OUTPATIENT PEDIATRICS ROTATION - WRNMMC

**Overall goal:** To build a solid foundation of outpatient pediatric knowledge, patient care, and systems-based practice through an outpatient pediatric experience over each of the three years of training. In addition, through interactions with faculty and patients the resident will learn and demonstrate professionalism and effective interpersonal and communication skills.

**Participants:** PGY-1, PGY-2, and PGY-3 residents

**Duration:** Four weeks

**Facilities utilized:** WRNMMC Pediatric clinic

**Teaching faculty:** Staff physicians (military and civilian); pediatric nurse practitioners; certified lactation consultants

**Resources available:** -Text library in the resident conference room; access to faculty texts, CD-ROMs, and education files; Darnall Medical Library; web-based resources available in the medical library

**Methods of evaluation:** -Case discussion; chart review; direct observation; nurse and ancillary staff feedback; end-of-rotation examination. 
-Resident will receive an oral mid-rotation evaluation and a written and oral evaluation at the completion of the rotation.

**Point of Contact:** Dr. Cassandra Carr (Rotation Director)
Specific Training Level Requirements/Duties:

PGY-1
- Contact the rotation director prior to the start of the rotation to provide your schedule (continuity, post-call, leave, etc.).
- Meet with rotation director the first day of the rotation to review your responsibilities and to go over your schedule.
- Attend clinic daily (0900-1700, or until last patient seen).
- You must attend at least 22 half days of clinic (including didactics) to complete the rotation.
- Attend morning report from 0745-0845 in the pediatric clinic conference room. Attendance is MANDATORY.
- Attend daily huddle with medical home team 0850-0900.
- Every other Thursday morning report is replaced by USUHS Grand Rounds.
- Work with the assigned preceptor of the day to see both acute and well patients, staffing all patients with the preceptor.
- Complete and submit an end-of-rotation examination.
- Serve as procedural provider ½ day biweekly

PGY-2
- Meet the requirement of a PGY-1 listed above
- Staff the 2 week Newborn Clinic once a week
- Serve as assistant Triage provider
- When the third year is not present you will be expected to perform many of the duties of the third year resident
- Review all telephone consults with a preceptor.

PGY-3
- Meet the requirement of a PGY-1 listed above
- Serve as Triage Provider and answer telephone consults as needed or assigned by the triage nurse.
- Precept and teach junior residents as needed.
- Help organize transports and facilitate admissions to WRNMMC/CNMC.
- Assist faculty (especially visiting faculty) with sick/complicated patients.
- Provide consultation to ED and other WRNMMC clinics as needed.
- Review ER follow-up and triage sheets daily M-F.
- Participate in decisions regarding upcoming appointment case mix
- Assist in DMHRSi reporting of individual workload
COMPETENCY-BASED LEARNING OBJECTIVES

Patient Care – Resident will provide compassionate medical care that is effective in meeting the child’s health care needs and promotes overall health. Care should be developmentally and age appropriate, and should focus on the family as a whole.

1. Conduct a medical interview obtaining pertinent and complete details, in a manner that is efficient and respectful
2. Perform a physical exam appropriate for the patient’s reason for the visit that is accurate, thorough, age-appropriate, reproducible, and respectful of patient privacy
3. Perform an age-appropriate developmental screening
4. Correctly identify which sick patients may safely be treated as outpatients, and which require hospitalization
5. Assimilate the history, physical, and all available information and formulate a differential diagnosis and probable diagnosis, articulating the thought process for arrival at the final diagnosis
6. Identify which patients are in need of diagnostic studies, and explain the purpose and method of those studies to the patient and family
7. Is able to perform and/or interpret all medical procedures considered essential to the scope of practice, including but not limited to: pulse oximetry, pulmonary function tests, tympanometry, cerumen removal, nebulizer/MDI treatments, pneumatic otoscopy, venipuncture, intravenous line placement, lumbar puncture, urethral catheterization, vision screen, and fluorescein examination of the eyes
8. Interpret laboratory and radiographic studies and how they relate/explain/fail to explain the patient’s symptoms; describe their usefulness in arriving at a final diagnosis
9. Explains exam and diagnostic findings to a patient and their family in a manner which is understandable and thorough, and addresses the patient’s and families’ concerns.
10. Develop a treatment plan, explain it to the family, and carry it out appropriately, including follow-up by phone or in the office
OUTPATIENT PEDIATRICS ROTATION - WRNMMC

11. Counsel patients in a manner that is understandable to the patient and their family, and enhances or maintains overall health and assists in disease and injury prevention.
12. Actively involve the patient and their family in any decision that affects the patient’s overall health and well-being; provide them with the necessary information in a clear, non-threatening manner that comforts the patient and their family and attempts to allay their fears.

Professionalism – The resident will carry out daily clinic duties in a professional manner, will fulfill all responsibilities, and will adhere to accepted ethical principles. The resident will demonstrate sensitivity to ethnic, cultural, and religious diversity.

1. Demonstrates appropriate military bearing; well-groomed in the uniform of the day; behaves in a manner appropriate for a military medical officer.
2. Demonstrates respect for ethnic, cultural, and religious diversity, and attempts to modify treatments when necessary to suit a patient’s or families’ diverse needs.
3. Knows the importance of continuity of care; takes ownership of patients by offering and providing follow-up of complicated and/or seriously ill children, or by arranging follow up with the patient’s physician.
4. Respects patient privacy by demonstrating proper custody of patient medical records and by not discussing patient care in public; knows HIPAA regulations and follows HIPAA instruction with respect to transfer of medical information by fax, e-mail, etc.
5. Takes time to ensure complete care of patients, even, if needed, at the expense of personal time and interests.

Interpersonal and Communication Skills – The resident will demonstrate interpersonal and communication skills in a manner which facilitates effective exchange of information and partnership with associates, patients, and their families.

1. Maintains complete, timely, accurate and legible medical records
2. Consults subspecialists appropriately in written and/or oral forms.
3. Explains and discusses physical exam and diagnostic findings with the patient and their family in a clear manner while avoiding medical jargon.
4. Effectively counsels the patient and their family on various anticipatory guidance topics
5. Recognizes any language, cultural, educational, socioeconomic or religious barrier to communication or medical treatment and seeks to overcome this barrier.

6. Works well with nurses and support staff, in a manner which is respectful and enhances timely and effective patient care.

**Practice-Based Learning and Improvement – The resident will use established scientific methods and evidence to investigate, evaluate, and improve their patient care practices.**

1. Identifies their own strengths and weaknesses at the beginning of the rotation and strives to improve on them during the course of the rotation.

2. Demonstrates awareness of their own limitations with respect to experience and knowledge base and appropriately seeks consultation with faculty.

3. (Where appropriate) Demonstrates progression from prior rotations with respect to the general pediatric competencies.

4. Adept at searching the medical literature and using internet resources.

5. Actively educates self, patients, parents, faculty, and peers; able to tailor education to fit the level of the audience; uses written information to reinforce education.

6. Participates in chart review with preceptor, striving to identify accuracy of documentation, appropriateness of medical treatment, and medical errors.

**Medical Knowledge – Resident will demonstrate knowledge appropriate for level of training (PL-1, PL-2, etc.) with respect to the following general pediatric topics:**

1. *Immunizations* – know the current schedule and how to access the catch-up schedule; know the side effects of vaccines administered; review immunization records and interpret which children are up to date and which children are behind; demonstrate how to handle difficult immunization scenarios (the child who is very behind, parental refusal of immunizations, immunizations in the immunocompromised child).

2. *Infant and child nutrition* – demonstrate knowledge of general breastfeeding concepts and compare the content of formula to breast milk; describe introduction of solids in the first year of life; know recommendations for iron and vitamin D supplementation; describe a balanced diet in the toddler, school-age child, and adolescent.

3. *Routine screenings* – know the indications for vision, hearing, TB, lead, cholesterol, and dental screenings; demonstrate competency in screening for...
the above; know the indications for referral and/or testing for abnormal screening results
4. **Anticipatory guidance** – demonstrate ability to provide age-appropriate anticipatory guidance and counseling relating to nutrition, sleep, bowel and bladder patterns, child safety, dental care, behavioral problems, and school readiness
5. **Growth** – identify normal and abnormal patterns of growth (weight, height, and head circumference); know variations of normal on the pediatric growth chart; describe the work-up for abnormal patterns of growth (weight, height, and head circumference)
6. **Development** – Identify age-appropriate developmental milestones; know the overall incidence of developmental delay in the population at large and the most common causes of global, gross motor, and speech delay; know indication for referral for developmental delay and describe resources in both the community and the health system for children with developmental delay
7. **Otitis media/externa** – Know the most common bacterial and viral etiologies of otitis media; interpret physical exam findings to distinguish otitis media from otitis externa and otitis media with effusion; describe treatment for the three ear conditions listed, including rational for choice of antibiotics; list possible complications; describe indications for referral and for surgical treatment
8. **Dermatologic conditions** – recognize normal newborn rashes (seborrhea, acne, milia) and describe their treatment and expected duration; identify atopic dermatitis and describe the etiology and treatment regimen, including skin care, use of antihistamines, topical steroids, and topical immunomodulators; identify common viral exanthems and describe their etiology; recognize common fungal infections and their treatment
9. **Gastroenteritis and dehydration** – Identify the most common presentation and most common etiologies of gastroenteritis in infants, children, and adolescents; interpret through physical exam findings the dehydrated child and know treatment options for dehydration.
10. **Acute respiratory illnesses** – Know the most common presentations of acute respiratory distress in the pediatric clinic (bronchiolitis, croup, asthma, epiglottitis pneumonia), and describe their etiologies; identify the child in acute respiratory distress and define illness-specific treatment and indications for admission
11. **Acute abdomen** – Recognize the infant or child with an acute abdomen and/or emesis (bilious, nonbilious) and identify possible age-appropriate etiologies (pyloric stenosis, intussusception, malrotation, volvulus, appendicitis); describe treatment
12. **Fever without source** – Demonstrate knowledge of the literature pertaining to workup of fever without source; define common etiologies, evaluation, and treatment

13. **Other common pediatric infections** – demonstrate knowledge pertaining to etiology and treatment of pharyngitis, meningitis, conjunctivitis, sinusitis, and urinary tract infections

14. **Constipation/encopresis/enuresis** – Identify common etiologies and populations at risk; discuss treatment, focusing on both behavioral and pharmacologic modalities

15. **Orthopedic conditions** – Define the most common orthopedic conditions encountered in infants and children (club foot, metatarsus adductus, intoeing, genu varus/valgus, developmental hip dysplasia, child with a limp, joint swelling); define the differential diagnosis, evaluation, and treatment of the above conditions

16. **Child abuse and neglect** – recognize common physical findings associated with child physical and sexual abuse and neglect; describe the evaluation of the abused/neglected child and notification of the appropriate local, federal, and military agencies

17. **Cardiac evaluation** – identify benign and pathologic murmurs and their evaluation; identify common causes of pediatric chest pain and their treatment

---

**Systems-Based Practice** – The resident must practice quality health care and act as advocates for patients and their families in the health care system as well as the community.

1. Use diagnostic studies, medications, and subspecialty referrals in a cost-effective manner that doesn’t compromise patient care.

2. Help a patient and their family navigate the military medical system when referring a patient to another provider, to a civilian provider, or to a community resource

3. Know how to access and work with pediatric social workers and case managers to optimize medical care delivery to a patient and their family.

4. Demonstrate use of the “medical system outside the medical system”: the community resources like WIC, Early Intervention, community health nurses, and child protective services that help to provide comprehensive medical care

5. Describe difference between the military medical system, a civilian HMO, and fee-for-service medical care

6. Know how to advocate for health promotion and disease and injury prevention at both the individual and community level