

SCOPE OF PRACTICE

PGY-1 – PGY-3

General Principles

- Residents will have a broad exposure to the health care of children and substantial experience in the management of diverse pathologic conditions. This includes experience in child health supervision and those conditions commonly encountered in primary care practice. It will include experience with a wide range of acute and chronic medical conditions of pediatrics in both the inpatient and ambulatory settings.
- Preventive health care, ethical issues and discussions of the cost and benefits of diagnostic tests, procedures, and therapies will be an integral part of the residency training throughout the three years of training.
- Residency training in pediatrics will provide educational experiences that prepare residents to be competent general pediatricians able to provide comprehensive, coordinated care to a broad range of pediatric patients.
- Residents will become sufficiently familiar with the fields of sub-specialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.
- Residents will be given the opportunity to function with other members of the health care team in both inpatient and ambulatory settings to become proficient as leaders in the organization and systematic improvement of the processes of patient care.
- Residents will have a progressive educational experience with increasing patient care responsibility over the 3-year period of their training. Supervisory responsibilities will involve both inpatient and outpatient experiences.

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- Throughout the 3 years of training, emphasis will be placed on enhancement of residents' competence in the medical interview, physical examination and communication and interpersonal skills.
- Training will occur under the supervision of individual general and sub-specialty pediatric faculty with assistance from appropriate faculty from related services also providing care to infants and children.
- Competence of residents at regular intervals will be assessed and the level of supervision by faculty will be reduced to allow for appropriately increased levels of responsibilities for teaching and supervision of other trainees.

PGY-1

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of the upper level resident and / or subspecialty fellow, and ultimately the responsible attending physician, the PL-1 (intern):
 - Performs the initial clinical assessment and develops a problem list and initial differential diagnosis using medical records, patient history, physical examination, and baseline laboratory evaluations.
 - Develops initial plan of care to include:
 - further diagnostic evaluations
 - performance of diagnostic procedures in accordance with departmental guidelines for level of supervision required
 - therapeutic approaches
 - explanation to patient and / or family of the plan of care

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- Interprets subsequent / resultant information and changes in patient status to further narrow diagnostic assessment and adjusts the therapeutic approach as necessary.
 - Performs required therapeutic procedures in accordance with departmental guidelines for level of supervision required.
 - Develops a plan for content and timing of subsequent care / visits to health care providers.
 - Maintains documentation in a manner and time consistent with rotational / divisional / hospital expectations.
- In all aspects of care, the PL-1 will follow ACGME mandated duty hours restrictions and timing of acceptance of new patient encounters.
 - The PL – 1 will be expected to participate in the teaching of other trainees to some extent.

PGY-2

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of a PL-3 (where applicable) and / or subspecialty fellow, and ultimately the responsible attending physician, the PL-2 will, with appropriate levels of increased independence:
 - Depending on the service / rotation, will serve either as a supervisory resident for the intern (PL – 1) or carry out the duties of the first line representative of the physician team and ensures the completion of:

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- The initial clinical assessment and development of a problem list and initial differential diagnosis using medical records, patient history, physical examination, and baseline laboratory evaluations.
 - The development of an initial plan of care to include:
 - further diagnostic evaluations
 - performance of diagnostic procedures in accordance with departmental guidelines for level of supervision required
 - therapeutic approaches
 - explanation to patient and / or family of the plan of care
 - Interprets subsequent / resultant information and changes in patient status to further narrow diagnostic assessment and adjusts the therapeutic approach as necessary.
 - Performance of required therapeutic procedures in accordance with departmental guidelines for level of supervision required.
 - Development of a plan for content and timing of subsequent care / visits to health care providers.
 - Documentation in a manner and time consistent with rotational / divisional / hospital expectations.
- In all aspects of care, the PL-2 will follow ACGME mandated duty hours restrictions and timing of acceptance of new patient encounters.

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- The PL – 2 will be expected to participate in the teaching of interns, students and other residents to an increased extent.

PGY-3

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of a subspecialty fellow on those services where subspecialty fellowship training is ongoing, and ultimately the responsible attending physician, the PL-3 will, with appropriate levels of increased independence in usually a supervisory role, ensure that those aspects of care outlined in detail for the PL – 1 and PL – 2 above are accomplished.
- It is anticipated that the PL – 3 will be exposed to and responsible for those cases which are increasingly complex and will function with greater independence while demonstrating increased responsibilities for teaching and supervision of those individuals with less experience and training.