

Blue Team Resident Expectations

Welcome to the Pediatric Pulmonology and Pediatric Gastroenterology rotation. This rotation provides residents with the opportunity to care for medically complex patients with respiratory and gastrointestinal conditions. This document outlines resident responsibilities, expectations, and workflow to ensure high-quality patient care and an effective educational experience.

I. Team Cap:

- Day time residents (intern and senior) will carry a maximum TOTAL of 10 patients. “Carrying” is defined as having primary responsibility for a patient, including assessing, writing orders, writing daily progress notes, and discharging
- Any additional patients over 10 will be carried by the subspecialty fellow/attending of the appropriate team (Maximum Blue team census = 12 patients)
- The subspecialty fellow/attending is responsible for communicating daily with the residents regarding which patients will be covered by the residents. Priority for the resident team will be patients with high educational value
 - All conversations about switching patients between teams and deciding which patients should be admitted to the Blue Team will occur at the fellow or attending level. Residents should direct questions of this nature to the subspecialty fellow/attending

II. Point of Contact and Nursing Communication:

- Residents will be the First Contact Provider will for ALL patients on the list, including those carried by the subspecialty fellow/attending to ensure timely communication and response for urgent/emergent patient needs
 - Residents are to respond to requests to come to bedside for ALL patients on the service and to place orders, as appropriate
- The intern and senior residents will sign into the following pagers daily:
 - Intern: Blue intern and Peds GI intern
 - Senior: Blue senior and Peds GI senior
- It is expected that the subspecialty fellow/attending will present their patients on rounds either to the full team (for the resident to be able to respond to Epic chats and patient care needs if nursing is reaching out to the resident) **OR** update via in-person communication/Epic chat of plans for the day and patient care updates
- Residents will respond to ALL Blue Team emergent situations (i.e. rapid responses) and the subspecialty fellow/attending will respond if available. If they are not present, the residents will brief the subspecialty fellow/attending of the situation

III. Pre-Rounding:

- Residents will pre-round on 10 patients maximum
- The subspecialty fellow/attending will pre-round on any patients over the designated 10 patient resident cap

IV. Rounding:

- Rounds will begin with Pediatric Gastroenterology at 8:30 am (allotted time ~1 hour), except on Thursdays rounds will begin at 9am if there is a Grand Rounds conference. On Fridays, Pulmonary will round first from 8:30 am – 10:00 am
- At the conclusion of Pediatric Gastroenterology rounds, the fellow and attending will coordinate with residents regarding any remaining patients to round on, plans for running the list in the

afternoon, and how any updates on patients carried by the fellow/attending will be communicated to the residents

- Pediatric Pulmonology rounds start approximately 9:30 am, with exceptions as above
- Rounds should conclude by 11:00 am
- At the conclusion of Pediatric Pulmonology rounds, the fellow and attending will coordinate with residents regarding any remaining patients to round on, plans for running the list in the afternoon, and how any updates on patients carried by the fellow will be communicated to the residents
- If the fellow has afternoon clinic, the fellow is responsible for handing off their patients to the resident team BEFORE leaving for clinic

V. Documentation:

- The residents are responsible for all documentation for their patients (maximum of 10)
- The subspecialty fellow/attending should call consults for the patient(s) they are following and be responsible for communicating with the consultant regarding the patient
- During daily rounds, the subspecialty fellow/attending are responsible for documentation for patients over the resident cap of 10 patients - including discharge summaries

VI. Medical Students:

- The residents are responsible for overseeing medical students that are rotating on the Pulmonary and GI team. The medical students will carry patients that are assigned to residents, as the residents will be responsible for attesting their notes, signing the medical students' saved orders, and guiding medical students through other documentation tasks like sticky notes, hospital courses, etc.

VII. Admissions/Weekends:

- The residents will be responsible for admitting all patients during their shift, and writing the H&P
- If the admission leads to >10 patients on the team, then the responsibility of that patient will transition to the subspecialty fellow/attending the next day to pre-round, present the patient on rounds, and handle calling consults and documentation
- If the learning experience of the new patient is appropriate for resident growth and learning, the resident patients may be rearranged at the discretion of the subspecialty fellow and attending, however the resident cap will remain at 10 patients
- On the weekends with one resident working, the subspecialty fellow/attending may need to help with admissions and discharges as able. The subspecialty fellow/attending is responsible for communicating with the resident to divide tasks as appropriate.
- On the weekends with one resident working, the subspecialty fellow/attending will run the list with the resident to ensure details regarding acute issues, admissions, discharges, etc. are finalized before leaving the hospital.

IX. GI or Pulmonary Consults:

- The residents are not responsible for any GI or Pulmonary consults on general team patients - if paged or sent a message about this, please forward to the fellow/attending

If you have any questions about the rotation, responsibilities, or logistics, please don't hesitate to reach out. For general inquiries or scheduling concerns, contact the **Chief Residents** at 2025uncpedschiefs@gmail.com. For clinical questions or patient-specific concerns, please communicate directly with the respective **attending physicians** or **fellows** on service. Your feedback and open communication are essential to maintaining a supportive and effective learning environment.