



**Pediatrics - Inpatient**

**PGY: 1**

NGMC- Family Medicine Residency Program  
Gainesville, Ga

**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 patients in the newborn nursery and inpatient pediatric wards.

**Overall Goal of Pediatrics - Inpatient PGY1 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.

**Rotation Location:** NGMC - Gainesville; NICU and Newborn Nursery  
743 Spring St NE  
Gainesville, GA 30501

**Preceptor(s):** The Longstreet Clinic - Inpatient Pediatricians  
Ramanpreet Dhindsa, MD      Jessica Kobleur, MD      Amanda Burnham, MD

**Sample PGY 1 Rotation Schedule**

M	T	W	TH	F	Sat	Sun
Pediatric Wards/ Nursery	Pediatric Wards/ Nursery	Pediatric Wards/ Nursery	Pediatric Wards/ Nursery	Pediatric Rounds/Newborn Nursery	Call two weekends a month	Call two weekends a month
Pediatric Wards	FM Clinic	Didactic Half Day	Pediatric Wards	Pediatric Wards	Call two weekends a month	Call two weekends a month

<b>Patient Care:</b>	
PGY level	By the end of the rotation, the resident will be able to:
1	Assess 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-2)
1	Devise informed decisions about diagnostic and therapeutic interventions based upon patient information, current scientific evidence, and clinical judgment. Use of all pertinent labs/tests/exam data to formulate an appropriate differential diagnosis upon which to make those decisions is key. (PC-2)
1	Generate and carry out patient care management plans based on the presenting problem and formulated differential diagnosis. (PC-3)
1	Present and educate patients and their families regarding the current care plan, anticipatory guidance upon discharge, and providing comfort and allaying fear. (PC-2)
1	Apply information technology to optimize patient care through Web-based and PDA based resources. (PC-2)



1	As medically indicated, competently perform appropriate diagnostic/therapeutic procedures. (PC-5)
1	Integrate age-appropriate Health Maintenance concerns at the time of admission and/or discharge. (PC-1)
1	Work with other members of the health care team to implement patient-focused care. (PC-1)

<b>Medical Knowledge Objectives and Competencies</b>	
PGY level	By the end of the rotation, the resident will be able to:
1	Demonstrate investigatory and analytical 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)
1	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) <ul style="list-style-type: none"> <li>• Acute Abdominal Pain</li> <li>• Respiratory Emergencies (Apnea/ALTE, Asthma, Bronchiolitis, Croup, Pneumonia)</li> <li>• Failure to Thrive</li> <li>• Sepsis or possible sepsis</li> <li>• Fever without a source</li> <li>• Gastroenteritis and/or Dehydration</li> <li>• Hyperbilirubinemia</li> <li>• Urinary Tract Infection</li> <li>• Suspected Child Abuse</li> <li>• Normal Newborn Care in the Nursery</li> <li>• Prematurity</li> <li>• The “Sick” Neonate – Respiratory Distress, Congenital Heart Disease, Hypoglycemia, Sepsis risk, Meconium Aspiration, Dysplastic Hip</li> </ul>

<b>Interpersonal and Communication Skills</b>	
PGY level	By the end of the rotation the resident will be able to:
1	Develop rapport and build therapeutic relationships with patients. (ICS-1)
1	Communicate effectively with patients and families. (ICS-1)
1	Communicate effectively with physician colleagues at all levels. (ICS-2)
1	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-2)
1	Present information concisely and clearly both verbally and in writing on patients. (ICS-3)

<b>Systems Based Practice Objectives and Competencies</b>	
PGY level	By the end of the rotation, the resident will be able to:
1	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-2)
1	Describe when to ask for help and advice from senior residents and attending physicians. (SBP1)
1	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients. (SBP-3)



1	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-2)
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**Practice Based Learning and Improvement Objectives and Competencies**

PGY level	By the end of the rotation, the resident will be able to:
1	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine. (PBLI-1)
1	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
1	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change. (PBLI-2)

**Professionalism Objectives and Competencies**

PGY level	By the end of the rotation, the resident will be able to:
1	Acceptance of professional responsibility as the primary care physician for patients under his/her care. (PROF-2)
1	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes. (PROF-1)
1	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-1)
1	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-3)

**Osteopathic Objectives and Competencies:**

By the end of the rotation/residency:	
Perform an accurate and complete structural and physical exam including somatic dysfunction. (PC1)	
Be able to independently apply direct and indirect OMT to the clinical scenario that is presented. (PC2)	
Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc. (MK1)	
Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> <li>• 1. The body is a unit; the person is a unit of body, mind, and spirit.</li> <li>• 2. The body is capable of self-regulation, self-healing, and health maintenance.</li> <li>• 3. Structure and function are reciprocally interrelated.</li> <li>• 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. (MK2)</li> </ul>	
Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3)	
Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1)	

**Teaching Methods**

Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	



<b>Procedures/Skills Taught (PC5) Number of procedures listed for competency</b>	
Lumbar Puncture	Peripheral IV placement (3)
Bladder Catheterization	Venipuncture

<b>Supervision/Evaluation:</b>
Resident will work one-on-one and be supervised by board certified pediatricians and family medicine physicians. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

<b>Assessment Methods</b>	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

<b>EPA's</b>
(EPA 2) Care for patients and families in multiple settings (milestones PC 1, 2, 3, 5)
(EPA 9) Diagnose and manage acute illness and injury (milestones SBP 1, 2, 4)
(EPA 11) Manage inpatient care, discharge planning, transitions of care (milestones PBL 1)

<b>Residency Outcomes</b>
2. Diagnose and manage <i>acute illness</i> and injury for people of all ages in the emergency room or hospital
3. Provide <i>comprehensive care of children</i> , including diagnosis and management of the acutely ill child and routine preventive care
1. Perform the <i>procedures</i> most frequently needed by patients in continuity and hospital practices

<b>Resources: Required Reading</b>	
Asthma	<a href="https://www.aafp.org/afp/2013/0715/p130.html">https://www.aafp.org/afp/2013/0715/p130.html</a>
Dehydration	<a href="https://www.ncbi.nlm.nih.gov/books/NBK436022/">https://www.ncbi.nlm.nih.gov/books/NBK436022/</a>
Gastroenteritis	<a href="https://www.aafp.org/afp/2019/0201/p159.html">https://www.aafp.org/afp/2019/0201/p159.html</a>
Neonatal Fever	<a href="https://www.aafp.org/afp/2013/0215/p254.html">https://www.aafp.org/afp/2013/0215/p254.html</a>
Acute Abdominal Pain	<a href="https://www.aafp.org/afp/2016/0515/p830.html">https://www.aafp.org/afp/2016/0515/p830.html</a>
Pediatric Respiratory Emergencies	<a href="https://www.acls.net/pals-algo-respiratory-emergencies.html">https://www.acls.net/pals-algo-respiratory-emergencies.html</a>
Failure to thrive	<a href="https://www.aafp.org/afp/2016/0815/p295.html">https://www.aafp.org/afp/2016/0815/p295.html</a>
Hyperbilirubinemia	<a href="https://www.aafp.org/afp/2014/0601/p873.html">https://www.aafp.org/afp/2014/0601/p873.html</a>
Urinary Tract Infection	<a href="https://www.aafp.org/afp/2011/0215/p409.html">https://www.aafp.org/afp/2011/0215/p409.html</a>
Suspected Child Abuse	<a href="https://oca.georgia.gov/mandated-reporting">https://oca.georgia.gov/mandated-reporting</a>
Newborn Care in the Nursery	<a href="https://www.aafp.org/afp/2014/0901/p289.html">https://www.aafp.org/afp/2014/0901/p289.html</a> <a href="https://www.aafp.org/afp/2014/0901/p297.html">https://www.aafp.org/afp/2014/0901/p297.html</a>
Care of the Sick Neonate	<a href="https://www.aafp.org/afp/2002/1101/p1685.html">https://www.aafp.org/afp/2002/1101/p1685.html</a>



<b>Osteopathic Curricular Elements</b>	
Osteopathic Considerations in the Pediatrics	<b>SDOFM 2<sup>nd</sup> edition</b> <ul style="list-style-type: none"><li>• Chapter 12 – The Pediatric Patient<ul style="list-style-type: none"><li>○ Read pages 115-127</li><li>○ View PowerPoint on <i>The Pediatric Patient</i></li></ul></li><li>• Chapter 21 – Patient with Otitis Media<ul style="list-style-type: none"><li>○ Read pages 226-233</li><li>○ View 3 linked videos</li><li>○ View PowerPoint on <i>Patient with Otitis Media</i></li></ul></li></ul>
Newborn/Nursing Difficulty/Plagiocephaly	<b>OMT Video Library</b> <ul style="list-style-type: none"><li>• View videos under <i>Nursing Difficulty/Newborn/Plagiocephaly</i></li></ul>
Asthma	<b>OMT Video Library</b> <ul style="list-style-type: none"><li>• View videos under <i>Asthma</i></li></ul>
Otitis Media	<b>OMT Video Library</b> <ul style="list-style-type: none"><li>• View videos under <i>Otitis Media</i></li></ul>
Osteopathic Foundations in Pediatrics	<b>Foundations of Osteopathic Medicine fourth edition</b> <ul style="list-style-type: none"><li>• Read pgs. 1124-1165 (Considerations in Pediatrics)</li><li>• Review pgs. 763-782 (Viscero-somatic reflexes, SS reflexes, Jones Tenderpoints Trigger points and Chapman’s points)</li></ul>