

**Community/Advocacy Block (required)
PGY-3 (Pediatrics) or PGY-4 (Medicine-Pediatrics)**

The Community/Advocacy Block Elective is a required elective in the final year of residency. Residents should use this block to assimilate what they have learned on other rotations regarding community resources and advocacy issues for children. They should then be able to better use these resources when they are in practice.

The rotation may be spent primarily visiting community agencies and/or working in the community with a general pediatrician with visits to these agencies. Alternatively, residents may use part of the Community Block to go on a mission trip to a foreign country or to an underserved area in the United States. Medicine-Pediatrics residents should split their time between programs that give services to children and adults. The course may be done in the community in which the resident chooses to settle, if permission is given by the program director. However, a similar schedule to the one noted in the rotation must be kept.

The goals of the elective include:

I Medical Knowledge:

GOAL: The resident is expected to read at least 15 of the resources below (most are short). All of these are in the journal *Pediatrics* and are easily found on the AAP website: www.aap.org. (look for policy statements to right on main homepage). See References at bottom for list of resources. Note: Resident may pick other resources to read, as long as they emphasize community medicine.

1. Demonstrate knowledge of at least 10 of these articles through discussion or a short report to the program director.
2. Discussion with the program director of some of the issues the resident sees during the rotation.

II Practice Based Learning and Improvement:

GOAL: By learning about community resources residents should be able to make more appropriate patient management decisions for their special needs patients.

1. Demonstrate the ability to refer children to specific programs for evaluation and treatment of global developmental delay, speech delay, cerebral palsy, muscular dystrophy, learning disabilities, vision or hearing disabilities and other conditions.
2. Be able to access physical therapy, occupational therapy, and speech therapy, and know when to access these services.
3. Demonstrate that he/she has visited and spent time observing at several sites where various therapies and services are provided.

III Interpersonal and Communication Skills

GOALS: Residents are expected to consistently demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with colleagues, patients, and their parents. They must be able to approach the patient and families in a patient-centered manner.

OBJECTIVES:

1. Demonstrate empathy and understanding for patients and families who have chronic medical conditions.
2. Demonstrate an understanding of the necessity of communicating effectively with agencies to which the resident will be referring.
3. Demonstrate excellent communication skills with other members of the care team.

IV Professionalism

GOALS: Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

1. Act in the best interest of the patient and family.
2. Demonstrate a caring and respectful demeanor when interacting with patients and families.
3. Maintain patient/family confidentiality.
4. Demonstrate sensitivity to the child's and family's impression of the child's condition.
5. Demonstrate sensitivity to the different expectations of patients and families based on ethnic, religious and cultural diversity.

6. Respect the integrity of the child and family and their relative roles in decision making.
7. Demonstrate respect for patient modesty.
8. Dress in a professional manner when visiting agencies.

V Systems Based Practice

GOALS: Residents are expected to learn to practice quality health care that is cost-effective and to advocate for patients within the health care system by helping them successfully navigate through it for the best outcomes possible. They should be able to work effectively in a multi-disciplinary team of providers to aid in the best outcomes possible for patients.

1. Demonstrate how one can create partnerships and a medical home for children with special needs.
2. Visit community-based primary care treatment settings for children.
3. Be able to discuss the role of the pediatrician in the school and daycare settings.
4. Discuss the problems of underserved children in the community and how to improve the care they receive.
5. Visit the sites where various therapies and services are provided to observe activities in these environments.
6. Understand the role of the pediatrician in the legislative process by visiting with legislators in Jefferson City, MO.
7. Observe and participate in SAFE evaluations of abused children.
8. Learn how to refer children to and access specific programs for evaluation of speech, learning, physical therapy, occupational therapy, and hearing.

Residents should meet the above Objectives by visiting the following (Penny Adams-Kraus is willing to help you schedule your visits, if you need her to do so):

Agency	Number of Visits	Contact	Required/Elective
Rainbow House	2-7	Holly Monroe MD (Child Abuse specialist)	Required
Open Arms	1-2	Rhonda Beerman (Columbia office coordinator)	Elective
Habitat for Humanity	2	Judy Benish	Elective
WIC	1		Elective
Missouri Care	1-2	Sue Denny	Elective
Missouri State Legislature meeting	2	Jeff Harris (local state representative)	Elective

Agency	Number of Visits	Contact	Required/ Elective
Boone County Health Department	1-2	Stephanie Browning	Elective
DARE program	2	Sgt. Brent Bernhardt	Elective
Local school nurse's office	1-2	Susan Robinson	Elective
Girls Town	1	Susannah Day	Elective
Coyote Hills	2	Andy Upham	Elective
Psychology service	2	Meg Klein-Trull	Elective
Head Start	1	Stacey Owsley	Elective
EEE (talented and gifted)	1	Marte Mason Bock	Elective
Juvenile Justice Center	1	Pete Schmersahl	Elective
Breastfeeding Consultant	2	Pat Stewart	Elective
Rural health clinic for Amish/Mennonite populations	2	Katherine Friedebach	Elective
Boys and Girls Club	1	Karrie Bloss	Elective
Department of Family Services	1		Elective
School for the Deaf	1		Elective
School for the Blind	1		Elective
Therapy for Kids	1		Elective
Health Department Clinics	1		Elective
A Health Center for Amish or Mennonite Communities	1		Elective
A Health Center for Area Hispanic Children	1		Elective
A Home Health Service for Children	1		Elective

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