**COMPETENCY 1. Patient Care.** Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Evaluate and manage, with consultation as indicated, patients with signs and symptoms that commonly present to the Inpatient Unit such as:
   - **General:** Acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss.
   - **Cardiorespiratory:** Apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, hypotension, inadequate respiratory effort, rhythm disturbance, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing.
   - **Dermatologic:** Ecchymoses, edema, petechiae, purpura, rashes, urticaria.
   - **EENT:** Acute visual changes, conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma.
   - **Endocrine:** Heat/cold intolerance, polydipsia, polyuria.
   - **GI/Nutrition/Fluids:** Abdominal masses or distention, abdominal pain, ascites, dehydration, diarrhea, dysphagia, hematemesis, inadequate intake, jaundice, melena, rectal bleeding, regurgitation, vomiting.
   - **Genitourinary/Renal:** Change in urine color, dysuria, edema, hematuria, oliguria, scrotal mass or edema.
   - **GYN:** Abnormal vaginal bleeding, pelvic pain, vaginal discharge.
   - **Hematologic/Oncologic:** Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor.
   - **Musculoskeletal:** Arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp.
   - **Neurologic:** Ataxia, coma, delirium, diplopia, headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness.
   - **Psychiatric/Psychosocial:** Acute psychosis, child abuse or neglect, conversion symptoms, depression, suicide attempt.

2. Evaluate and manage, with consultation as indicated, patients with conditions that commonly present to the Inpatient Unit (examples below):
   - **General:** Failure to thrive, fever of unknown origin
   - **Allergy/Immunology:** Acute drug allergies/reactions, anaphylaxis, immunodeficiencies, including graft vs. host disease, recurrent pneumonia, serum sickness, severe angioedema.
   - **Cardiovascular:** Bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, Kawasaki disease, myocarditis, rheumatic fever.
   - **Endocrine:** Diabetes (including diabetic ketoacidosis), electrolyte disturbances secondary to underlying endocrine disease.
   - **GI/Nutritional:** appendicitis, bleeding, cholangitis, complications of inflammatory bowel disease, complications of liver transplantation, cystic fibrosis, gastroenteritis (with/without dehydration), gastrosophageal reflux, hepatic dysfunction (including alpha-1-antitrypsin disease), bowel obstruction, pancreatitis, severe malnutrition.
   - **GU/Renal:** Electrolyte and acid-base disturbances, glomerulonephritis, hemolytic-uremic syndrome, nephrotic syndrome, urinary tract infection/pyelonephritis.
Gynecologic: Genital trauma, pelvic inflammatory disease, sexual assault.

Hematologic/Oncologic: Abdominal and mediastinal mass, common malignancies, fever and neutropenia, thrombocytopenia, severe anemia, tumor lysis syndrome, vaso-occlusive crises and other complications of sickle cell disease.

Infectious Disease: Cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, HIV, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis.

Pharmacology/Toxicology: Common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels.

Neurology: Acute neurologic conditions (acute cerebellar ataxia, Guillain Barre syndrome, movement disorders), developmental delay with acute medical conditions, seizures, shunt infections.

Respiratory: Airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, epiglottitis.

Rheumatologic: Henoch Schonlein purpura (HSP), juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE).

Surgery: Pre- and post-op consultation and evaluation of surgical patients (general, ENT, orthopedics, urology, neurosurgical, etc.), special needs of technology-dependent children (blocked trachea, gastric tube dysfunction).

3. Use common laboratory studies when indicated for patients in the inpatient setting:
- CBC with differential, platelet count, RBC indices.
- Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate.
- Renal function tests.
- Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin).
- Serologic tests for infection (e.g., hepatitis, HIV).
- C-reactive protein, erythrocyte sedimentation rate.
- Therapeutic drug concentrations.
- Coagulation studies.
- Arterial, capillary, and venous blood gases.
- Detection of bacterial, viral, and fungal pathogens.
- Urinalysis.
- Cerebrospinal fluid analysis.
- Gram stain.
- Stool studies.
- Other fluid studies (e.g. pleural fluid, joint fluid).
- Electrocardiogram.

4. Use common imaging or radiographic studies when indicated for patients on the inpatient unit:
- Plain radiographs of the chest, extremities, abdomen, skull, sinuses.
- Other imaging techniques such as CT, MRI, angiography, ultrasound, nuclear scans, and contrast studies (interpretation not expected).
- Echocardiogram.

5. Use appropriate monitoring techniques in the inpatient setting:
- Monitoring of temperature, blood pressure, heart rate, respirations
6. Use appropriately the treatments and techniques used in the inpatient setting:
   - Universal precautions.
   - Nasogastric tube placement.
   - Administration of nebulized medication.
   - Injury, wound and burn care.
   - Oxygen delivery systems.
   - I.V. fluids.
   - I.V. pharmacotherapy (antibiotics, antiepileptics, etc.).
   - Transfusion therapy.

7. Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem solving.

**COMPETENCY 2. Medical Knowledge.** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Demonstrate an understanding of the common diagnostic tests and imaging studies used in the inpatient setting and explain the indications for and limitations of each study.
2. Formulate differential diagnoses based on data collected from patients.
3. Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results, likelihood ratios, and receiver operating characteristic curves, to assess the utility of tests in various clinical settings.
4. Demonstrate understanding of the monitoring techniques and special treatments commonly used in the inpatient setting, by being able to:
   - Discuss indications, contraindications and complications.
   - Demonstrate proper use of technique for children of varying ages.
   - Determine which patients need continuous monitoring or special monitoring (e.g., neurological checks).
   - Interpret and respond appropriately to results of monitoring based on method used, age and clinical situation.
5. Know issues in the inpatient and home management of the technology-dependent child with the following care needs.
   - Tracheostomy.
   - Chronic mechanical ventilation.
   - Chronic parenteral nutrition (HAL).
   - Gastrostomy tube for feedings.
   - Permanent central venous catheter.
6. Demonstrate the skills for assessing and managing pain
   - Use age-appropriate pain scales in assessment.
   - Describe indications for use and side effects of common narcotic and non-narcotic analgesics.
   - Administer medications to control pain in appropriate dose, frequency and route.
Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.

7. Use medical literature to develop management plans in an evidence based manner.
8. Critically evaluate current medical information and scientific evidence to improve patient care and increase one’s fund of knowledge.

COMPETENCY 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Effectively and empathically communicate with children and families.
2. Build relationships with patients and families with sensitivity, tact, and empathy
3. Respect and be aware of patients' privacy and confidentiality
4. Formulate a plan for each visit by thoughtfully considering the goals of the encounter with the family or patient
5. Share information with the patient and family in a way that enhances their understanding of the problem and management plan, and include them in decision-making to the extent that they desire
6. Conduct effective interviews with parents and children at all developmental stages.
7. Develop skills in promoting a therapeutic alliance with patients and families by providing counseling, guidance, and patient education in areas important to child health and disease.
8. Maintain accurate, legible, timely, and legally appropriate medical records in the hospital inpatient setting
9. Communicate effectively with referring physicians about their patients.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one’s patient care practice.

1. Use the medical literature to investigate, evaluate and improve one’s own patient care practice; continually strive to integrate best evidence into one’s daily practice.
2. Demonstrate willingness and capability to be a life long learner by pursuing answers to clinical questions, using literature, texts, information technology, patients, colleagues and formal teaching conferences.
3. Seek and incorporate feedback and self assessment into a plan for professional growth and practice improvement

COMPETENCY 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Participate effectively as part of an interdisciplinary team on the General Inpatient Service, both as the primary provider and as the consulting pediatrician.
2. Practice ethically and within medical-legal constraints in caring for children presenting to the Inpatient Unit.
3. Develop organizational and time management skills.
4. Work effectively with the nursing staff and other ancillary health care personnel.
5. Develop autonomy with decision making in caring for one’s patients.
**COMPETENCY 6. Systems-Based Practice.** Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Understand key aspects of health care systems, cost control, billing, and reimbursement in the hospital inpatient setting.
2. Recognize cost and utilization issues when one develops a plan to “work-up” a patient.
3. Develop an understanding of insurance and community resources for providing in home services.
4. Become familiar with community resources and support groups that provide services to patients and their families.