Residents in the Department of Pediatrics are supervised at all times by attending faculty.

**Inpatient Unit (PL-1, PL-3)**
During daytime hours faculty provide direct supervision or indirect supervision with direct supervision immediately available. Faculty make rounds daily and discuss management plans with the team. After making rounds, the attending is within the hospital and is immediately available to provide direct supervision. During night time hours, faculty provide indirect supervision with direct supervision available. They are not physically present within the hospital but are available by means of telephone and are available to provide direct supervision by coming into the hospital. Residents discuss all patients with their attendings as needed following admission. Residents also call faculty with all questions that they have about patients and if patients require transfer to an intensive care unit. PL-3s supervise PL-1s and medical students during these rotations – giving regular feedback on notes, orders, presentation skills and thought processes.

**PICU (PL-2, PL-3)**
During daytime hours faculty provide direct supervision or indirect supervision with direct supervision immediately available. Faculty make rounds daily and discuss management plans with the team. After making rounds, the attending is within the hospital and is immediately available to provide direct supervision. During night time hours, faculty provide indirect supervision with direct supervision available. If they are not physically present within the hospital at night time, they are always available by means of telephone and telemedicine. They are available to provide direct supervision by coming into the hospital if needed. Residents discuss all admissions within one hour of presentation to the ICU. Faculty are in house after hours as needed. PL-3s serve as supervisors and teachers to the PL-2s during their senior PICU month.

**NICU (PL-1, PL-2, PL-3)**
During daytime hours faculty provide direct supervision or indirect supervision with direct supervision immediately available. Faculty make rounds daily and discuss management plans with the team. After making rounds, the attending is within the hospital and is immediately available to provide direct supervision. In the evenings and overnight, residents are supervised directly by an in-house neonatal fellow and indirectly by an attending. The attending is directly responsible for patient care. PL-3s take a supervisory role in leading and teaching the more junior residents.

**PER (PL-1, PL-2, PL-3)**
Faculty provide direct resident supervision 24 hours per day. Pediatric residents have an attending specifically assigned to the PER and that attending directly supervises the resident. PL-1s are supervised more closely, as residents gain comfort, confidence and experience in the ED, they are given more independence. All cases are discussed with the attending.

**LOC (PL-1, PL-2, PL-3)**
Each resident is supervised directly by faculty while in the outpatient setting. Each patient is staffed by a faculty member who provides direct supervision as well as management suggestions, if needed. All patients are presented to the faculty member. All PL-1 patients are seen and examined by the attending physician.
**Specialty (PL-1, PL-2, PL-3)**
All residents are supervised directly during their specialty rotations by the attending faculty who are ultimately responsible for all patient care activities that take place.

**NBN (PL-1, PL-3)**
During daytime hours faculty provide direct supervision or indirect supervision with direct supervision immediately available. Faculty make rounds daily and discuss management plans with the team. After making rounds, the attending is within the hospital and is immediately available to provide direct supervision. During night time hours, faculty provide indirect supervision with direct supervision available. They are not physically present within the hospital but are available by means of telephone and are available to provide direct supervision by coming into the hospital. Residents discuss all patients with their attendings as needed following admission. If babies need transfer to the NICU, both the NICU attending/fellow provide supervision and the NBN attending is consulted/ contacted.

**TELEPHONE TRIAGE (PL-2, PL-3)**
Residents cover the “mommy pager” overnight and provide counseling and guidance to parents calling for advice. The residents triage the calls and make a determination regarding the disposition of the child. The may recommend management at home with close observation and bringing the child into clinic for evaluation the next day, or they may recommend bringing the child to the ED that night. The resident’s clinic attending/preceptor provides oversight to the resident by reviewing their triage encounter notes the next morning and providing feedback to the resident.

**PROCEDURES**
Residents track their procedures in the ACGME procedure log and are expected to complete 10 LPs, intubations, ivs, venipunctures, bladder catheterizations before they are able to perform these procedures independently. Other procedures are performed under direct supervision of the attending.
**PROGRESSIVE RESPONSIBILITY BY YEAR OF TRAINING**

**PGY1**
- Primarily responsible and first contact for patients admitted to Ward, IMC, Nursery, NICU. In some instances, residents will work along with M3 students for the initial H and P data reading.
- On Ward, IMC, Nursery, and NICU rotations, residents will report directly and work under the supervision of the PGY3 resident.
- For all patients, the ultimate responsibility is a faculty member.
- On ER shifts, the resident may be assigned to be the primary contact person or work with a senior resident, depending on the acuity of illness.
- On the Development-Behavior rotation, residents will work under the supervision of a faculty member or allied divisional members (Developmental specialists, therapists)
- On the subspecialty rotation, the resident will report directly to and work under the supervision of the attending subspecialist.
- The first year resident in turn plays an important role in the teaching of medical students.
- The resident will be given many opportunities to present cases/topic discussion at didactic conferences.

**PGY2**
- For PICU rotations, PGY2 residents will be primarily responsible and first contact for patients admitted to this units. For PICU, the residents will be supervised by the PGY3 resident and will report directly to the attending
- For NICU, these residents will work under the supervision of either the Neonatology fellows and/or the attending Neonatologist.
- On the ambulatory acute care rotation, residents will report to the attending.
- For all patients, the ultimate responsibility is a faculty member.
- For the ER dedicated rotation, PGY2 residents are first contact for patients and will report to the ER attending physician.
- On all the required and selected subspecialty rotations, residents will work under the supervision of the attending physician.
- While on subspecialty rotations, these residents may be the first contact for consultations.
- During “night float” call, the resident will be supervised by the Newborn Nursery attending for nursery babies, the NICU fellow for high risk deliveries, and their clinic preceptor for mommy calls.
- Residents at this level will have an important teaching role.

**PGY3**
- Primary supervisory role on Wards, IMC, Nursery, NICU, and PICU rotations. The PGY3 is the team leader for all service areas. They will also be the primary care giver for some of the patients in the NICU and PICU
- Report directly to the attending faculty.
- On these teaching services, the PGY3 resident is responsible for organizing work rounds, facilitating rounds with the attending, giving teaching assignments to students and juniors.
- PGY3 residents will work with attending staff, consultants, and nursing staff in coordinating patient care activities.
- Primary contact for acutely ill patients in the ER or work in tandem with junior residents.
- On all the required and selected subspecialty rotations, residents will work under the supervision of the attending physician.
- While on subspecialty rotations, these residents may be the first contact for consultations.
- During “night float” call, the resident will be supervised by the Newborn Nursery attending for nursery babies, the NICU fellow for high risk deliveries, and their clinic preceptor for mommy calls.
- Residents at this level will have an important teaching role.

Updated: 7/20/11