Many prior studies have compared teaching services to non-teaching services at community and/or auxiliary hospital sites is of interest to leaders in pediatric medical education. The impact of learners on delivery of care is poorly understood.

**OBJECTIVE**

To measure associations between type of inpatient service (teaching vs non-teaching) on patient outcomes including, length of stay, discharge times, readmissions, rapid response team (RRT) calls and transfers of care.

**METHODS**

- In July 2016, an inpatient teaching service was implemented at a community site affiliated with a large tertiary pediatrics hospital in Texas.
- The teaching service consisted of 1 senior pediatric resident, 1 pediatric intern, and 2 medical students staffed by an attending pediatric hospitalist.
- The teaching service replaced a prior hospitalist-based service or non-teaching service.
- The teaching service, and 1038 from the non-teaching service.
- The same hospitalists rotated on the non-teaching service and teaching service.
- New admissions were assigned to either the teaching service or non-teaching service based on census numbers maintaining equal patient numbers between teams.
- Patients admitted and discharged from this acute care floor during a 1 year period ranging from October 1st, 2016 to September 30th, 2017 were reviewed.

**RESULTS**

- During the study period, 2104 patients were admitted and discharged from the acute care floor; 1066 from the teaching service, and 1038 from the non-teaching service.
- There were no statistically significant differences between services in patient demographics including age, sex, race, primary language, insurance payer, or complexity (table 1).
- There was no statistically significantly differences between services in patient outcomes including patient length of stay, time of discharge, time of discharge order, readmissions, rapid response calls, and transfers to a higher level of care (table 2).

**DISCUSSION**

- At our single institution study, a teaching service was not inferior to a non-teaching service in the studied patient outcomes.
- Many prior studies have compared teaching services to non-teaching services at different hospitals or patient units at different points in time.
- Our study is the first known comparison of pediatric patient outcomes on a teaching service and non-teaching service on the same nursing unit, with the same attending physicians, over the same period of time.
- Limitations include the retrospective cohort at a single center.

**CONCLUSIONS**

- In our single center retrospective cohort study, a teaching service was not associated with inferior patient outcomes.
- This study may help inform administrative and educational leaders who are considering implementing new teaching services.

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**BACKGROUND**

- Community hospital sites offer robust educational opportunities for pediatric learners.
- The implementation of inpatient teaching services at community and/or auxiliary hospital sites is of interest to leaders in pediatric medical education.
- The impact of learners on delivery of care is poorly understood.

**METHODS**

- In July 2016, an inpatient teaching service was implemented at a community site affiliated with a large tertiary pediatrics hospital in Texas.
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