Pediatric Services

Welcome to the Department of Pediatrics! We are excited to have you join us for your rotation, and hope the month you spend will be highly educational and beneficial.

We feel that caring for children is not only a great honor, but a tremendous obligation as well. For that reason, you may find your time on the pediatric service to be intense and challenging, but highly rewarding.

This is your opportunity to really learn pediatrics. While on service, ask lots of questions, and don’t be afraid to seek extra help or input when you feel you need it. Though our rotation directors arrange scheduled feedback sessions during your month, please do not hesitate to ask for additional advice or to discuss your progress during the month.
General Pediatric Clinic:
At UNM, the General Pediatric Clinic serves several functions, including that of an Urgent Care and a medical home for children who are patients of our faculty, or at times, need to establish care with a provider. As a result, you will see a variety of patients in the Clinic during your month on service. Many will be acute care visits, (urgent care), but we also see a number of newborns needing follow-up from the nursery. Periodically, you may see older children for Well Child Visits, as they may be between providers or waiting to establish care with a new physician.

We encourage you to consider picking up newborn patients for your own panel if possible.

Basic Information:
Location: The General Pediatric Clinic is located on the 3rd Floor of the Ambulatory Care Center, (ACC), in the “old” part of the hospital.

Hours: The Clinic is open from 8:00 am to 7:30 pm Monday – Friday, and is open from 9:00 am to 2 pm on Saturdays.

Contact Numbers: The telephone number to the clinic is (505) 272-2345. You can give this number to families to assist in calling to schedule appointments. You should also make a note of the number to the physicians’ desk in the clinic, which is (505) 272-2022. Should you be ill, running late, called to cross-cover, etc., use this number to reach one of the attendings on in the Clinic. We do ask that you not give this number to families.

Coordinators: Heather Pratt-Chavez, MD, and Rebecca Craig, MD, are the two Clinic Faculty members who help to supervise and coordinate the resident rotation and experience in the Clinic. They will help to ensure that you receive appropriate feedback and evaluations, and can assist you with any concerns or questions you might have while on the Clinic month. Brenna VanFrank, the Outpatient Chief Resident for the 2013-2014 academic year, can be of assistance regarding scheduling matters. Their email addresses and pagers are as follows:

1. Heather Pratt-Chavez: 951-1062, hpchavez@salud.unm.edu
2. Rebecca Craig: 951-1438, rrotello@salud.unm.edu
3. Brenna VanFrank: 951-1575, bvanfrank@salud.unm.edu

Expectations:
1. Your Schedule: We expect you to arrive at 8:00 am on weekdays, as there are regular teaching sessions from 8:00 am to 9:00 am in clinic. (On Mondays and Wednesdays, residents in clinic are expected to attend the general Pediatric Morning Report, which is held in the Tully Conference Room on the 6th floor of the Pavilion.)

   In the afternoon, please continue to see all patients through 5 pm, (unless you are on “call”—see below).

   We expect you to assist in evening and weekend coverage, typically averaging four weeknights and one Saturday shift. When you are on “call” in the evenings, you will stay after 5 pm until the clinic closes at 7:30 pm. Frequently, you are still evaluating and managing patients after 7:30 pm, and should stay until an appropriate plan and
disposition for your patient has been arranged. For your Saturday shift, plan on starting at 9 am, and again, finishing in the afternoon when your patients have been appropriately managed, (though the clinic closes at 2 pm).

We understand that you have other obligations while in Clinic, including your own Continuity Clinic, lectures, and at times, cross covering for your home service. We also expect that you may have other commitments, such as Annual or Professional Leave. At the beginning of your month, please discuss your schedule with Brenna VanFrank, so she can anticipate when you might be available for evening or weekend shifts, and which afternoons you will be away.

2. Professionalism: Because the Clinic is typically quite busy, we often don’t have time to check on the whereabouts of our residents, and simply entrust that you are where you are supposed to be, (whether it be your own clinic, a lecture, etc.). Should you get called by your department to cross-cover, please notify an attending in clinic as well as Melinda Rogers.

3. Patient Care: Residents in clinic assume a high level of responsibility in the care of the pediatric patients we see. In addition to the standard expectations of a clinic visit, there are often other duties to attend to. Frequently, we order studies, (labs and imaging), on patients that need to be followed after the patient has been sent home. Attendings will expect you to keep a log of the patients you see, and follow pertinent results, (such as cultures or imaging), contacting the family when they are available.

If you are ever concerned about the clinical status of a patient and the attendings seem busy with other residents or patients, please feel free to interrupt and inform them of your concerns.

When you are leaving the clinic to attend your own Continuity Clinic or to go to your scheduled Family Medicine lectures, it is very important that you sign out any patients for whom you are still caring to another resident. Update them on the patient’s status, the general plan of care, and what still needs to be done for the patient to successfully go home or be admitted. If the patient has been in clinic for several hours, please be sure that you have recently examined the patient before signing out, as clinical conditions can change quickly in children!
Inpatient/General Pediatrics Service:

Most pediatric patients admitted to the hospital are cared for by the General Pediatrics Service, which is managed by a team of pediatric hospitalists, with the help of pediatric and visiting residents. Some services, such as Pediatric Surgery or ENT, have their own teams, but may consult the Pediatric Team for assistance in the care of their patients. Others, such as Burn and Trauma, Orthopedics, and Family Medicine routinely have initial pediatric consults as part of the plan of care.

Pediatric patients are admitted through either the Pediatric Emergency Department, the Pediatric Urgent Care Clinic, or directly to the floor from referring physicians throughout the state. Additionally, when pediatric patients admitted to the Pediatric Intensive Care Unit who stabilize, are typically transferred to the General Pediatrics Service for continued care prior to discharge.

A wide variety of diagnoses are managed by the pediatric inpatient team, including “bread and butter” conditions such as bronchiolitis, pyelonephritis, newborn rule-out sepsis, etc. However, the inpatient service also cares for a number of children with more complicated and rare clinical conditions, often with the assistance of pediatric subspecialists, such as nephrology, infectious disease, cardiology, GI, etc.

Basic Information:

Location: The inpatient team covers patients in a number of units, all located in the Barbara and Bill Richardson Pavilion. The General Pediatrics Unit is located on the 6th floor of the Pavilion, and is where a majority of the pediatric patients are admitted. (The team “work room” is also located in this unit.) The Pediatric Specialty Care Unit is also located on the 6th floor of the Pavilion, and is next to the Pediatric Infusion Center, where children receive chemotherapy and dialysis. In general, the Specialty Care Unit is the preferred location for children who are oncology patients, renal patients, or who are immunocompromised. Periodically, teams will have patients located in the inpatient Carrie Tingley Rehabilitation Unit, which is located on the 5th Floor of the Pavilion.

In addition to the inpatient units, the call rooms and supplemental work space are located back in the Tully Library and Conference Room, which is on the 6th Floor of the Pavilion as well.

Schedule: Your inpatient experience will be busy, but will have many learning opportunities. Two weeks of your month will be spent on service during the day, and two weeks at night.

Days: Your shift begins between 6-6:30 am. Morning sign-out is in the Tully work room at 6:30 am. In general, plan on staying to between 6 to 7 pm each day, though this may vary by patient census and clinical obligations. Typically, you will work Monday – Friday, as well as one weekend day when your team is on-call.

Nights: Your shift starts at 5:30pm Wednesday, Thursday and Sunday. However, due to morning teaching and work hour limitations your shift will start at 6pm on Friday. Most days the night shift ends at 7 am except for Friday morning due to morning teaching from 7am-7:45am. On weekends, you will be expected to stay to round with the day team until 10am on Saturday and 12pm on Sunday.
Amion shows your general schedule for the month, (as to when you are on days and nights). Go to www.amion.com, and log in using the password “unmpeds”. From this point, you can use the dropdown menu for the R1 class to find your name and view your schedule.

Contact Numbers: While on service, there are quite a few helpful numbers to have available. Most of these are included on your daily patient list for easy reference. However, a few good numbers to have handy include:
- Tully Library: 272-1705
- Team Work Room: 272-5089
- Front Desk of the General Pediatrics Unit, (GPU): 272-2704
- Front Desk of the Pediatric Specialty Care Unit, (PSCU): 272-0348

Coordinators: Lanier Lopez, MD and Jorge Ganem, MD, are two of our hospitalists and are the clinical coordinators for your inpatient month. Both Dr. Lopez and Dr. Ganem will oversee your month on service, and ensure that you receive feedback and evaluations by your attendings from the rotation. They can assist you with any concerns or questions you might have while on the inpatient month. Amanda Lee, the Inpatient Chief Resident for the 2013-14 academic year, can be of assistance regarding scheduling matters. Their email addresses and pagers are as follows:
1. Jorge Ganem: 951-1208, JGanem@salud.unm.edu
2. Lanier Lopez: 239-7530, LNLopez@salud.unm.edu
3. Amanda Lee: 951-1806, AmLee@salud.unm.edu

Expectations:
1. Your Schedule: (See above for expected hours on service.) Please be prompt for both your day and night shifts. Sign-out is essential, and is best accomplished in a timely fashion.

   Every Monday and Wednesday, (while on days), you will attend Morning Report from 8:00 am to 9:00 am in the Tully Conference Room. Ward morning teaching is from 8:15 am to 9:00 am on Tuesday and Friday. Attendance is required; you must plan ahead in your pre-rounding and patient care in order to be present. Morning rounds will begin following teaching.

   While on nights, you will attend a Night Team Morning Report on Friday mornings, (also held on Tuesday mornings, though you will be off), between 7:00 am and 7:45 am. This will be an opportunity to discuss clinical cases and have direct teaching with the hospitalists, as well as an occasion for feedback and discussion of patient management.

2. Professionalism and Patient Care: Due to the acuity and complexity of many of the children managed by the team, it is critical that you hold yourself to the highest standard of care while on service. We understand how busy the rotation is, and that at times, you may feel overwhelmed. In such cases, we would prefer that you ask for assistance. There are many people on your team, including your senior resident and
other interns, who can help—it is much better to divide and conquer, rather than to allow important patient care duties to be neglected.

Pediatrics is somewhat different from adult medicine in that small changes can be signs of much bigger issues. For example, a new fever in a previously afebrile child that is receiving IV antibiotics for a septic joint is a major concern, and should always warrant an evaluation by you personally, (rather than just an order for acetaminophen). A bump in creatinine in an infant from 0.2 to 0.4, (though perhaps not all that impressive for an adult), is a notable difference and should be promptly discussed with your senior resident and attending. Paying attention to and addressing such issues is essential while on service.

As with the above, should a nurse ever call you with concerns about a change in clinical status of patient, even if only mild, always personally evaluate the child. If you are busy and unable to do so, notify your senior resident or attending (if in-house), so that he or she can be certain the child is assessed.