

Progression of Training and Skills Pediatrics

Preamble

The Residency Program expects that those residents wishing to develop the knowledge, practical skills and judgment necessary for "full spectrum practice" will recognize the contribution of care "from cradle to grave". It is recognized that these attributes are acquired incrementally which is challenging when patients present randomly with differing degrees of diagnostic and management complexity. The rate at which these competencies will be acquired is outlined for each month of pediatric experience, with corresponding adjustments in responsibility and supervision. Pediatric experience will be gained through two blocks of inpatient/outpatient experience at Altru hospital in the first year of residency. In addition, the resident will have a block rotation at the Grand Forks Air Force Base and a NICU rotation in the third year of residency.

Residents will have at least 200 hours AND 250 patient encounters dedicated to the care of ill child patients which will include:

- a minimum of 75 inpatient encounters with children
- a minimum of 75 emergency department patient encounters with children
- at least 40 newborn patient encounters
- at least 200 hours dedicated to the care of children and adolescents in an ambulatory setting

Residents will also complete the two ABFM Part II Pediatric SAM modules prior to completion of pediatric rotations

Goals

- An appreciation of the important role of pediatrics in family medicine practice
- An understanding of the physiology of growth and development and the pathophysiology in common disorders of same
- Competence in the diagnosis and management of common pediatric presentations
- Familiarity with community services provided to safeguard the infant or child at risk

Objective

- Ability to perform a concise pediatric history and physical examination including family and developmental history without errors of omission
- Ability to recognize normal growth and development with early departures from same
- Competence in the recognition and management of common diseases involving the pediatric population including weight/age-based administration of drugs and intravenous fluids
- Awareness of preventive health strategies and immunization policies and practices
- Recognition of the common behavioral and psychiatric conditions in childhood
- Competence in the care and assessment of the newborn
- Awareness of personal limitations and timely recognition of need for consultation
- Ability to communicate in compassionate, knowledgeable manner and address complex psychosocial pediatric issues with patients and families

The goals and objectives are achieved through a combination of structured inpatient/outpatient experience, together with didactic instruction.

Definitions

Direct supervision – the supervising physician is physically present with the resident and patient

Indirect supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

Indirect supervision with direct supervision available - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members. Faculty members functioning as supervising physicians will delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

In general, the emphasis in the first year is on maturation of history taking, physical examination, assessment and presentation. The first-year resident will be guided toward a practical understanding of the current electronic medical record and its operation. Organization, presentation, and documentation of clinical material will be demonstrated and modeled. Throughout, direct supervision will be provided. It is anticipated that resident progress will have occurred to permit "indirect supervision with direct supervision available" by the second year and is a program requirement for advancement.

In accordance with the changing scope of pediatric practice, a rigid distinction between inpatient and outpatient service has largely disappeared and educational site is governed by workload. Consequently, the majority of time, the resident is functioning in close association with, and as part of, a team composed of staff physicians and physician extenders, regardless of whether the setting is inpatient or outpatient. All supervision of first-year residents is direct. First-year residents who are on call for pediatrics do so from home, being called in with the staff pediatrician for admissions. If the inpatient service is being staffed by a second or third year resident, then such resident will have been previously evaluated as no less than "interpreter" stage and suitable for some degree of indirect supervision.

[Revised and approved at the Faculty Meeting April 3, 2012]

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Suggested reading:

[Abdominal pain](#)

[Acute otitis media](#)

[ADHD](#)

[Asthma](#)

[Bronchiolitis](#)

[Child development](#)

[Constipation](#)

[Croup](#)

[Gastroenteritis](#)

[Heart murmur](#)

[Hip dysplasia](#)

[Neonatal jaundice-1](#)

[Neonatal jaundice-2](#)

[Newborn examination-1](#)

[Newborn examination-2](#)

[Otitis media with effusion](#)

[Peritonsillar abscess](#)

[Pharyngitis](#)

[Pneumonia](#)

[Treatment of the common cold](#)

[UTI](#)

[Vaccines](#)