

Resident Curriculum for Outpatient General Pediatrics

Acute Care Experience

Pediatric residents will rotate through the Acute Care rotation at Green Meadows clinic each of the three years of residency. Med-Peds residents typically spend time here during the intern year and once as a senior resident. The acute care experience provides the resident an opportunity to master the evaluation of the acutely ill child in a problem-based setting. This setting also serves as a significant teaching opportunity where the resident is to serve as an educational resource to the students regarding evaluation and management of commonly presenting acute illnesses.

At all levels of training, residents will be expected to attend all clinic sessions, with the only exception being the resident's continuity clinic session. Saturday morning clinic will be staffed by the residents on the acute care rotations, as will any evening sessions that may be necessary (evening sessions are on an as-needed basis depending on patient volumes).

Competency-based Goals and Objectives

Patient Care: All residents are expected to evaluate and manage common signs, symptoms, and conditions associated with the practice of pediatrics in a timely, effective, and compassionate manner.

Goal: Acquire the skills necessary to evaluate acutely ill patients and develop an appropriate plan for disposition.

Objectives:

PL-1:

- In concert with the medical students rotating in the clinic, assess all patients presenting to the "Sameday" clinic service.
- Obtain appropriate problem-focused history and exam in a timely manner
- Obtain assessment of appropriate risk-factors which may contribute to patient's condition (daycare, smoke exposure, appropriately focused past medical and family history)
- Appropriately use monitoring techniques in the outpatient setting
- Review phone messages from the overnight phone triage service and discuss follow-up concerns with senior resident or attending

PL-2: In addition to the above, upper level residents must

- Obtain appropriate data as above, initially from medical students or junior residents, then confirming information with patient and family
- Exhibit more mature patient assessment skills, recognizing more subtle presentations of common conditions, allowing for more independent assessment and disposition of patients
- Review all phone messages from the overnight phone triage service on a daily basis and return calls to families that require follow-up

PL-3: In addition to the above, upper level residents must

- Obtain appropriate data as above, initially from medical students or junior residents, then confirming information with patient and family
- Exhibit comprehensive evaluation and management skills for acutely ill children, with complex critical thinking to develop a complete follow-up plan
- Review all phone messages from the overnight phone triage service on a daily basis and return calls to families that require follow-up
- Review phone calls received by the daytime triage nurse and provide appropriate management input

Medical Knowledge:

Goal: At all levels, the resident should be able to manage common signs, symptoms and conditions associated with pediatrics:

Respiratory: cough, URI, RSV, respiratory distress, wheezing, asthma, pneumonia, chest pain, ALTE's, stridor, foreign body aspiration

Gastrointestinal complaints: diarrhea, bloody diarrhea, constipation, acute abdominal pain, encopresis, recurrent abdominal pain, colic, GERD, foreign body ingestion

Dermatologic: acne, seborrheic dermatitis, atopic dermatitis, candidal dermatitis, erythema toxicum, milia, insect bites, contact dermatitis, MRSA infections, impetigo, cellulitis, molluscum, viral infections, verruca

Constitutional symptoms: excessive crying, FTT, fever, weight loss or gain, somatic complaints, behavior disturbances

Hematologic/oncologic conditions: easy bruisability, bleeding from mucous membranes, low platelet count, abnormal white blood cell count, abdominal and mediastinal mass, anemia, hemoglobinopathies

Nephrologic/urologic conditions: dysuria and frequency, hematuria, proteinuria, electrolyte disturbances, enuresis, CVA tenderness, undescended testicles, obstructive uropathy, nephrotic syndrome

Endocrine: polyuria, polyphagia, polydipsia, delay of growth, amenorrhea

Musculoskeletal: developmental hip dysplasia, common sports injuries, lower extremity pain, radial head subluxation, uncomplicated fractures

Trauma and lacerations: suturing, evaluation of head trauma, concussion

Cardiovascular: heart murmur, cyanosis, hypertension, syncope, Kawasaki Disease, bacterial endocarditis

Allergic conditions: allergic rhinitis, angioedema, food allergies, serum sickness reactions, urticaria, erythema multiforme

Sexual and physical abuse: evaluation and treatment of shaken baby syndrome, genital and behavioral changes associated with sexual abuse, perform the sexual abuse interview

Psychiatric and behavioral issues: poor school performance, ADHD, anxiety, depression, behavior disturbance, substance abuse, biting, developmental delay, discipline issues, sleep disturbances

Objectives:

PL-1: Demonstrate knowledge of common presentations and basic management plans

PL-2 and PL-3: Demonstrate more in-depth understanding of subtle presentations of common conditions and the more complex interactions of chronic disease with acute illness and how these factors affect management decisions

Goal: Utilize common diagnostic tests and imaging studies appropriately in the outpatient department.

Objective: Residents at all levels must

- Explain indications and limitations of each study, know age-appropriate normal ranges, and apply sensitivity, specificity, positive and negative predictive value to assess test utility
- Recognize cost and utilization issues of tests and radiologic studies

Interpersonal and communications Skills:

Goal: Residents at all levels are expected to consistently demonstrate effective communication with patients, families, and other healthcare professionals in a compassionate and collaborative way that leads to effective information exchange.

Objectives:

PL-1:

- Consistently demonstrate the ability to communicate effectively with patients from diverse cultural and ethnic backgrounds
- Present all patients to the attending physician in a succinct, problem-focused fashion
- Document all patient encounters using a problem-focused format either via dictation or directly in the EMR (povernote) in a clear and timely manner.
- Serve as an educational resource to the students when clinic flow allows, directing small mini-lectures and discussions

PL-2: In addition to the above, upper level residents should

- Manage patient flow by interacting with front desk staff, nursing, and attending staff to assure smooth transition of ill patients from the waiting area throughout their care in the clinic
- Lead “mini-lectures” approximately once per session using personally developed resources or “Index of Suspicion” cases
- Collaborate with other physicians and other health-care personnel to optimize patient care

PL-3: In addition to the above, residents should

- Interact with scheduling nurse and nursing staff to maintain an ongoing awareness of patient flow
- Lead at least one “mini-lecture” per session for junior residents and students
- Facilitate the coordination of care for patients with other health-care personnel and support services

Practice-Based Learning and Improvement:

Goal: Residents are expected to investigate and evaluate patient care practices, appraise and assimilate clinical information to make appropriate patient management decisions, and learn from error.

Objectives: Residents at all levels must

- Consistently review the pediatric literature using both computer and web-based information
- Consistently evaluate their own performance, identify gaps in their own knowledge base, and target their learning to fill these gaps
- Consistently demonstrate learning from error
- Consistently work well with other learners to enhance knowledge
- Consistently provide, request and accept feedback

Systems-based Practice:

Goal: Residents are expected to practice quality health care that is cost-effective and to advocate for patients within the health care system.

Objectives:

PL-1:

- Advocate for families who need assistance dealing with system complexities, including lack of insurance, multiple medication refills, and multiple appointments
- Submit a bill for patient services rendered to the attending physician for review and critique. Demonstrate appropriate documentation to support the level of service.
- Appropriately refer and follow-up patients, and communicate appropriately with subspecialty consultants
- Provide effective preventative care when needed (because of missed opportunities)—review immunization record at all visits

PL-2: In addition to the above, the resident should:

- Begin to manage the clinic service through use of multi-tasking to assign cases to students, supervise junior residents, and interact with clinic staff
- Review the latest CMS guidelines for evaluation and management coding, and use in daily delivery of care
- Advocate for patients and families to help overcome their own barriers or the system's barriers to optimal multidisciplinary care

PL-3: In addition to the above, the resident should:

- Master CMS guidelines for evaluation and management coding and demonstrate this knowledge through daily use as well as by serving as a resource to more junior residents
- Advocate for change within the healthcare and patient-support systems

Professionalism:

Goal: Residents must demonstrate high standards of professional competence while working with patients in the outpatient setting.

Objectives: Residents at all levels must

- Report to clinic on-time and be dressed appropriately
- Consistently act in the best interest of their patients
- Consistently demonstrate a caring and respectful demeanor when interacting with patients and their families
- Maintain patient/family confidentiality
- Demonstrate sensitivity to and respect for differences in race, ethnicity, culture,

socioeconomic status, educational attainment, age, gender, sexual preference, and disability

- Follow-up laboratory studies and react appropriately informing patients/families of results and plan