

Orientation and Policy Manual

Pediatric Hospital Medicine Fellowship Training Program



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Welcome

Welcome to Emory's Pediatric Hospital Medicine 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 prepare pediatricians to become both excellent pediatric hospital medicine clinicians and academic leaders to advance the scientific and organizational foundation of the field. Fellows should be driven by a commitment to provide excellent patient care as a first priority. They should also develop a knowledge base to perform clinical and/or basic science research and quality improvement projects as well as to become excellent teachers of medical students, residents, ancillary personnel, and future fellows.

Overview

The hospitalist fellowship program was founded by Dr. David Lloyd, MD in 2006. Dr. Anjali Kirpalani served as the Program Director from 2013-2025. Dr. Sarah Varghese served as the Associate Program Director from 2019-2025 and transitioned to Program Director in 2025. Dr. Gargi Mukherjee joined as Associate Program Director in 2025.

The PHM Fellowship Program is a collaboration amongst Emory University School of Medicine, Department of Pediatrics, and Children's Healthcare of Atlanta. It offers a two-year training program for specialized care of hospitalized children. The program also includes training, experience, and mentorship in clinical, epidemiological research and quality improvement. The program became ACGME accredited in July 2020.

Introduction

This document has been developed to familiarize Fellows with the Pediatric Hospital Medicine 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, 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 20 neighborhood locations.

Children's at Egleston, now Arthur M Blank Hospital (AMBH)

- 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.
- 2024 — Egleston Children's Hospital transitioned to Arthur M. Blank Hospital

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:

- 789 staffed beds
- 20 neighborhood locations served with additional facilities:
 - Eight Urgent Care Centers
 - Marcus Autism Center
 - Center for Advanced Pediatrics
- 31 telemedicine locations around Georgia
- More than 11,500 employees
- Access to more than 2,100 pediatric physicians representing more than 60 pediatric specialties and programs
- More than 10,000 volunteers

Children's is the largest pediatric Medicaid provider in the state, serving more than 450,000 children who could not cover the costs of their care in 2023. 2023, CHOA treated children from all 159 Georgia counties and managed:

- | | |
|---|---|
| • 1,188,300+ patient visits | • 245,600+ Emergency Department visits |
| • 450,000+ unique patients (from all 159 counties in Georgia) | • 178,800+ Urgent Care Center visits |
| • 28,300+ hospital admissions | • 20,700+ primary care visits |
| • 188,600+ inpatient days | • 68,600+ calls to the Children's nurse advice line |
| • 71,151,000+ outpatient visits | |
| • 44,400+ surgical procedures | |

Hospitalists at Egleston/AMBH

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, Joseph 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 tremendously from the original team of three. All members of the hospitalist group at AMBH have faculty appointments in the Department of Pediatrics at Emory University and clinical privileges at Children's Healthcare of Atlanta.

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 45 hospitalists who care for nearly all general pediatric patients admitted at Scottish Rite. In 2012, 4 of these hospitalists were added to assist with the admission and care of inpatient neurology patients (Neuro-Hospitalists).

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.

Hospitalists at Hughes Spalding

Children's Healthcare of Atlanta at Hughes Spalding is a freestanding pediatric hospital located in downtown Atlanta, on the campus of the Grady Health System. Hugh Spalding hospital was a private hospital that served African-American patients beginning in 1952, and served in a variety of functions through 1989. Renamed from Hughes Spalding Pavilion, it reopened in 1992 as a pediatric hospital. The hospital, now named Children's Healthcare of Atlanta at Hughes Spalding, is owned by Grady Health System and managed by HSOC, Inc., an affiliate of Children's Healthcare of Atlanta. The hospital offers care to both inpatients with a 24-bed pediatric unit and a busy 24-hour emergency care center that sees more than 50,000 visits each year. The outpatient clinics include

the Pediatric Appointment Clinic (one of the main outpatient primary care experiences for residents), along with subspecialty services including an Asthma Center, Child Protection Clinic, and the Aflac Blood Disorders, Sickle Cell Disease and Hematology Clinic. In 2009 a brand new \$43 million replacement building was completed that provides an expanded facility for both inpatient, outpatient, and emergency room care.

The Emory Pediatric residents and the Morehouse residents alternate months rotating on the pediatric hospital medicine service.

All members of the hospitalist group at Hughes Spalding have faculty appointments in the Emory University, Department of Pediatrics and clinical privileges at Children's Healthcare of Atlanta.

Locations



Arthur M. Blank Hospital

2220 North Druid Hills Road
Atlanta, GA 30329

Arthur M. Blank Hospital stands at the center of the North Druid Hills campus. This 19-story, 2 million square foot Level 1 Trauma Center is comprised of a North, West and South Tower providing an extensive list of clinical services including, but not limited to, Surgery, Respiratory, Cardiac, Transplant, Orthopedics, Neurology, Neurosurgery, Hematology and Oncology. Among other departments, the South Tower houses the

Aflac Cancer and Blood Disorders Center, Transplant and Heart Center clinics, Infusion Center, outpatient phlebotomy and family education classrooms.



Scottish Rite

1001 Johnson Ferry Road NE

Atlanta, GA 30342-1605

404-785-5252

Children's Healthcare of Atlanta at Scottish Rite is a 273-bed pediatric hospital located in Sandy Springs, Georgia. It offers a wide range of pediatric specialties, including emergency care, pediatric inpatient

care, inpatient rehabilitation, eating disorder acute rehabilitation, and surgical services. The hospital is designated as a Level II Pediatric Trauma Center.

Key Locations within the Hospital:

- Ground Floor: Cafeteria, Attending dining room
- 1st floor: SRPAC (PHM) office, ED, Radiology, 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

Hughes Spalding

35 Jesse Hill Jr. Drive SE

Atlanta, GA 30303-3032

404-785-9500

Children's Healthcare of Atlanta at Hughes Spalding, located in downtown Atlanta, serves as a regional safety-net facility and community hospital, providing comprehensive emergency



and outpatient care to children from across the state. It also provides pediatric inpatient care for general pediatric patients and those with sickle cell disease. It is designated as a Level III pediatric trauma center.

Key Locations within the Hospital:

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

Grady Memorial Hospital is also located on the downtown campus. 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.



Support Center

The Support Center provides our administrative employees with a special place that makes work feel more like home. The buildings offer a wide array of work space options and amenities.

Emory University School of Medicine, Office of Graduate Medical Education

School of Medicine Building
1648 Pierce Drive, Suite 327
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/first week of July and takes place in the School of Medicine Building.





Center for Advanced Pediatrics (CAP)

1400 Tullie Road NE
Atlanta, GA 30329

This 260,000 square-foot building houses CHOA outpatient subspecialties (clinical and research), including: aerodigestive, pulmonology, allergy/immunology, endocrinology, gastroenterology, CP, feeding clinic, developmental progress, cystic fibrosis, genetics, gynecology, infectious disease, medically complex care, nephrology, neurology, neurophysiology,

neuropsychiatry, rheumatology, Strong4Life, and vascular anomalies. This is near the site of the future large hospital that will eventually replace Egleston.

Curriculum

Pediatric Hospital Medicine is a rapidly evolving and growing ACGME accredited subspecialty. Its continued growth is spurred by the need for physicians specializing in academic fields relevant to 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 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 and should serve as a guide and provide general learning objectives for the fellowship.

As a two-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 in the competencies as defined by ACGME which include patient care, medical knowledge, interpersonal and communication skills, practice-based learning, and system- based practice and professionalism. During the course of the fellowship, the fellow will work towards producing work for submission of an abstract or poster to a national meeting. Further products, such as a draft of a peer-reviewed, scholarly manuscripts, will be required at the end of their two-year fellowship.

In addition to meeting the national standards set forth by the competencies, the two-year curriculum is individually tailored to meet the academic and professional goals of each trainee. Below are the fellowship requirements and total numbers of clinical and research rotations expected each year (more detailed descriptions to follow). Specific rotation 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 per year:

- a. Pediatric Hospital Medicine at AMBH, ~12 weeks
- b. Private Pediatric Hospital Medicine at Scottish Rite, ~2 weeks
- c. Community Pediatric Hospital Medicine at Hughes Spalding, ~2 weeks

2. Additional Requirements:

- a. Research Project (in any scholarly domain of your choosing)
- b. Quality Improvement Project
- c. Individualized Curriculum, 16 weeks per year
- d. CHOA Fellows' Introduction to Research Training (FIRST)
- e. CHOA Fellows' Teaching Symposium
- f. CHOA Fellows' Ethics Conference
- g. PHM Division Medical Curriculum
 - (1) Board Review
 - (2) Journal Club
 - (3) Practice Based Learning Series

3. Additional Educational Experiences Available:

- a. AAP Section on Hospital Medicine (SOHM) Fellows' Conference
- b. Pediatric Academic Societies Meeting
- c. Pediatric Hospital Medicine Conference
- d. GME Research Day and Fellows' Research Competition
- e. Fellows' Teaching Competition
- f. Emory Quality Academy
- g. Membership in professional organizations
- h. Emory University School of Medicine Faculty Development
- i. Emerging Leaders Conference

4. Administrative Responsibilities

- a. Georgia Medical License
- b. DEA (optional)
- c. Fellow Onboarding checklist (on New Innovations)

- d. American Board of Pediatrics Certification (general pediatrics during first year of training if not already certified, and pediatric hospital medicine after completion of fellowship)
- e. Pediatric Advanced Life Support (PALS) certification
- f. NRP certification
- g. CITI certification
- h. Training in EMR System
- i. Patient/Procedure Lists (on New Innovations)
- j. Duty Hour Documentation (on New Innovations)

1. Required Clinical Rotations

1.a. Academic Pediatric Hospital Medicine

Director: Sarah Varghese, MD sarah.varghese@emory.edu

During this rotation, the fellow will function as an attending for teaching teams and non-teaching teams throughout the year. Fellows will round under the supervision of a Pediatric Hospital Medicine attending during this rotation.

The teaching team typically consists of one pediatric intern, one senior resident, and 1-3 Emory medical students. At times, there may be a senior medical student on the team, functioning as a sub-Intern.

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 during their orientation week. Check out the SmartPhrase .PHMCHEATSHEET, which consists of a table of other useful SmartPhrases for PHM.

The fellow will also take call with their team while on service. An attending will always be on call with the fellow. Weekly schedules as well as call days are denoted in your Emory calendar. Schedule/vacation requests will be discussed prior to starting your fellowship year.

Weekday rounds typically begin following resident morning report which occurs Monday, and Tuesday from 8-9am, and Friday from 8:30-9am or following Departmental Grand Rounds on Wednesdays 8-9am or Residency Grand Rounds Thursday 8-9am. The fellows are expected to be at morning report to participate in resident education. The fellow will contact the supervising attending after Morning Report to discuss discharges, and address any questions regarding patient care. The team will then meet with the fellow and conduct teaching rounds. This can be done in many different formats including sit-down rounds in the fellow office followed by rounds on the wards, or rounding directly on the wards. After rounds, the fellow will meet with their supervising attending to discuss all the patients and review their plans for the day. Teaching takes place at the bedside during rounds and also in the afternoons when some fellows choose to sit down and discuss cases, research articles or other relevant topics.

On the weekends, fellows will contact the supervising attending prior to rounds to discuss discharges and address any questions regarding patient care. Fellows will complete bedside rounds independently with the team. Fellows will contact their supervising attending after rounds to discuss all the patients and review their plans for the day.

The typical weekly conference schedule is listed below:

Day	Time	Conference	Location
Monday,	8:00 – 9:00	Morning Report	Classrooms
Tuesday	8:00-9:00	In the Trenches Case Discussion	
Wednesday	8:00 – 9:00	AMBH Grand Rounds	Classrooms
Thursday	8:00 – 9:00	Residency Grand Rounds	Classrooms
Friday	8:30 – 9:00	Morning Report	Classrooms

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

Supervision Guidelines

Please refer to Pediatric Hospital Medicine Fellowship Supervision Policy

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and establishes a foundation for continued professional growth.

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. Supervising PHM Attending is outlined in Microsoft Outlook, Qgenda, and Doc on Call.

Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)

First year fellows will round with their supervising attending at least twice a week for directed observation and feedback. Second year fellows will round with their supervising attending at least once a week for directed observation and feedback. Please review the Pediatric Hospital Medicine Supervision Policy for more details.

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, though consults received during day shift hours should be seen the same day.

Instructions for Call Days

- Day Call is from 8am to 4pm
- Answer pages from Transfer center, PICU and other services requesting an admission or transfer and accept appropriate patients.
- The senior resident on call for the day will answer all ED pages, and will notify you of any questions/concerns.
- As a fellow CHOA policy prevents fellows from refusing a patient. Therefore, if a patient from the transfer center or ED seems inappropriate for admission to the pediatric hospital medicine service, please discuss with your supervising 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 58.
- Notify the on call admitting resident (on Voalte) of patients being transferred to the service 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.
- Throughout the week, attendings take call with their team on a Q4 schedule. Day call ends at 4pm when the swing shift physician takes over.

1. b. Private Pediatric Hospital Medicine, Scottish Rite

Contact: Laura Doerr, MD. Laura.Doerr@choa.org

During these 4 weeks, the fellow will round under the supervision of 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). To find the offices, go straight past security all the way back, then turn right, then right again at the dead ends. The office is on the left just before the Emergency Department. The fellow will lead a non-teaching team.

-
- A typical day for the SRPAC team begins at 8am. Patients are assigned to rounding physicians by the night doctor. To find the list assigned to your attending, go to system lists → all inpatient census → SR admitted and then sort by attending. You can create your own list with these patients. During a rounding shift (8-5) you will typically not be asked to help with admissions as there are designated admitters, however if the admitters get busy you might be asked to help out on occasion. You would staff these admissions either with your attending or with the admitter. The neuro-pediatrician, a pediatrician who also assists with the neurology service, arrives at 6pm and is available to assist with admissions. The nocturnists arrive at 8pm and are responsible for the entire SRPAC service until 8am the following morning. They will tell you in the morning about any complicated admissions or overnight issues with your existing patients.
- Rounding physicians are expected to remain in the hospital for as long as needed to provide care to his or her assigned patients and to be present during their admission time frame. 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. You can print a list that has (at least) the patient name, room, MRN, and whether a discharge order is in. At the bottom of the page, write the number of patients expected

to still be admitted in the morning (e.g. if there are 7 patients but 1 has a conditional discharge in, write 6 at the bottom).

-
- To print SRPAC signout, you can either use “print handoff” for the entire signout (iPASS), or print current list to have a shorter list. To update signout, you can use the “write handoff” tab to access the iPASS column. Briefly summarize patient including potential issues and instructions for overnight team. If there are any patients that need specific follow up or you are concerned about, let admitter 1 (8am-8pm) know before you leave.
- Admitter schedule:
 - Admitter 1: 8am-8pm, ED admissions from 8am-12pm
 - Admitter 2: 12pm-10pm, ED admissions from 12pm-4pm
 - Admitter 3 (swing): 4pm-12am, ED admissions from 4pm-8pm

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	SR CME	Auditorium
	12:00 – 1:00	Resident Noon Conference	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

1. c. Community Hospital Medicine at Hughes Spalding

Contact: Judson Miller, MD; Patricia Lantis, MD

Each fellow will round under the supervision of a pediatric hospital medicine attending for two weeks per year. The hospital medicine inpatient ward is located on the third floor of the hospital. There is one Emory resident team the month of June and the first two weeks of August, and two Emory resident teams that alternate on service with the Morehouse residents the remainder of the year. The fellows are expected to be at morning report/conferences to participate in resident education. The fellow will contact the supervising attending after Morning Report/Conference to discuss discharges and address any questions

regarding patient care. The team will then meet with the fellow and conduct walking/teaching rounds on the medical wards. After rounds, the fellow will meet with their supervising attending to discuss all the patients and review their plans for the day. Teaching takes place at the bedside during rounds and also in the afternoons when some fellows choose to sit down and discuss cases, research articles or other relevant topics.

Day	Time	Conference	Location
Mon, Tues, Fri	8:00 – 9:00	Morning Report	FOB 103
Wednesday	8:30 - 9:30	Interdisciplinary Rounds	Hugh Spalding Resident Room, 3 rd floor

2. Additional Requirements

2. a. Research

Research is an important part of pediatric hospital medicine. During this 2 year fellowship, the fellow will receive training in research/scholarly domains of interest and quality improvement. At the start of the fellowship, the fellow will identify a research niche to pursue in alignment with future career goals. Development of statistical and epidemiological skills for clinical or outcomes research are important as future pediatric hospitalists and is consistent with objectives outlined in the *Pediatric Hospital Medicine Core Competencies*.

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

At the beginning of your fellowship, each fellow will meet with the SOC (scholarship oversight committee) to discuss potential research projects and build an individualized research plan to accomplish during the fellowship. 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 will meet with the SOC quarterly as their research 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

Fellows will be oriented to the resources Emory/CHOA offers during their research orientation session at the beginning of the year. Many of these research resources/documents can be helpful as you navigate your research project, so please refer back to them as needed.

Research goals and specific projects will be developed under the advisement of the SOC, and program leadership. Current projects ongoing within the divisions will be provided to the fellow at the start of their fellowship. Fellows are required to draft a proposal outlining their objectives and proposed timeline of their research project to discuss with the SOC committee during the first month of fellowship. The fellow will also need to complete their initial SOC form and individualized learning plan for their first SOC meeting.

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 or 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.

Courses in biostatistics, study design and basic research are available and should be utilized.

Expectations

Fellows are required to complete two projects during the training period:

1. Scholarly Project in a domain of your choice (clinical research, medical education, global health, etc).
2. Quality Improvement Project

Fellows will determine which one of the above is their primary project and which is the secondary project.

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 SOC at regular intervals and to elicit feedback in literature review, development of study protocols, and preliminary results. At the end of each research week, the scholarship activity report should be updated with the research activities completed during the week. The fellows will meet with the PD/APD in person or virtually on Thursday afternoon of their research week to discuss their projects, and goals for their next research week.

During their training, fellows are expected to submit an abstract or poster to a national conference for their secondary project. At the completion of their fellowship, products such as peer-reviewed or scholarly publications are required of their primary project.

Important Links for Research Projects

1. **Pedsresearch.org – all research information**
2. <https://www.choa.org/research/institutional-review-board> - CHOA IRB application
3. <http://www.irb.emory.edu/> - EMORY IRB
4. [http://apps/ReportRequests/Pages/Home.aspx](http://apps.ReportRequests/Pages/Home.aspx) - EPIC reports request
5. **Redcap.CHOA.org**
6. <https://www.pedsresearch.org/research/support-services/presentation-poster-and-publication-guidelines> - Poster Templates + printing info
7. **Emory/CHOA Research Documents: Emory One Drive and Fellowship Folder on Share Drive**

2. b. Quality Improvement

Contact: Gargi Mukherjee, MD.

Dr. Mukherjee is the Director of Quality Improvement for the PHM Fellowship Program. 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. The fellow should also complete the IHI module during their fellowship.

Each fellow is required to complete a Quality Improvement project during their 2 year fellowship. Fellows will discuss their QI project with the SOC at the beginning of the year, establish a mentor for their project, and meet periodically throughout the year to complete their project.

The fellows will also complete a QI and patient safety curriculum lead by the Eggleston Hospital Medicine Attendings, and other national QI leaders during their fellowship to learn important concepts of Quality Improvement. Please refer to the curriculum document on QIPS Curriculum.

2. c. Individualized Curriculum

This fellowship provides a minimum of 16 weeks of elective time per year. 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 will be scheduled in 1-2 week blocks depending on the rotation.

Some of the potential elective opportunities are listed below, including contact information and a brief description. Specific learning objectives have been designed by preceptor and fellowship director to ensure both the goals of the trainee as well as the *Pediatric Hospital Medicine Core Competencies* are best accomplished. Please refer to Fellowship Handbook Individualized Curriculum in fellowship folder in share drive.

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: Margaux Charbonnet, MD

As Medical Director for the Scottish Rite Campus, Dr. Charbonnet serves in a variety of administrative and leadership roles. 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. Charbonnet, 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: Verena Brown, MD, Verena.Brown@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 Safe 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:

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:

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.

Newborn Nursery Rotation

Contact: Dr. Amy Rule

Each fellow will do 2 weeks of newborn nursery at Emory Midtown Hospital. The fellows will dedicate 1 week managing newborn nursery patients, and 1 week to mastering skills in the delivery room.

Nutrition and Obesity

Contacts: Stephanie Walsh, MD, Stephanie.Walsh@choa.org, Nutritionist Kipp Ellsworth, 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: Dr. Benjamin Lee

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: Emilee Flynn, MD

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.

Radiology

Contact: Jonathan Loewen, MD, 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: Dr. Enoch Leung

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.

Sample Schedule: Able to spend time on inpatient REHAB unit, in clinics (Spina bifida, Cerebral palsy, rehab clinic), rehab consults, in OR for botox injections

Sedation Services

Contact: Amita Shroff, MD

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.

Sample Schedule: Over 2 weeks spent several days each in MRI sedation, CT sedation, AFLAC sedation (for bone marrow biopsies and LPs for oncology patients), and spent an afternoon with Anesthesia.

Transfusion Medicine

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.

Additional electives

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.

2.d. 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 in January.

More information about the course can be found at the website:
<http://www.pediatrics.emory.edu/education/fellowship/fellowresearch.html>.

2.e. 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 winter.

2.f. 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

Our fellows have the opportunity to participate in Emory's Quality Academy. This is an interprofessional longitudinal course with 7 sessions over 7 months. This course is designed to make the most of faculty time commitment by spacing out the in-person, 2-hour activities to accomplish the learning objectives through a project-based curriculum. This program will include 1) workshops led by expert faculty, 2) projects supported by leadership and coaches from our academic health system partners, and 3) presentation of project outcomes at the Emory Quality Conference.

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. Fellows have access to AAP PREP via AAP at no cost.

4. Wellness Resources

Please refer to CHOA PHM Fellowship Well-Being Policy

Emory Wellness Resources:

<https://med.emory.edu/education/gme/wellness/index.html>: GME Wellness Website

<http://www.fsap.emory.edu/>: Faculty Staff Assistance Program

Counseling and Psychological Services (CAPS) provides individual and group counseling; stress management classes; and community outreach to provide support for students and assist them in negotiating emotional and interpersonal difficulties. CAPS on-call counselors are available Monday-Friday, 8:30 a.m. - 3:30 p.m. <http://counseling.emory.edu> (404-727-7450)

TimelyCare

Sign up using your Emory email address. Once there, you may access the 24/7 Talk Now option to speak with a mental health provider or schedule a session with a provider. <http://timelycare.com/emory>

Office of Spiritual and Religious Life (OSRL) provides pastoral counseling for students, faculty, and staff and support with planning vigils, memorials, and tributes. Loss and grief resources are also available online at: <http://www.religiouslife.emory.edu> (404-727-6226) or email: religiouslife@emory.edu

Student Intervention Services (SIS) assists students in times of crises, not only as an invaluable resource during emergencies, but also as a source of impartial, judgment-free counsel for students seeking guidance and assistance through life's difficult times. <http://success.emory.edu/SIS/index.html> (404-430-1120)

Student Health Services (SHS) offers free psychiatric services for all enrolled Emory students. Services offered include diagnostic psychiatric evaluations, medication evaluations, long-term management of psychiatric medications, and community referrals. For guidance for after-hours emergencies, visit: http://studenthealth.emory.edu/hs/about/contact_us/emergency.html (404-727-7551)

Visit the **Campus Life “Get Support” webpage** for a wide range of support resources and additional information: <https://campuslife.emory.edu/support/index.html>.

4. Administrative Requirements

4. a. Georgia Medical License

All residents must have a Temporary Postgraduate Training Permit or a Medical License from the State of Georgia to participate in the Emory University School of Medicine Fellowship Training Program. A copy of the current GA Training Permit or Medical License must be in the GME office. Residents are not permitted to provide clinical care unless they have their permit or license. Georgia License cost will be reimbursed by Emory GME as a first year fellow, and 50% of the cost as a second year fellow.

4. b. DEA Registration

Fellows have the option to apply for 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. Fellows who choose not to apply for their own DEA will use the hospital DEA number.

4. c. 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 during their first year of fellowship training. Information about the exam and online registration are available at ABP's website: <https://www.abp.org/>.

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

Current PALS certification is required and should be completed prior to the beginning of the fellowship on July 7th. 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. e. Neonatal Resuscitation Program (NRP) certification

All fellows will need to have a current NRP certification. NRP re-certification will be provided during your first year of fellowship in order to prepare for your nursery elective.

4. f. 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. g. Training in EMR System

CHOA, at Eggleston, Hughes Spalding, 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. h. Patient Lists/Procedures

It is the fellow's responsibility to document all procedures (patient name, medical record number, date of procedure, complications), and maintain a comprehensive list of patients and procedures in new-innovations. This documentation is an integral part of completing the files required for certification.

4. i. Duty Hour Documentation

It is the fellow's responsibility to document duty work hours in new-innovations 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 than every 3 days.

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.

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

Section 1: House Staff General Responsibilities

Section 2: School of Medicine's General Responsibilities

Section 3: Summary of Benefits

Section 4: Leave Time

Section 5: Requirements for Appointment

Section 6: Duty Hours and Moonlighting Policies

Section 7: Disciplinary Actions

Section 8: Counseling and Support Services

Section 9: Behavioral Health Statement

Section 10: Graduate Medical Education Committees

Section 11: Personnel Files

Section 12: Other Services

Section 13: Workers' Compensation

Section 14: Infection Control

Section 15: Equal Opportunity

Section 16: Liability Insurance and Risk Management Programs

Section 17: Standards of Conduct

Section 18: The Health Insurance Portability and Accountability Act [HIPAA]

Section 19: Release of Information to the Media

Section 20: Conflict of Interest

Section 21: No Solicitation

Section 22: Weapons

Section 23: Smoke-Free Workplace

Section 24: Drug-Free Workplace

Section 25: Dress Code

Section 26: Tips/Gifts

Section 27: Care and Use of Property/Equipment

Section 28: Pastoral Services

Section 29: Security

Section 30: Teaching Responsibilities

Section 31: Department Orientation

Section 32: Policies on Consensual Teacher-Student Relationships and Sexual Harassment

Section 33: Grievance Procedure

Section 34: Hearing and Appellate Review Procedures for Termination of a Residency Appointment

Appendix A: Policy and Procedure on Resident Recruitment and Appointment

Appendix B: Residency Appointment Agreement

Appendix C: Equal Opportunity Policies
Policy Statement on Discriminatory Harassment

Formal Procedures for Handling Complaints of Discriminatory Harassment

Appendix D: Moonlighting Forms

Appendix E: Professional and General Liability Insurance

Independent Time/Vacation

Three weeks of vacation time and one major holiday, (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 program directors as soon as possible.

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, fellows will 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. Receipts must be kept in order to receive reimbursement from your TDJ fund, up to \$2000 per year. The fellow will only be reimbursed for advance purchase coach fares arranged through specified Travel Agency: CTM: Corporate Travel Management, 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.

Identification Badges

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

Parking Facilities

Children's Healthcare of Atlanta provides free parking for all fellows. During rotations at AMBH, parking is available in the staff parking deck (accessed from 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.) or in the Physician Parking Deck (P1). CHOA ID badge is required for entrance to the parking deck. To park in the Physician Parking P1, go to the Security office on the first floor to activate your ID badge.

Mail

Your Emory email address and Emory calendar should be checked regularly.

Office, copying facilities

The Fellows' desks is located within the AMBH Hospitalists' office suite, on the ground floor at Egleston. Each cubicle has an office phone, and monitors for use during the fellowship; please use your Emory laptop and attach it to the monitors. A handful of desktops are also available in the office area. In addition,

a network printer, fax machine and photocopier are located in the hospitalist office suite.

Pediatric Hospital Medicine Core Competencies

Common Clinical Diagnoses and Conditions	Core Skills	Specialized Clinical Services	Healthcare Systems: Supporting and Advancing Child Health
•Acute abdominal pain and the acute abdomen •Apparent life-threatening event •Asthma •Bone and joint infections •Bronchiolitis •Central nervous system infections •Diabetes mellitus •Failure to thrive •Fever of unknown origin •Gastroenteritis •Kawasaki Disease •Neonatal Fever •Neonatal jaundice •Pneumonia •Respiratory failure •Seizures • shock •Sickle cell disease •Skin and soft tissue infections •Toxic ingestion •Upper airway infections •Urinary tract infections	•Bladder catheterization/suprapubic bladder tap •Electrocardiogram interpretation •Feeding tubes •Fluids and electrolytes management •Intravenous access and phlebotomy •Lumbar puncture •Non-invasive monitoring •Nutrition •Oxygen delivery and airway management •Pain management •Pediatric advanced life support •Procedural sedation •Radiographic interpretation	•Child abuse and neglect •Hospice and palliative care •Leading a healthcare team •Newborn care and delivery room management •Technology dependent children •Transport of the critically ill child	•Advocacy •Business practices •Communication •Continuous quality improvement •Cost-effective care •Education •Ethics •Evidence based medicine •Health information systems •Legal issues/risk management •Patient safety •Research •Transitions of care

54 chapters, 4 sections

AMBH PHM Inpatient Rotation Guide

Senior Resident Expectations

Leadership

The senior resident role is an opportunity to practice decision-making while still under the direction of a fellow/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 their 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 a fellow/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. They should supervise the Sub-Intern and over see their patients. Finally, 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 they 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. They will be refining their history and physical exam skills, their ability to generate a differential diagnosis, and

determining appropriate laboratory and radiologic evaluations to obtain. Functional aspects of patient care that they 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

Their knowledge base will be expanded considerably during internship simply by learning from and about their patients. In addition, it is expected that they will:

- Read, read, read! Expand their knowledge by reading about their patients' conditions.
- Explore the literature and share this information with the team.
- Prepare one short didactic to present to the team each week.
- 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, they 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. They are also responsible for informing their fellow/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 they 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 they 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: They 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 fellow/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 fellow/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 their fellow/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 patient's 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 outside the division is prohibited.** The only exception is that you may copy and paste HPI and PICU course from PICU transfer notes to your accept note. The exam, assessment, and plan should **ALWAYS** be your own documentation and updated daily.
- **Adopting a sub-intern's note is acceptable after you review it. Copying or adopting a third-year medical student's notes, is discouraged.** 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.
- If necessary, 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). Some pediatricians have electronic access to our records. Can check with their office to see if faxing the DC summary is necessary. 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.

AMBH General Admission Guidelines

When admitting a patient to the pediatric hospital medicine service, please note that there are certain conditions that are typically managed by other services. See guideline below. This is not an exhaustive list. If questions arise regarding the potential admission of one of the following patients or any other patients, a back-up attending is available for discussion.

ENT

- New tracheostomy kids (<2 weeks out or before 1st trach change) go to ENT
- Established tracheostomy/non-vent dependent patients being admitted for non-pulmonary concern: Hospitalist service
- Post-op tonsillectomy kids with bleeding complications, or if operated on by **OUR ENT group and coming in for ANY reason go to ENT**
- Post-op tonsillectomy kids operated on by **outside ENT** coming in for pain and poor PO can come to the Hospitalist service
- ENT infections such as RPA, cervical lymphadenitis: Hospital service with ENT c/s
- OP injuries: Hospitalist service with ENT c/s

PULM/Aerodigestive/GI

- Asthmatics followed by Pulm (or coming out of PICU) can come to Hospitalist service
- Patients with cystic fibrosis go to Pulm
- Aerodigestive kids should go to the most appropriate service based on the reason they are coming in (GI, Pulm, ENT)
- Initiation of enteral feeds (ie failed OPMS): GI service
- Established diagnosis of IBD to GI unless coming in for general medical concern without IBD flare then can come to PHM.
- Patients with hx of Short Gut go to GI.

Cardiology/CT Surgery

- Unrepaired significant heart disease and palliated (shunt/conduit) kids go to CARDS
- Other repaired cardiac lesions being admitted for non-cardiac illnesses are handled on a case by case basis – call fellow or attending
- ALL CT surgery patients within 30 days of surgery go to CT Surgery
- **See also: Guidelines for Triage of Patients with Cardiac Concerns**

Trauma/Surgery

- Hand injuries, possible compartment syndrome – surgery (ortho vs hand)

- Babies with NAT go to TRAUMA surgery
- Depressed skull fractures –Trauma/NSGY (let them determine which service)
- All fractures should go to TRAUMA surgery (exclusion: Some femur fractures)
- FEMUR Fractures: note, trauma suspected/not suspected determined by ED SW
 - o < 12 mo: Trauma
 - o >12 mo and NAT suspected: Trauma
 - o NAT not suspected:
 - ♣ 12-17 months: Hospitalist service
 - ♣ >/= 18 months: Orthopedics

Neurology

- CNS infections, altered mental status or multidrug ingestion – call Fellow or Attending!!!
- New onset focal neurologic deficits w/o definitive imaging: PICU
- True AMS w/o known etiology and/or definitive imaging: PICU
- Concussions go to TRAUMA surgery
- If only purpose of admission is for scheduled long term video EEG, NEURO service

Other Considerations

- Ophthalmology patients come to Hospitalist service
- Established HIV patients come to Hospitalist service with ID consulting
- Sick cell: Heme
- Kids with transplants or organ failure should go to that organ's service
- Diabetics can come to Hospitalist service if being admitted for something other than their diabetes – call your attending and Endo fellow to clarify if needed. **All diabetes management deferred to consulting endocrine service**
- Eating disorder management: Scottish Rite Hospitalist service
- Neonate newly delivered at birthing center: transfer to a delivery hospital with newborn nursery
- Drowned and received REAL CPR – assess patient and if kid is concerning, call fellow or attending
- We do NOT admit pregnant patients or post-partum patients with complications

Patients with organ failure should go to the appropriate service.

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, Ram Charan, Charles Burck. 2002.
Deep Work. Cal Newport. 2016

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 AMBH contains a small but relatively complete pediatric library on the 16th floor, and there is a librarian 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>). Can also be found on this website - <https://pedsresearch.org/about-us/branding-guidelines>.

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>). Wallace Graphics can also be used to help format and print your poster. Additional information can be found under the Poster Guidelines Tab on this website - <https://pedsresearch.org/about-us/branding-guidelines>.