

# Walter Reed Bethesda



National Capital Consortium Pediatric Residency Program

WALTER REED NATIONAL MILITARY MEDICAL CENTER  
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Welcome to the National Capital Consortium Pediatric Residency Program! After nearly half a century of providing exceptional pediatric residency training for the Army and Navy, the National Naval Medical Center (NNMC) and Walter Reed Army Medical Center (WRAMC) combined their independent pediatric training programs in 1995 to form what is recognized as not only a pre-eminent program in the military, but one of the most outstanding and innovative programs in the country. As current residents in this program and as future pediatricians for our military, you are now part of this great legacy.

To help guide you through the intricacies of the program, we have organized this manual in order to summarize much of the administrative aspects of your residency training. Take the time to review the manual and to read those sections that are pertinent to questions you may have or to rotations you may be starting. Please note, however, that the specific goals and objectives for each rotation are no longer included in this manual. Instead, you can view the goals and objective for each individual rotation on the program's website, [www.nccpeds.com](http://www.nccpeds.com). Please review these goals and objectives with your rotation supervisor at the start of each rotation block.

Although guidance and advice during your residency will come in many forms from many sources, the following points we feel will be particularly important to keep in mind as you embark or continue on your pediatric residency training in this program.

1. **Know what is expected of you.** In addition to finding out where you need to be and when you need to be there, as stated above, there are educational goals and objectives for every rotation in the program, written in language that is very specific in terms of the knowledge, skills, and attitudes that you are expected to demonstrate. Ask your attending to go over these with you; your evaluations should be based in large part on how well you meet these goals and objectives. Midway through the month, you should meet with your rotation supervisor to go over your progress towards meeting these goals and objectives.
2. **Know your patients.** We fully expect you to assume responsibility for your patients, an expectation that is paramount particularly in the age of regulated residency work hours. No one should know as much about your patients as you do. Review their past histories carefully, even if it means thumbing through volumes of old records or taking directly to their primary care provider. Know the results of studies you have ordered. Remember that when you are covering for someone else's patients, they become your patients. When you hand off your patients to someone else, make sure that they have all the information they need to take care of those patients while you are gone. Conversely, when someone is

- handing off patients to you, make sure you get all of your questions answered so you can completely assume their care.
3. **Take initiative.** Look at every new patient as an educational opportunity—a chance to formulate a differential diagnosis and to construct a management plan. By going through these steps you feel part of the process and will learn more than if you just check the “to do” boxes or constantly ask your supervising resident or attending, “what do I do next?” Your goal is to know “why” instead of “what.”
  4. **Help your fellow residents.** Residency is a physically, intellectually, and emotionally demanding time. After a busy day or long night on call, it is tempting to leave at the very first opportunity. Although this program is committed to ensuring that the residency work hours regulations are adhered to, be cognizant of the work that you may be leaving for your fellow housestaff and attempt to tie up those “loose ends” before you leave. And remember that nothing boosts morale like an extra set of hands when your time allows. You are all into this together.
  5. **Take time to teach.** As physicians, and particularly as pediatricians, we are all teachers and learners throughout our careers. Especially at academic institutions like ours, the opportunities to teach and in the process solidify our own knowledge base are around us everyday. Keep in mind that students and junior house officers will look to you for guidance and will also emulate attitudes that you demonstrate. Remember your time as a medical student, new intern, or junior resident and the benefits you received from the residents who taught you and whom you emulated. Take the time to make it happen and do it well.
  6. **Be a part of the solution, not a part of the problem.** If you identify a problem, think about how it could be fixed. There are many aspects of our program that come from residents who saw solutions to a problem. One of the most significant forums for curricular change has been the Program Evaluation Committee, a representative group whose very existence was created from resident input and suggestion. With all the changes in Graduate Medical Education in the recent past and certainly in the future, the collaborative energies and ideas of the housestaff and faculty have and will continue to be the foundation of the changes we make to the residency program.
  7. **Be flexible.** A tremendous amount of work and effort has gone into creating a schedule that will meet and in many cases exceed Pediatric Residency Review Committee (RRC) requirements, and even more importantly prepare you for your likely assignment as a general pediatrician in the United States military. With illnesses, pregnancy, emergency leave, and changes in the offering of medical services, there may be unexpected schedule changes. We ask for your support in helping to make the necessary changes in schedules work effectively.

8. **Let us know if you are having problems.** To say that residency training can be stressful is an understatement. All of the staff have been through it, and most recall the stresses well. If you ever feel that you need extra support, a sounding board for your frustration, extra help or support in dealing with academic or personal problems, there are a host of outlets. In addition to the open door policy of myself as well as your chief resident, please do not hesitate to talk with your individual faculty advisors or department chiefs. There also is the Consortium ombudsman, Stephenye Tyler (stephenye.tyler@usuhs.edu) as a resource if you prefer to speak with someone outside the residency. There are many resources available to help you with problems whether they are academic, personal, financial, emotional, or health related. We will do everything we can to provide you with all the means, resources, and opportunities you need to complete your pediatric residency training.
  
9. **Be a good officer.** Remember that you are a physician and an active duty officer in the United States Military. Those around you, including patients, will often judge you by how you comport yourself militarily. Although military training requirements are relatively few during your residency, make sure you attend to these responsibilities promptly when you are notified of them.

Residency training is certainly one of the most challenging periods in any physician's life as you take on new responsibilities, long hours, seriously ill children, and an extremely steep learning curve. But it is also one of the most rewarding as you see yourself develop the skills necessary to take care of children and their families in times of their greatest need. The satisfaction of making difficult diagnoses, the impact you make through preventive care and counseling, the challenge of taking care of the sickest children on our inpatient units, and the camaraderie of working intensely with a group of dedicated individuals are all part of the dividends we hope you will see as you grow and mature professionally in your training. On behalf of the entire faculty, we want you to do well, and we are here to help you become the best pediatrician you can be.

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