NAME OF ROTATION: Faculty Practice

COURSE DIRECTOR: Iris Buchanan, MD

LOCATION: Morehouse Medical Associates
75 Piedmont Rd Ave, 6th floor
Atlanta, GA 30303

TRAINING LEVEL: PGY-1

LENGTH OF ROTATION: 1 month

COURSE DESCRIPTION:

According to recent research, more than eight out of ten pediatric residency graduates have selected an office based primary care practice as a career choice. The general pediatrics office experience is designed to address this growing trend in career choice by providing residents with the educational tools and practical experience, which is not traditionally obtained through a hospital based residency-training program. Through an integrated service-learning approach, residents will be exposed to the multiple aspects of general pediatric practice in a private office setting, including barriers as well as enabling factors that are vital to a successful practice. The rotation is located at the Morehouse School of Medicine Pediatrics Department's office practice where many faculty members (general Pediatricians and Pediatric subspecialists) deliver general Pediatric care.

GOALS, OBJECTIVES AND CORE COMPETENCIES:

GOAL 1: Increase pediatric residents' understanding of an office based primary care practice

Objective 1.1: The resident will develop an increased understanding of the management of chronic and acute illness in a general pediatric office setting.

Objective 1.2: The resident will be able to describe how a community oriented practice can tailor the practice needs of the community and collaborate with community agencies to provide medical care and advocacy for children.

Objective 1.3: The resident will be able to demonstrate an awareness of and appreciation for the different types of medical management required to treat common conditions in practice settings as compared to a major medical center encountered during the in patient rotation.

Objective 1.4: The resident will fully understand and appreciate the primary pediatrician's role in the community.

GOAL 2: Understand the importance of effective practice management for high quality health care delivery.

Objective 2.1: The resident will develop an increased understanding of the business aspect of a general pediatric practice, including customer service, scheduling, billing, marketing, contract negotiations, personnel utilization, and business & financial planning.

Objective 2.2: The resident will develop an increased understanding of effective risk management, quality assurance, record keeping, telephone triaging, and patient follow-ups.

Objective 2.3: The resident will understand the scope of a community office based practice including the feasibility of specific office based laboratory procedures, compliance issues, patient education, quality assessment and improvement and utilization review.

GOAL 3: Evaluate community practice as a potential career choice.

Objective 3.1: The resident will discuss with the preceptor and course director the potential impact of various practice arrangements and locations on the pediatrician's accomplishment of personal and professional goals.

Objective 3.2: The resident through discussions with the preceptor and course director will be able to identify general principles pertaining to preparing curriculum vitae, interviewing for a job, and negotiating a contract.

GOAL 4: The preceptors will enhance their teaching and research skills through participation in the Morehouse School of Medicine's Faculty Development Program.

Objective 4.1: The preceptor will enhance their ability to implement evidence –based medicine as well as conduct clinical research.

Objective 4.2: Enhance the abilities of primary pediatric care practitioners in the community to provide effective clinical training for future primary care practitioners.

Objective 4.3: Train community pediatric preceptors to become effective teachers and mentors.

Objective 4.4: Enhance the abilities of community pediatric practitioners to practice evidence- based medicine.

Objective 4.5: Enhance the abilities of community pediatric practitioners to become effective advocates for their patients.

Objective 4.6: Enhance the link and cooperation between community pediatric practitioners and the pediatric family at Morehouse School of Medicine with their participation in the Community Pediatrics Residency Program.

COMPETENCIES:

Pediatric Competencies in Brief: Continuity/Outpatient Pediatrics

Competency 1: **Patient Care**. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1.1: Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.

1.2: Provide sensitive support to patients and their families in the outpatient setting.

1.3: Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.

Competency 2: **Medical Knowledge**. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

2.1: Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.

2.2: Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

3.1: Provide effective patient education, including reassurance, for conditions common to the outpatient setting.

3.2: Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

3.3: Develop effective strategies for teaching students, colleagues and other professionals.

3.4: Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.

Competency 4: **Practice-based Learning and Improvement**. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

4.1: Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.

4.2: Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.

4.3: Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: **Professionalism.** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

5.1: Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).

5.2: Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

5.3: Adhere to ethical and legal principles and be sensitive to diversity.

Competency 6: **Systems-Based Practice**. Understand how to practice high quality health care and advocate for patients within the context of the health care system.

6.1: Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.

6.2: Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.

6.3: Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.

6.4: Recognize one's limits and those of the system; take steps to avoid medical errors.

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

PROCEDURES:

Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- Abscess: I & D of superficial abscesses
- Abscess: aspiration
- Bladder: catheterization
- Conjunctival swab
- Ear: cerumen removal
- Eye: eyelid eversion
- Foreign body removal (simple): nose, ear, subcutaneous
- Inguinal hernia: simple reduction
- Intravenous line placement
- Liquid nitrogen treatment for molluscum/warts
- Lumbar puncture

- Medication delivery: inhaled, IV
- PPD: placement
- Pulmonary function tests: peak flow meter
- Pulse oximeter: placement
- Rectal swab
- Reduction of nursemaid elbow
- Skin scraping
- Subungual hematoma: drainage
- Suctioning: nares , ororpharynx
- Throat swab
- Tooth: temporary reinsertion
- Urethral swab
- Venipuncture
- Wood's lamp examination of skin

Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- ECG: emergency interpretation
- PPD: interpretation
- ECG: perform
- Monitoring interpretation: pulse oximetry
- Radiologic interpretation: abdominal X-ray
- Radiologic interpretation: chest X-ray, extremity X- ray, sinus films
- Tympanometry evaluation: interpretation
- Vision screening

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

SCHEDULE:

Residents will attend weekly assigned continuity clinic. Residents are required to attend all Grand Rounds, weekly didactic lectures, resident meetings, and participate in the regularly scheduled calls. Residents are scheduled to take one-week vacation during this rotation. Residents will give a presentation at the end of the rotation. Residents will participate in telephone triaging once per week.

DIDACTIC SESSIONS:

- Growth and development
- Well child visit and immunizations
- Management of common acute and chronic childhood illnesses
- Preventive care and anticipatory Guidance.
- Nutritional guidance
- Common childhood behavioral and eating disorders
- Telephone triaging and hospital follow up.

EVALUATION:

The preceptor and resident will complete evaluation forms on the six core competencies via electronic evaluation form.

REFERENCES:

—Stockman J; Lohr J: Essence of Office Pediatrics. WB Saunders, 2001.
—Netting P: Community Oriented Primary Care- From Principle to Practice.
—University of New-Mexico Press, 1990
—Hoekelman R: Primary Pediatric Care. Mosby, 3rd edition, 1997.
—Nelson's textbook of pediatrics-17th edition.
—Bright Futures