To serve as a resident in pediatric medicine at Seattle Children’s Hospital (SCH), the following minimum criteria must be met:

**BASIC EDUCATION:** MD, DO or equivalent

**MINIMUM QUALIFICATION:** Member of Accreditation Council for Graduate Medical Education or American Osteopathic Association approved residency program. Have on file or submitted a written educational agreement with SCH through the House Staff Office. Have the educational agreement approved by the Director of Medical Education and/or Medical Director.

**LETTERS OF REFERENCE:** The resident’s program must provide a letter indicating that the resident is a member of the program and is in good standing, a copy of the residency program application form that includes, at least, the resident’s date of birth, the medical school from which the resident graduated, the number and state of the resident’s medical license, the resident’s Drug Enforcement Administration registration number, the source and amount of malpractice coverage and the resident’s Social Security number.

**SUPERVISION POLICIES**
The Medical Staff has overall responsibility for the quality of professional services provided to patients.

The Medical Staff assures that a licensed independent practitioner supervises each participant in a professional graduate education program in his/her patient care responsibilities.

Written descriptions of the role, responsibilities and patient care activities in professional graduate education programs are provided to the medical staff that supervise residents. These written descriptions include identification of the mechanisms by which the participant’s supervisor(s) and graduate education program director make decisions about each participant’s progressive involvement and independence in specific patient care activities.

The Graduate Medical Education Council (GME Council), the professional graduate education committee at SCH, is responsible for overseeing and reviewing the
professional medical education agreements between SCH and the respective programs. The GME Council also monitors the accreditation status of the programs by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or the American Dental Association’s Commission on Dental Accreditation. It is expected that all programs would be in compliance with these requirements. The GME Council is responsible for assuring that there is compliance with any residency review committee citations related to the care or teaching provided at SCH.

The Graduate Medical Education Council and the medical staff regularly communicate about the safety and quality of patient care provided by, and the related education and supervisory needs of, the participants in professional graduate education programs through the Medical Executive Committee. This information is reported from the Medical Executive Committee to the Board of Trustees.

**GENERAL CORE PRIVILEGES**

Residents in professional education programs may write patient care orders without being countersigned by a supervising licensed independent practitioner. However, it is expected that orders by a first-year resident will be discussed with the supervising resident and/or the teaching attending on at least a daily basis.

Residents in professional education programs may perform those procedures included in the core privileges of the licensed independent practitioner who is responsible for the patient and/or who is supervising the resident. The resident must have demonstrated competence in performing the procedure to the supervising resident or attending physician before being allowed to perform the procedure independently.

**CORE PRIVILEGES FOR PEDIATRIC MEDICINE**

It is expected that residents on the Pediatric Medicine service will develop competence in some or all of the following:

The comprehensive curriculum should include but not be limited to the following core content and should emphasize the pathophysiologic correlates of the clinical situations:

- Interviewing techniques with specific emphasis on behavioral, psychosocial, environmental, and family unit correlates of disease
- Physical examination, both general and system-specific, as a tool in initial diagnosis and subsequent patient monitoring
- Utilization of appropriate members of the health care team to ensure comprehensive yet cost-effective care of the patient and the family
- Diagnosis and management of acute episodic medical illness including but not limited to meningitis, sepsis, dehydration, pneumonia, diarrhea, renal failure, seizure, coma, hypotension, hypertension, and respiratory illnesses
- Diagnosis and management of acute problems associated with chronic diseases including but not limited to diabetic ketoacidosis, status asthmaticus, status epilepticus, oncologic therapy and complications, congenital heart disease, cystic fibrosis, chronic renal disease, gastrointestinal disorders, hepatic failure, metabolic disorders, and neurologic disorders
• Pediatric aspects of the management of surgical patients, both preoperatively and postoperatively, including interaction with the surgical team
• Principles of discharge planning to ensure efficient transition and continuity of care

The program must teach residents, in both hospital and ambulatory settings, those procedural skills appropriate for a general pediatrician. These educational experiences should be graduated so that residents build and maintain skills throughout the training program.

It is expected that residents on pediatric medicine will receive training in and their residency program will monitor resident development of the following skills:
• Basic and advanced life support
• Endotracheal intubation
• Placement of intraosseous and intravenous lines
• Venipuncture
• Umbilical artery and vein catheter placement
• Lumbar puncture
• Bladder catheterization
• Gynecologic evaluation of prepubertal and postpubertal females
• Wound care and suturing of lacerations
• Subcutaneous, intradermal, and intramuscular injections
• Developmental screening test

Each program must have a formal system for documenting resident experience and for monitoring resident compliance with the documentation process. Documentation of skills, e.g., procedure logs, must be maintained by the program in the resident files. Supervision and documentation of skills must be by faculty or others with documented competence in the procedures. Residents should be informed about the procedures they are expected to learn by their program and must receive feedback on their proficiency as part of the evaluation process.

In addition, residents on pediatric medicine should have exposure to the following procedures or skills:
• Circumcision
• Conscious sedation
• Tympanometry and audiometry interpretation
• Vision screening
• Hearing screening
• Simple removal of foreign bodies, e.g., from ears or nose
• Inhalation medications
• Incision and drainage of superficial abscesses
• Suprapubic tap
• Reduction and splinting of simple dislocations
• Pain management
• Thoracentesis
• Chest tube placement
• Arterial puncture

All residents should maintain certification in pediatric (PALS) and neonatal advanced cardiac life support or in equivalent lifesaving systems.

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