appointed by the Program Director. The Program Director will be involved in committee meetings. The position of Committee Chair will be held by an Associate Residency Program Director who will serve a three-year term. Members will serve for 1- year terms with re-appointment as mutually desired by the member and the program. Terms will be staggered to allow for continuity.

Committee Meetings

The CCC will meet semi-annually. More frequent meetings may be indicated depending upon resident status/progress. Meeting minutes shall be documented and kept on file securely in the office of the committee chair and/or Program Director.

Members will review resident files prior to meetings and present resident progress and milestones assessment to the group. November and May resident meetings will focus on ongoing review of those residents who may need additional assistance. In addition, those meetings will generate the data to be reported to ACGME.

Committee Actions

If issues arise on semiannual review, or based in ITE scores, evaluations, or resident self-referral during the year, the CCC may be required to provide additional support to a resident. The committee will review the case including additional available data (evaluations, previous ITE scores, USMLE scores) and determine whether next steps are necessary. Once a suggested plan of action has been determined, the intervention plan will be shared, with the resident and the Program Director. The plan will be reviewed on a regular basis and the committee will determine when the resident has been able to maximize their potential in the achievement of his or her learning needs, and will no longer required the aid of the committee. In rare situations, the CCC may determine that a face to face meeting with the resident is indicated. Records from CCC meetings and learning plans will be kept, but nothing of the committee's efforts will be placed in the resident's file unless the resident is referred to the GMEC for remedial purposes.

Confidentiality

All interactions between the CCC and residents/faculty are confidential. In particular, any medical or mental health diagnoses and/or referrals to a wellness center or other counseling shall not be discussed outside of the CCC committee. When indicated, the CCC may communicate with specific pediatric faculty about a resident's progress in order to ensure adequate rotation support and feedback. Otherwise, the CCC members will not discuss any resident's progress/concerns with anyone but the resident, the resident's advisor, and the committee itself. If this confidentiality is broken for any reason, we request that both the head of the committee and the program director be contacted immediately in order to address this breach of confidentiality.

University of Colorado School of Medicine  
**Pediatric Residency Program**

**Program Evaluation Committee**

The University of Colorado Pediatric Residency Program Evaluation Committee (PEC) is comprised of the program director, associate program directors, service directors, chief residents, resident representatives from each class, program coordinators, and any interested resident or faculty.

The PEC meets annually to review survey results and develop action plans to address any areas in need of improvement.

Surveys from which data is gathered are:

- Annual End of Year Program Evaluation Survey – Residents
- Annual End of Year Program Evaluation Survey –Faculty
- ACGME Survey – Residents
- ACGME Survey – Faculty
- GMEC Survey – Residents
- Program Survey – Graduated Residents
- In Training Exam results
- AAP Board Certification exam results from the previous year

The final results of the PEC are sent yearly to the GMEC.



## Leave Policy

### Leave Policy

In addition to complying with the GME [Leave Policy](#), the Pediatric Residency program's policies and procedures are:

The duration of general pediatrics training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (eg, vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up with additional periods of training. If the program director believes that the candidate is well qualified and has met all the training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training or special training pathways may not take more than 1 month of leave per year.

The resident must meet with the Program Director or one of the Associate Program Directors to discuss leave options and receive permission to take a Leave of Absence.

## Professionalism Policy

### Professionalism Policy

The Pediatric Residency Program complies with the GME Professionalism policy for the University of Colorado.

All residents/fellows must abide by the professionalism principles and guidelines as stated by the ACGME program requirements, pediatric milestones and as detailed in the GME Professionalism Policy. In addition, professionals are held accountable to the following specialty-specific board and/or society codes of medical professionalism found in the American Board of Pediatrics Professionalism Manual.

### Monitoring Resident Professionalism

In addition to complying with the GME [Professionalism Policy](#), the training program's policies and procedures are as follows:

The program director and faculty monitor resident professionalism by:

- Evaluations and feedback from faculty, peers, nurses, and staff

### Professionalism Education

The program provides the following professionalism education to residents:

Residents are provided professionalism education via GME New Resident Orientation and modules, program didactic conferences and department grand rounds. Faculty provides verbal feedback on a case by case basis, both when encounters go very well or poorly. Residents also participate in a professionalism curriculum emphasizing personal and professional development throughout the 3 year longitudinal small group curriculum. The format is based on the American Board of Pediatrics professionalism manual and other resources and includes breakout sessions to discuss clinical vignettes with the assistance of a faculty mentor.

Please refer to the GME Professionalism Committee Procedure for method of review of reports of exemplary professionalism or lapses in professionalism by residents. The residency also recognizes residents publicly when exemplary behavior is demonstrated.

## Quality Improvement/Patient Safety Policy

### Quality Improvement and Patient Safety Policy

In addition to complying with the GME [Quality Improvement and Patient Safety Policy](#), the University of Colorado Pediatric Residency program's policies and procedures are:

## **Pediatric Residency Program**

We have instituted a quality improvement, patient safety financial incentive system. The goal of this program is to involve every pediatric resident in QI and patient safety outcomes that are aligned with hospital initiatives. Our program has been so successful; it has been used as the framework for a campus wide initiative beginning with academic year 2016-17.

As part of our quality improvement curriculum we modified the format of our required journal club to evidence based clinical effectiveness conference (EBCEC). This exercise is designed to have a group of interns evaluate and interpret data about practice patterns at Children's Hospital Colorado (CHCO), and compare data with an inter- hospital database (PHIS) and data available in the literature. Each conference was mentored by faculty experts. The goals of the conference are:

- 1) Engage residents in an evidence based approach to a clinical problem.
- 2) Provide comparison data to compare our practice with the other hospitals in the database to improve our clinical effectiveness in providing high value care.
- 3) Develop quality improvement activities as an off shoot of the conference.

The goals of the conference are also aligned with the strategic initiatives of CHCO to improve clinical effectiveness and resource stewardship to provide high value care. The conference has been very successful and actually resulted in national presentations in the last 2 academic years.

## **Supervision Policy**

### **Supervision Policy**

In addition to complying with the [GME Supervision Policy](#), the Pediatric Residency Program's policies and procedures are:

#### **Program Supervision Policy**

The attending provider is responsible for all care delivered by trainees. Trainees shall always be appropriately supervised and the supervision of trainees is ultimately the responsibility of the attending provider, who is accountable to the Medical Board of the hospitals in which residents rotate. The pediatric department has a mechanism in place that communicates to the trainees the identity of the attending provider and back-up coverage by another faculty member in the event that the attending provider is not immediately available. This is available 24/7 through Children's Hospital Colorado, Denver Health Medical Center and University of Colorado Hospital. In addition, call schedules are posted and communicated verbally to trainees.

### **Progressive Authority & Responsibility, Conditional Independence, Supervisory Role in Patient Care**

University of Colorado School of Medicine  
**Pediatric Residency Program**

In the Department of Pediatrics, residency training is 3 clinical years. Candidates begin at the PGY-1 level and complete training at the PGY-3 level. Fellowship or subspecialty training begins at the PGY-4 level and finishes at the PGY-6 level. PGY-1 level residents will always have supervision (PGY-2 and above levels) available around the clock in the hospital. The minimal acceptable level of attending supervision is indirect supervision with direct supervision available based on either request from the resident directly caring for a patient or dictated by the patient's clinical status. The privilege of progressive authority and responsibility, conditional independence, and supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

**Evaluations:**

Pediatric residents are evaluated monthly on their rotations by attending faculty for both cognitive and procedural competence. Evaluations go to the program director for the general pediatric residency or subspecialty training who evaluate progress and determine suitability to remain and advance in the training program. A yearly in-service exam is administered to all pediatric residents.

**Definitions:**

**Resident:** The term resident refers to individuals who are engaged in graduate medical education training, including interns, residents, and fellows.

**Fellow:** fellow describes residents in training who have completed basic residency in a primary specialty and have then elected to proceed with additional training in a subspecialty. These individuals may hold privileges to provide independent care in the area of their primary specialty.

**Supervision:** Refers to the authority and responsibility that a staff practitioner, as attending, exercises over the care delivered to a patient by a resident or fellow.

**Direct Supervision:** Requires the presence of the attending faculty or supervising resident, appropriate record keeping, and direct involvement of the attending faculty or supervising resident during patient care or a procedure.

**Indirect Supervision:** Requires appropriate record keeping and discussion with attending faculty or supervising resident either before or after the care or procedure. In this case, direct supervision must be either immediately available (in hospital) or available (does not require presence in hospital, but available either electronically or by phone).

PGY1 residents in Pediatrics have direct supervision or immediately available direct supervision at all times.

**Attending contact:** Each service has written guidelines for when supervising residents **must** contact faculty supervisors. These individual guidelines are summarized below.

**Guidelines for When Residents Must Communicate with the Attending**

Each service has written guidelines for when supervising residents **must** contact faculty supervisors. These individual guidelines are summarized below.

- Patient admission to hospital
- Significant changes in clinical status
  - o Transfer of patient to/from ICU or to a higher level of care
  - o Need for intubation or ventilator support
  - o New onset of significant neurological changes
  - o Any significant clinical problem that will require an invasive procedure
  - o Activation of the Rapid Response Team
  - o Patient death

University of Colorado School of Medicine  
**Pediatric Residency Program**

- Medication errors requiring clinical intervention
- Patient and/or family request to speak to attending
- Whenever the resident is impeded in providing necessary care to a patient because of operational, work load or system barriers

University of Colorado School of Medicine  
**Pediatric Residency Program**

**Clinical Responsibilities by PGY Levels for Supervision**

Revised 1/14/2014 Procedure	Minimum Training Level Performed by	Training Level Required for Supervision*	Comments
Peripheral IV/venipuncture	PL1	PL2 or PL3	May be supervised by qualified RN
Peripheral artery stick	PL1	PL2 or PL3	May be supervised by qualified RN
Bladder catheterization/supra pubic	PL1	PL2 or PL3	May be supervised by qualified RN
Thoracentesis	PL1	Fellow or attending	
Paracentesis	PL1	Fellow or attending	
Pericardiocentesis	PL2	Fellow or attending	
DR Resuscitation	NRP certified PL1	NRP certified PL2 or PL3	May be supervised by a neonatal NP
DR Resuscitation less than 28 weeks GA	NRP certified PL1	Neonatal fellow or attending	May be supervised by a neonatal NP
Resuscitation outside of the DR or NICU	PALS certified PL1	Crit care or ED fellow or attending	
Endotracheal intubation	PL1	Fellow or attending	
Procedural sedation	PL2	Hospital credentialed fellow or attending	
Percutaneous central venous line	PL2	Fellow or attending	
Percutaneous arterial line	PL2	Fellow or attending	
Central venous line cutdown	PL2	Fellow or attending	
Tube thoracostomy	PL2	Fellow or attending	
Lumbar puncture	PL1	PL2 or PL3	May be supervised in the NICU by NNP
Umbilical arterial line	PL1	PL2 or PL3	May be supervised by neonatal NP
Umbilical venous line	PL1	PL2 or PL3	May be supervised by neonatal NP
Circumcision	PL1	PL2 or PL3	May be supervised by neonatal NP
Immunizations	PL1	Should be supervised by qualified RN	
Bone marrow aspirate	PL2	H/O fellow or attending	

**Transitions of Care Guidelines – Hand-off Process**

**Transitions of Care (Structured Patient Hand-off) Policy**

In addition to complying with the GME [Transitions of Care \(Structured Patient Hand-off\) Policy](#), the [University of Colorado Pediatric Residency](#) program’s transition of care process that is used is:

University of Colorado School of Medicine  
**Pediatric Residency Program**

A structured handoff is the process of transferring information about and responsibility for patients during transitions of care. Transitions include changes in providers, both from shift to shift or when a patient is moved from one location to another (ED to floor; PICU to floor). A transition of care may also be indicated due to caregiver fatigue.

**Policy details:**

- 1) All residents and incoming interns will be trained in the use of the I-PASS\* system of structured handoffs (Pediatrics 129:201, 2012). Interns will receive initial training during their orientation.
- 2) All shift to shift handoffs will be done face to face with an accompanying paper or computer document that all individuals will use during the handoff.
- 3) Handoffs can be done separately as intern to intern; resident (supervisor) to resident or in a group setting. Evening handoffs on general pediatric inpatient wards will be done in a group setting; senior residents will role-model handoffs for the 1st week and then interns will lead the handoffs for the rest of their block.
- 4) It is the responsibility to keep non computer auto populated elements of the handoff document up to date on a shift by shift basis.
- 5) Junior trainees (interns) must be observed at a minimum of once a month on service rotations by either faculty or supervising residents to receive feedback on the quality and accuracy of their handoffs. These observations must be documented in Med Hub. (as part of our implementation program, each intern will be observed at least twice per month by an I-PASS Champion with a feedback form completed by electronic survey).
- 6) Handoffs in which a patient is moved from one location to another must be accompanied by a complete note reflecting what the ongoing patient problems are and the anticipated plan of future care. Verbal communication (over the phone or face to face) is mandatory.
- 7) Residents during a shift who are fatigued or ill are strongly encouraged to rest. When an intern or resident chooses to rest for a period of time, care needs to be transitioned (as described above).
- 8) All shift to shift care must be transitioned well before the 16 hour shift length for interns and 28 hours for residents.

**I-PASS:**

- Illness severity – who are your sickest patients
- Patient summary
- Action list – “ to do list”
- Situation awareness and contingency plans
- Synthesis (read back) by receiver

University of Colorado School of Medicine  
**Pediatric Residency Program**

The program will incorporate the current [Accreditation Council for Graduate Medical Education](#) program requirements within this Program Manual annually.

[Pediatrics ACGME program requirements](#)