

Resident Curriculum for Outpatient General Pediatrics Continuity Clinic Experience

Continuity Experience:

The goal of the continuity experience is to allow residents the opportunity to develop an understanding of and appreciation for the longitudinal nature of general pediatric care. This includes aspects of physical and emotional growth and development, health promotion and disease prevention, management of chronic and acute medical conditions, family and environmental impacts, and practice management.

Residents will assume responsibility for the continuing care of a group of patients throughout their training. Inherent in the principal of continuity of care is that patients are seen on a regular and continuing basis, rather than a single occasion. The location where care is delivered will be kept as consistent as possible throughout the resident's three years of training.

The continuity experience will include a setting structured and designed to emulate the practice of General pediatrics and conducive to the efficient processing and management of patients.

Residents will devote at least one-half day per week to their continuity experience throughout the three years residency training, and (space permitting) an additional one half-day session per week will be provided to those residents who express interest. This experience will receive priority over other responsibilities, interrupted only for vacations, compliance with resident work hour restrictions per the ACGME, or outside rotations located at too great a distance to allow residents to return. Residents expressing an interest in a primary care career track will be given the option to spend their second half-day of continuity clinic in a primary care setting.

Patient populations in the continuity experience will include well patients as well as those with complex and chronic problems. Patients will be recruited by the residents from those managed in the normal newborn nursery, emergency department, inpatient service, intensive care unit (both pediatric and neonatal), specialty clinics, and in other sites where resident training takes place.

As a guideline, each half-day experience will include 3 to 6 patients per resident in the first year of training, 4 to 8 patients per half-day in the second-year of training, and 5 to 10 patients per half-day in the third year training. Semi-annual reviews of resident patient populations will be conducted. Ideally, first-year residents will have built a panel of approximately 50 patients or more by the end of the first-year. Second and third year residents will be expected to maintain a panel of at least 100 patients or more.

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: Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting.

Objectives:

PL-1:

- Perform health promotion visits at recommended ages based on approved periodicity schedules.
- Obtain a comprehensive history allowing for the thorough evaluation of the well child.

- Demonstrate recognition of the appropriate milestones used to assess language development, gross motor and fine motor development in a growing child.
- Perform complete physical exams with special focus on age-dependent concerns.
- Perform age-appropriate immunizations according to the AAP periodicity guidelines.
- Become comfortable with a chronically ill child with multiple medical problems in an integrated health care delivery system
- Establish a base of patients who consistently return to see you

PL-2:

- Continue to establish and manage a larger patient population
- Demonstrate coordination of social as well as medical services to optimize patient care
- Demonstrate the ability to manage an acutely ill child effectively within the limitations of a continuity clinic service, paying special attention to time constraints of a general clinic

PL-3:

- Maintain a schedule of 5 to 10 patients per half-day session and stay within scheduling constraints.
- Provide comprehensive health care, health promotion, and developmental surveillance at each visit.
- Demonstrate ability to provide comprehensive care to a chronically ill child with multiple medical problems
- Consistently demonstrate the skills necessary to advance to full-time general practice in an outpatient setting by the end of the 3rd year.

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 or screening tests and imaging studies appropriately in the outpatient setting.

Objectives: 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

Goal: Perform age-appropriate immunizations according to the AAP periodicity schedule.

Objectives:

PL-1: Demonstrate knowledge of the standard immunization schedule and check immunization record at each patient encounter in order to avoid missed opportunities to update vaccinations.

PL-2 and PL-3: Demonstrate understanding of the catch-up immunization schedules and indications for additional vaccines for patients with chronic conditions.

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 (powernote) in a clear and timely manner.

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

- Manage patient flow by interacting with front desk staff, nursing, and attending staff

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

- Interact with scheduling nurse and nursing staff to maintain an ongoing awareness of patient flow

- Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventative health services for children
- Serve as a resource to less experienced residents and students.

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 continuity practice, including scheduling, management of office staff, nursing staff, and supplies
- 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
- Effectively manage his/her continuity practice through coordination of office staff, nursing staff, supplies and patient scheduling

- Demonstrate understanding of the concepts of financial management, risk management, and contract negotiation.

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.

