

Pediatric Inpatient Competencies

The PGY-1 Family Medicine resident reliably and correctly:

1. Cares for the “Whole Child” including their biomedical, psychosocial, emotional dimensions. *(Communicator, Health Advocate)*

- Demonstrates awareness of the child's context.
- For teenagers, performs an appropriate HEEADSS interview (assessing Home & Environment (including other family dynamics), Education and Employment, Activities, Drug use and other high risk behaviour, Sexuality, Suicidality and depression.)

2. Communicates effectively with patients and families. *(Communicator, Professional, Collaborator)*

- Communicates clearly and effectively with patients and families, displaying sensitivity, empathy, and adaptability.
- Actively assesses patient competence, and appropriately use of substitute decision makers.

3. Demonstrates an attitude of taking ownership for the function of the team. *(Collaborator, Professional, Manager)*

- Actively participates in multidisciplinary and teaching rounds.
- Seeks input appropriately from team members (including allied health).
- Demonstrates thorough efficient, and clear handover of active or important patient issues.

4. Recognizes personal limitations, seeks to learn. *(Professional, Scholar)*

- Recognizes personal limitations (including gaps in knowledge, skill, and personal internal states such as fatigue, personal distractions) and seeks help appropriately in order to provide safe, competent, high quality care to pediatric care.
- Demonstrates an openness to feedback and supervision, and recognizes learning opportunities.
- Identifies and uses evidence-based pediatric clinical resources and reads around cases to improve knowledge base and skills.

5. Takes ownership of patients. *(Professional, FM expert, Manager)*

- Rounds on assigned patients, assesses patient status, progress and plans, documents correctly (including appropriate daily progress notes) and reads around specific patient problems or concerns.
- Gathers, reviews and appropriately uses necessary information (lab results, imaging, consults, chart notes and history) before rounds and is prepared to discuss the patient and care plan.

6. Addresses ethical issues using common ethical frameworks. *(Communicator, Professional)*

- Uses common ethical frameworks to approach competing ethical principles often underlying pediatric inpatient tensions. For example, uses the Department of Family Medicine's “ABCDEF” framework (Autonomy, Beneficence, Confidentiality, Disclosure, Equity (Justice), First do no harm (non-maleficence)).

7. Completes accurate and appropriate examinations of children. *(FM Expert, Communicator)*

- Uses appropriate clinical and technical skills when assessing children (including during admission history and physical examinations).
- Adapts approach to history and physical exam appropriately for children of different ages, and for those with disabilities including developmental delay.
- Interprets symptoms and physical signs correctly.
- Documents histories and examinations correctly and appropriately (including pertinent positives and negatives) and writes appropriate admission orders.

8. Acts on prevention opportunities for children with chronic conditions. *(Health Advocate, FM Expert)*

- Describes the appropriate role of hospitalization for children with chronic conditions (e.g. asthma, inflammatory bowel disease, diabetes, cystic fibrosis, cancer, musculoskeletal conditions, psychiatric conditions, developmental delay).
- Describes factors specific to the patient's condition which may lead to illness progression or hospital readmission.
- Manages acute inpatient care needs for children with chronic conditions, but also addresses common issues of adherence/compliance, and acts on opportunities to optimize modifiable risk factors (e.g. prevent illness triggers).
- Recognizes substance use and assesses risk behaviours in teenage patients.

9. Identifies children requiring involvement of the child protection team. *(Health Advocate, Collaborator)*

- Describes presentations of non-accidental trauma.
- Assesses child context, safety, and home environment.
- Describes the role of the multi-disciplinary child protection team, including in assessing social determinants of health (e.g. for a child with failure to thrive, from non-organic causes).
- Lists criteria for contacting the Children's Aid Society.

10. Distinguishes levels of illness acuity. *(FM Expert, Manager, Health Advocate)*

- Recognizes the continuum of presentations for key conditions (Box 1).
- Lists criteria for children to be treated in the community, the emergency room and an in-patient setting, and appropriately identifies children requiring admission.
- Multi-tasks, but also triages the care of patients (attends to those requiring acute intervention and /or the sickest patients first).

11. Manages the care of children with key and important conditions. *(FM Expert, Communicator)*

- Diagnoses, monitors and treats (at the level expected of a PGY1 in Family Medicine) at least four patients with key conditions (box 1) and at least one patient with other identified important conditions (Box 1).
- Writes appropriate in-patient orders for monitoring and treatment of patients with these conditions. Tailors the approach appropriately to relevant patient specific factors (child age, weight etc.).

12. Coordinates discharge from hospital: *(Communicator, Health Advocate, Collaborator)*

- Develops appropriate and safe discharge plans which includes appropriate follow-up / coordination with patient's family physician or pediatrician, consultants, investigations, and caregivers.
- Prepares discharge packages actively, including a complete, clear and accurate discharge summary sent promptly at the time of discharge.
- Ensures correct medications (including use of limited use codes, and appropriate amounts and instructions) are prescribed at discharge.

13. Completes required electronic training modules. *(Professional, Scholar)*

- Completes at least five online training modules (i-Learn Peds) from the Box 2 (Part A). NOTE: these are in addition to the 5 modules they will be required to complete during their pediatric ER rotation (Part B).

Box 1: Key and important conditions common on the pediatric inpatient service

Resident must be judged to reliably and consistently provide care (at the level expected of a PGY1 in Family Medicine) for patients with at least **four of the KEY CONDITIONS**, and at **least one patient** with another OTHER IMPORTANT CONDITION during their pediatric inpatient experience.

KEY conditions:

- Life-threatening illnesses (e.g. sepsis, meningitis, seizures, hyperglycemia, altered LOC, DKA, hypoglycemia)
- Fever
- Dehydration
- Respiratory conditions (e.g. asthma, bronchiolitis)
- Genitourinary conditions (e.g. UTI, vulvovaginitis, sexuality concerns)
- Gastrointestinal conditions (e.g. Gastroenteritis, Jaundice, inflammatory bowel disease, GI bleeding)
- Failure to thrive

Other important conditions:

- Musculoskeletal conditions (arthritis, orthopedic conditions, MSK pain)
- Mental health conditions (mood disorders, suicidal patient, learning disabilities, behavioural disturbances, ADHD)
- Cardiac conditions (murmurs, arrhythmias)
- Neurologic conditions (headache, concussion, seizure disorders)
- Undifferentiated illness (abdominal pain, behavioural disturbance, sleep disturbance)
- Skin conditions including rash
- Oncologic conditions
- Developmental disorders (including genetic conditions, cerebral palsy, developmental delay)

Box 2: i-Learn-Peds electronic training modules

Part A: Complete the following 4 modules during the inpatient rotation

- Module 7: Jaundice
- Module 9: Failure to Thrive
- Module 11: Cardiac Case
- Module 18: Obesity/School refusal

Part B: Complete all five below during the PEDS ER rotation

- Bronchiolitis
- Abdominal Pain
- Seizures
- Non-accidental trauma
- Fever

The Pediatric Inpatient Field Note was developed based on the Department of Family Medicine curriculum, and by surveys consulting more than three dozen faculty and residents in the Department of Family Medicine, and the Department of Pediatrics at the Children's Hospital of Eastern Ontario between 2013 and 2014. It was presented at several Curriculum Review Advisory Group meetings, and passed as an assessment tool by the Postgraduate Executive of the Department of Family Medicine, in 2014.

Following the Domain Review of the Pediatric Inpatient domain, the Resident Program Committee reviewed the objectives and approved them on February 2, 2023.

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