

*Harlem Hospital Center*  
Department of Pediatrics  
Policies & Procedures

**Resident Responsibilities**  
**Patient Care & Management**

The departmental philosophy is one of broad-based training with exposure to a wide variety of general and subspecialty problems in children, stressing the importance of patient involvement and ownership. We believe the basics of pediatric medicine are learned best through direct patient contact, with guidance from experienced role models. The pediatric residency program is designed to provide increasing responsibility commensurate with the resident's level of education.

**PL-1:** The training program centers on the PL-1 as the patient's primary physician, be it on ward, NICU, Nursery or clinic and ED rotations. The PL-1 therefore plays the central role in making decisions regarding his or her patients. PL-1's are always directly supervised by a PL-2 or PL-3 resident and/or a faculty member. PL-1 residents are expected to:

1. Become proficient in oral presentation and physical examination skills.
2. Learn how to recognize the acutely ill patient and correctly distinguish them from those with lesser illnesses.
3. Learn the details of direct patient management in the inpatient and outpatient settings by functioning as the patient's primary physician in all settings.
4. Learn proficiency with common pediatric procedures.
5. Develop competence in making therapeutic decisions and carrying out management plans for patients with common, uncomplicated pediatric illnesses

**PL-2:** The second-year resident continues to develop the clinical and technical skills described above. Second year residents are closely supervised at all times by the chief resident and attending faculty. In addition, he/she is expected to:

1. Develop competence in making therapeutic decisions and carrying out management plans for patients with routine pediatric problems AND patients with complications or uncommon presentations of common problems. IN ADDITION, the resident is developing the ability to competently care for patients with less common pediatric problems, those requiring subspecialty care and those critically ill with the DIRECT ASSISTANCE of the attending physicians and subspecialty consultants.
2. Acquire skills needed to organize, oversee and run a patient care team.

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(Cont'd)

3. Learn to assume a major teaching role for medical and physician assistant students and PL-1s.
4. Learn proficiency with common pediatric procedures.
5. Gain experience with researching a topic and formal presentation of this topic at Pediatric Grand Rounds, Morbidity and Mortality Rounds, Chief of Service Rounds and/or Journal Club or participation in other scholarly activity.

**PL-3:** Third year residents assume more responsibility for total patient care, including care of the critically ill patients. While always under the supervision of an attending faculty member, PL-3 residents must be able to practice independently by the end of the third year of residency. PL-3's are expected to:

1. Develop competence in making therapeutic decisions and carrying out management plans for MOST patients, including those with routine pediatric problems, those with complications or uncommon presentations of routine pediatric problems and those with less common pediatric problems. IN ADDITION, the resident can manage those requiring subspecialty care and those critically ill, with INPUT AND SUPERVISION from attending physicians and subspecialty consultants.
2. Increase knowledge base and patient care skills for patients generally managed by sub-specialists.
3. Become a competent leader and supervisor of resident teams.
4. Learn proficiency with common pediatric procedures.
5. Hone evidence-based medicine and presentation skills further through formal presentation of this topic at Pediatric Grand Rounds, Morbidity and Mortality Rounds, Chief of Service Rounds and/or Journal Club or participation in other scholarly activity.