



Pediatric Inpatient Curriculum

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1

Description of Rotation:

This is a four-week block Pediatric experience with direct supervision by Neonatologists and Pediatricians. Supplemental longitudinal learning in the FMP supervised by Family Medicine Faculty is also expected. Residents will see patient in the Newborn Nursery, and Inpatient Pediatric Wards.

Overall Goal of Pediatric Rotation:

To teach the diagnostic and management skills necessary to handle the common pediatric problems requiring hospitalization and the common newborn problems in the nursery that would be encountered by a family physician.

Patient Care Objectives and Competencies

- PC-1: Cares for Acutely ill or injured patients in urgent and emergent situations in all settings.
- PC-2: Cares for patients with chronic conditions.
- PC-3: Partners with the patient, family, and community to improve health through disease prevention and health promotion.
- PC-4: Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner.

Objectives: Residents must be able to provide family centered patient care that is developmentally and age appropriate, compassionate, and cost effective for the treatment of health problems and the promotion of health.

- Communicate effectively and demonstrate caring and respect when interacting with children, adolescents, and their families. (PC-2/2)
- Gather essential and accurate information about their patients from all available sources (parents, care givers, old records, etc.) and perform the age and developmentally appropriate exam to develop a complete pediatric H+P or Newborn Care plan. (PC-1/1)
- Make informed decisions about diagnostic and therapeutic interventions based upon patient information, current scientific evidence, and clinical judgment. Use of all pertinent lab/test/exam data to formulate an appropriate differential diagnosis upon which to make those decisions is key. (PC-2 /2)
- Develop and carry out patient care management plans based on the presenting problem and formulated differential diagnosis. (PC-2/2)
- Counsel and educate patients and their families regarding the current care plan, anticipatory guidance upon discharge, and by providing comfort and allaying fear. (PC-4/3)
- Use information technology to optimize patient care through Web-based and PDA based resources. (PC-3/1)
- As medically indicated, competently perform appropriate diagnostic/therapeutic procedures, which may include (but not limited to): Lumbar Puncture, Bladder Catheterization, Suprapubic Aspiration, Circumcision with Dorsal Penile Block. (PC-5/2)
- Address age appropriate Health Maintenance concerns at the time of admission and/or discharge. (PC-3/2)
- Work with other members of the health care team to provide patient-focused care. (PC-1/4)

Medical Knowledge Objectives and Competencies

- MK-1: Demonstrate medical knowledge of sufficient breadth and depth to practice family medicine.



- MK-2: Applies critical thinking skills in patient care.

Objectives: Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences and the application of this knowledge to patient care.

- Demonstrate investigatory and analytic thinking by caring for patients who present with a variety of symptoms as well as diseases, from single system to complex, applying both basic and clinical science to each case as appropriate. (MK-2/2)
- Demonstrate competency in managing the common pediatric inpatient conditions faced by a family physician in the community setting and determining when consultation is needed, to include (but not limited to): (MK-2/1)
 - Acute Abdominal Pain
 - Respiratory Emergencies (Apnea/ALTE, Asthma, Bronchiolitis, Croup, Pneumonia)
 - Failure to Thrive
 - Sepsis or possible sepsis
 - Fever without a source
 - Gastroenteritis and/or Dehydration
 - Hyperbilirubinemia
 - Urinary Tract Infection
 - Suspected Child Abuse
 - Normal Newborn Care in the Nursery
 - Prematurity
 - The “Sick” Neonate – Respiratory Distress, Congenital Heart Disease, Hypoglycemia, Sepsis risk, Meconium Aspiration, Dysplastic Hip
- Successful completion of the Neonatal Resuscitation Provider

Topics to cover in rotation:

MK Topic	On-Line Resource
Asthma	http://www.aafp.org/afp/2006/1201/p1901.html
Dehydration	http://www.aafp.org/afp/2009/1001/p692.html
Gastroenteritis	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5216a1.htm
Neonatal Fever	http://www.emedicine.com/ped/topic2698.htm
Otitis Externa	http://www.aafp.org/afp/2001/0301/p927.html
Otitis Media	http://www.aafp.org/afp/2007/1201/p1650.html
Pharyngitis	http://www.aafp.org/afp/2004/0315/p1465.html
Pneumonia	https://www.aafp.org/afp/2012/1001/p661.html
RSV	https://www.aafp.org/afp/2017/0115/p94.html
Sinusitis	https://www.aafp.org/afp/2014/0415/p676.html

Interpersonal and Communication Skills Objectives and Competencies



- C-1: Develop meaningful, therapeutic relationships with patients and families.
- C-2: Communicates effectively with patients, families, and the public.
- C-3: Develops relationships and effectively communicates with physicians, other health professionals, and health care teams.
- C-4: Utilizes technology to optimize communication

Objectives: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Create and sustain therapeutic and ethically sound relationships with patients and their families (C-1/2)
- Meet daily with patients and families, using effective listening skills, discussion with appropriate verbal and non-verbal cues, avoiding “medicalese”. (C-2/2)
- Work effectively with other members of the health care team, including the ER staff, Specialists, Respiratory Therapists, Dieticians, and Social Workers. (C-2/2)
- Chart daily progress notes including status, diagnostic results, and ongoing plans. (C-2/3)
- Timely dictations of the Admitting H+P and Discharge Summary with feedback going to the primary provider. (C-4/2)

Practice Based Learning and Improvement Objectives and Competencies:

- PBLI-1: Locates, appraises, and simulates evidence from scientific studies related to the patients’ health problems
- PBLI-2: Demonstrates self-directed learning
- PGLI-3: Improves systems in which the physician provides care

Objectives: Residents must be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.

- In caring for patients, residents will utilize hospital-based resources such as Web-based tools like UpToDate, MD consult, Info POEMS, as well as current text-based resources such as Pediatrics-In-Review to access the most current and evidence-based approaches to patient care. This material will also be discussed on daily teaching rounds as well as during the weekly Pediatric Morning report. (PBLI-1/1)
- Use handheld devices to provide optimal patient care “at the bedside”. (PBLI-4)
- Take an active role in teaching Medical and other students rotating with the Inpatient Team PBLI-1/5)

Professionalism Objectives and Competencies:

- PROF-1: Completes a process of professionalization
- PROF-2: Demonstrates professional conduct and accountability
- PROF-3: Improves systems in which the physician provides care

Objectives: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

- Interact with the ethnically and socio-economically varied patient population that exists in Hall County and the more rural surrounding areas. (PROF-3/1)



- Continue to develop compassionate, empathetic, and culturally sensitive communication with patients and their families, while also providing age and developmentally appropriate care. (PROF-3/2)
- Continually demonstrate appropriate ethical and professional behavior, including maintenance of patient confidentiality always. (PROF-2/1)

Systems Based Practice Objectives and Competencies

- SBP-1: Provides cost-conscious medical care
- SBP-2: Emphasizes patient safety
- SBP-3: Advocates for individual and community health
- SBP-4: Coordinates team-based care

Objectives: Residents must practice quality health care and advocate for patients in the health care system

- Provide high quality but cost-effective health care via collaboration with Case Managers, Social Workers, and the Home Health Services as applicable to each patient. (SBP-1/2)
- Use PDA and Text based formularies to help provide the most cost-effective medicines for families. (SBP-1/1)
- Adhere to the legal mandate in the State of GA to report any suspicions of Child abuse or neglect to Division of Family and Children Services (855)422-4453. (SBP-3/2)
- Follow patient care protocols such as Babies of GBS+ Mothers or Babies at Risk for Infection, as well as AAP consensus guidelines such as Hyperbilirubinemia or Hip Dysplasia to optimize patientcare. (SBP-2/2)