

NAME OF ROTATION: Rural Pediatrics Rotation

<u>COURSE DIRECTOR:</u> Yolanda Wimberly, MD, MSc

PRECEPTORS: Kristin S. Rischar, MD

Tamika Ussery-Freeman, MD

Amy R. Stevens, MD

LOCATION: Crisp Regional Pediatrics

408 East 3rd Avenue Cordele, GA 31015 229-271-2229

PRECEPTORS: Roberteen Howard, MD

LOCATION: Harbin Clinic Pediatrics

330 Turner McCall Blvd, Suite 4000

Rome, GA 30165 706-238-8030

TRAINING LEVEL: PGY-2

LENGTH OF ROTATION: 1 month

COURSE DESCRIPTION:

General Pediatricians practicing in a rural setting face a unique cadre of health care issues. In addition to being face with a variety of medical concerns, health care providers must address cultural, social, and economic factors which are specific to practicing in a rural setting. The Rural Pediatrics Rotation will offer the second year resident an opportunity to experience the various health care and socioeconomic issues inherent in a rural community. Residents will work with General Pediatricians in an ambulatory office practice as well as attend to patients in the hospital setting. Residents will also attend cesarean sections with the preceptors.

GOALS, OBJECTIVES AND CORE COMPETENCIES:

GOAL 1: Provide residents with an experience that will introduce them to the health problems, practice considerations, and lifestyle of rural southern Georgia.

Objective 1.1: The resident will be able to describe pediatric health problems unique to rural communities including associated economic, social, and behavioral factors.



- **Objective 1.2**: The resident will be able to identify resources available in the rural community which provide social and economic support to families in need.
- **Objective 1.3**: The resident will be able to comprehensively discuss important issues to consider in establishing a rural pediatric practice.
- **Objective 1.4**: The resident will be able to diagnose and manage common pediatric problems specific to a rural community.
- <u>GOAL 2</u>: Offer residents the opportunity to participate fully in a busy rural general pediatric practice and understand the importance of effective practice management for high quality health care delivery.
 - **Objective 2.1**: The resident will develop an understanding of the business aspect of a rural pediatric practice, including customer service, scheduling, billing, marketing, contract negotiations, personnel utilization, and business & financial planning and be able to compare and contrast these issues with a pediatric practice located in an urban setting.
 - **Objective 2.2**: The resident will build upon their understanding of effective risk management, quality assurance, record keeping, and patient follow-ups.
 - **Objective 2.3**: The resident will understand the scope of a rural community office based practice including the feasibility of specific office based laboratory procedures, compliance issues, patient education, quality assessment and improvement and utilization review.
 - **Objective 2.4**: As indicated by a recent study published in The Archives of Pediatric Adolescent Medicine, care givers are very likely to follow the advice given by pediatric residents. In keeping with this research, residents will be expected to provide telephone advice during call coverage in an empathetic and comprehensible manner to families to improve health care outcomes and compliance.
- **GOAL 3**: Evaluate rural community practice as a potential career choice.
 - **Objective 3.1**: The resident will discuss with the preceptor and course director the various advantages and disadvantages of practice arrangements in a rural setting.
- **GOAL 4**: Provide patient education based upon evidence based medicine.
 - **Objective 4.1**: The resident will be able to understand, discuss and respond empathetically to the various cultural beliefs and societal influences which affect the delivery of effective health care in a rural setting.



Objective 4.2: The resident will be able to discuss and counsel families about the specifics medical conditions which commonly present in a rural health care setting.



COMPETENCIES:

Pediatric Competencies in Brief: Continuity/Outpatient Pediatrics

Competency 1: Patient Care. Provide family-centered patient care that is developmentand 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., Baron, 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 not attend their regularly scheduled Continuity Clinic or Monday conferences during their Rural Health Pediatric Rotation. Residents will take one weekend call in the rural health month and will be on call every 4th night during the rotation. Residents are scheduled to take one-week vacation during this rotation.

	MON	TUES	WED	THURS	FRI	SAT
7:30	Hospital Rounds					-
9:00	Ambulatory Office Practice				-	
12:00	L	U	N	С	Н	
1:00-5:00 PM	Ambulatory Office Practice				-	



DIDACTIC SESSIONS:

Residents are expected to attend and participate fully in didactic sessions, conferences, and rounds as identified by the preceptor. Reading material will be assigned at the discretion of the preceptor.

- 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.

EVALUATIONS:

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

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