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UFH Family Medicine Training Program Curriculum Goals and Objectives 2013

Rotation: T1 Pediatric Inpatient

Faculty Administrator: Setsuko Hosoda, MD, MPH, Maher Eldadah, MD

SHU – John Elliot, MD

Instructions to Preceptor:

1. Review this document with the fellow at the start of the rotation.
2. At the end of the rotation evaluate the fellow using the attached Competency Based Evaluation Form (or contact the Training Program to obtain access to an online evaluation forms.)

Instructions to Fellow:

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.

Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Biannual Evaluation.

Rotation Schedule:

Fellows will attend their FP continuity clinic weekly. The attending will direct ward and patient care responsibilities on the team. Teaching conferences, daily, weekend and call responsibilities will be as directed by your attending physician. Below is a sample schedule, your rotation's schedule will vary by site, but it will still have the same number of clinics and shifts.

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	Daily morning rounds (arrive at 6:45) on inpatient pediatrics with on call duty for all daytime admissions. Shift is from 7:00am – 7:00pm. Weekends to be determined by attending or senior fellow. The fellow may go to the pediatric sick clinic or Peds ER in the afternoon when inpatient work is finished but should be available for admissions and ER consultations. If there are other fellows on the ER rotation who are working on the pediatric side – they get first priority.						
PM	Peds clinic	Family Medicine Clinic shadowing	Peds clinic	Peds clinic	Family Medicine Continuity Clinic		
Night	On call once per week and Peds ER shift until midnight, once per week.						

CURRICULUM OBJECTIVE & FELLOW EVALUATION (CORE)

Rotation: T1

Faculty Administrator: Setsuko Hosoda, MD, MPH

GOALS:

Fellows will competently perform initial assessment and management of common pediatric conditions requiring hospitalization.

LEARNING OBJECTIVES REQUIRED TO MEET SPECIFIC ROTATION GOALS:

At the end of the rotation fellows should note which conditions have been encountered through direct patient care, case conferences, didactic or individualized learning. It is not expected that all of these will have been seen by the rotation's end. Future training should focus on those conditions not encountered in this experience.

- Performs a pediatric/adolescent history as appropriate to the child's/ adolescent's developmental age.
- Appropriately communicates to obtain information from and provide information to parents about their children.
- Performs an appropriately detailed physical exam including a developmental assessment.
- Formulates a working differential diagnosis; diagnostic assessment and management plan appropriate to the T1 level.
- Communicates this information in both written and verbal form to team members, attendings and consultants.
- Efficiently and effectively works with nursing staff.
- Efficiently consults and coordinates patient care with sub-specialists.
- Appropriately involves, communicates with and utilizes the recommendations of ancillary services in the care of inpatients.
- Understands the care and management of chronically ill and developmentally delayed children including the role of hospitalization in acute on chronic disease.
- Coordinates hospital and discharge care utilizing community supports.
- Recognizes when the acuity of a patient's presentation warrants admission or transfer to the intensive care unit.
- Functions as an effective team member, through being timely, attending scheduled conferences and actively participating in team discussions.
- Reviews appropriate topics on UpToDate.
- Reads available literature for individual conditions.
- Refers to a standard pediatric text, Oski or Kemp for background information.

At the completion of their training fellows will be able to diagnose, manage, treat and refer when appropriate, inpatients with the following conditions:

- **Fluid/electrolytes/nutrition:**
 - Selection and replacement rate of IV fluids for repletion and maintenance
 - Calorie calculation and replacement appropriate to weight
 - Indications for enteral and parenteral feeding
 - Evaluation of failure to thrive
- **Cardiovascular:**
 - Evaluation of heart murmurs in children
 - Evaluation and work-up of the cyanotic infant
- **Pulmonary:**
 - Apnea
 - Asthma/RAD
 - Croup
 - RSV
 - Stridor
 - Pneumonia
 - Principles of inpatient management in children with cystic fibrosis
 - Respiratory distress and arrest
 - Oxygenation and its use as a therapeutic modality
- **Gastroenterology:**
 - Tracheo-esophageal fistulas
 - GERD in the infant
 - Pyloric stenosis
 - Meckel's diverticulum
 - Necrotizing enterocolitis
 - Volvulus
 - Intussusception
 - Appendicitis
 - Inflammatory bowel disease
 - Evaluation of the abdominal mass
- **Neurology:**
 - New onset seizures
 - Altered mental status
- **Nephrology/Renal:**
 - Nephrosis/nephritis
 - Management of electrolyte imbalances
 - Inpatient treatment and work-up of UTI, pyelonephritis
- **Infectious Disease:**
 - Sepsis/bacteremia
 - Cellulitis
 - Meningitis
 - Septic joint
 - Discitis

- Evaluation of fever without a source
- Peri-orbital and orbital cellulitis
- Appropriate use and selection of anti-microbial therapy
- **Rheumatology:**
 - NSAID use and contra-indications to use
- **Endocrine:**
 - Hypothyroidism
 - Initial diagnosis of IDDM
 - Principles of management of DKA
 - Diagnosis of adrenal insufficiency
- **ICU:**
 - Indications for transfer to the ICU
- **Dermatology:**
 - Steven's-Johnson Syndrome
 - Fever and exanths
 - Recognition of Kawasaki's Disease
 - Skin care in children with impaired mobility
- **Miscellaneous:**
 - Drug ingestion/overdose
 - Pain management
 - Recognition of substance use/misuse disorders in the hospitalized adolescent
- **Oncology:**
 - Presentations of malignancy in children
- **Hematology:**
 - Anemia W/U
 - Diagnosis of leukemia and lymphoma
 - Management of sickle cell crisis
 - Recognition of conditions suggesting an immune deficient state
- **Functional/Psychological:**
 - Evaluation and treatment of constipation/encopresis
 - Eating disorders in the adolescent
 - Signs and exam findings suggestive of physical/sexual abuse
 - Differential diagnosis and the evaluation of the acutely psychotic adolescent
 - Indications for hospitalization in children/adolescents with mood disorders
- **Conditions unique to the newborn period:**
 - ◆ **Respiratory**
 - Asphyxia
 - Meconium aspiration
 - TTNB
 - RDS
 - Spontaneous pneumothorax
 - Congenital pneumonia
 - ◆ **Cardiac**
 - Persistent fetal circulation

- Cyanosis
- Evaluation of early (at birth) and late (after 24 hrs.) murnurs
- ◆ **Metabolic**
 - Acid-base abnormalities
 - Hypoglycemia
 - Thermoregulation
 - Jaundice
- ◆ **Infectious**
 - Sepsis
 - NEC
- ◆ **Hematology**
 - Recognition and evaluation of anemia
 - Recognition and evaluation of polycythemia
- ◆ **Neurologic**
 - Seizure evaluation and treatment
 - Recognition of intra-cranial hemorrhage
 - Recognition and therapy of neurologic injury
- ◆ **Musculoskeletal**
 - Developmental dysplasia of the hip
 - Recognition and referral of other congenital deformations/malformations
- ◆ **Prematurity**
 - Assessment of gestational age
 - Jaundice
 - Feeding difficulties
- ◆ **Fluid/electrolytes/nutrition**
 - Fluid resuscitation, repletion and maintenance
 - Nutritional replacement based on age and caloric needs
 - Common stumbling blocks to successful breast-feeding
- ◆ **Miscellaneous**
 - Recognition and therapy of the drug affected neonate