

Care of Neonates, Infants, Children and Adolescents

Goal: Provide a structured educational experience in the care of children involving pediatric ambulatory clinic and inpatient experience. This includes normal newborn nursery as well as experience in management of the distressed neonate who may need resuscitation, stabilization and preparation for transport. The resident will develop an understanding of the prenatal period, growth and development of the newborn through adolescence, child rearing and emotional problems of children and their management. The resident will be taught to recognize and manage behavioral, medical, and surgical problems of children and adolescents in home, school, ambulatory and hospital settings.

Rotational Experience:

Required Rotations

PGY-1 – Pediatric Inpatient Experience. Interns will spend one month on the Pediatric Inpatient Team at Minneapolis Children’s Hospital. Training includes pediatric emergency care, inpatient care of children and adolescents with a variety of medical/surgical needs.

Neonatal Care. While on their 2 months of obstetrics, interns will participate in the initial evaluation and stabilization of the term/near term newborns they delivery and subsequent newborn care. Training includes evaluation of the ill newborn, management of hyperbilirubinemia, feeding issues and circumcision.

PGY-2 – During the second year of training residents have two required pediatric rotations along with their third month of obstetrics. **Pediatric Inpatient Experience.** They again participate on the Pediatric Inpatient Team at Minneapolis Children’s Hospital to receive further training in pediatric emergency care, inpatient care of children and adolescents with a variety of medical/surgical needs and newborn nursery coverage. The resident functions at a higher level of responsibility and is expected to assist the faculty physician and senior resident with managing the patients and teaching the other members of the team during this one month rotation.

Neonatal Intensive Care Unit Experience. The second year resident will spend one month in the NICU at UMMC-Fairview Riverside Campus. At this time, the resident will gain experience in resuscitation, stabilization and possible transport of the distressed neonate. The resident will receive training in the care of the premature infant that requires advanced intensive care to include ventilator management and nutritional support. They will also gain valuable experience in counseling/supporting parents and family members throughout the rotation.

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PGY-3 – Ambulatory Pediatrics. The senior resident will spend one month rotating through various pediatric and adolescent clinics, and will work with community agencies targeting children. They will evaluate and manage patients, newborn through adolescence, with a variety of medical and developmental problems or concerns that are both acute and chronic.

Pediatric ER. The senior resident will spend 1month evaluating and treating children at St. Paul’s Children’s Hospital Emergency Department. (See Emergency Care – Goals and Objectives)

Elective Rotations

After completing the intern year, the resident has the opportunity to obtain further training in pediatrics through elective rotations. The electives available

- are:
- Adolescent Medicine – one month
 - Pediatric Intensive Care – one month (??)
 - Pediatric Sub-specialty - negotiable
 - Self-directed Pediatric Experience – negotiable

Longitudinal Experience:

Continuity Clinic: For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients. The panel includes pediatric patients: the resident is expected to provide well-child checks with preventive screening, acute illness evaluations, chronic disease management and assist with hospital management when indicated.

Continuous Quality Improvement: Smiley’s Clinic is involved in several CQI projects that contribute to resident training in pediatrics too include Asthma and Diabetes Mellitus management. The resident is expected to participate in these projects and contribute to improving health care for patients.

Didactic Sessions:

DFPCH Special Courses: Residents are required to attend several Department-sponsored courses throughout the academic year. The course specific to pediatrics is Neonatal Resuscitation Program which is taught in the second year.

FPC Lecture Series: Six hours of structured lecture are scheduled throughout the year as part of the FPC Lecture Series. Up to 8 additional hours are

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possible in crossover topics such as surgical, orthopedic and psych/behavioral lectures that are included in the series.

Required Independent Learning Programs: Each resident is required to complete the American Academy of Pediatrics' Bright Futures Program by graduation. Opportunity to complete this training occurs during the G3 Ambulatory Pediatric month.

Rotation-specific Sessions: During the two inpatient pediatric rotations, the resident receives 2 hours per day of structured lecture.

Required Skills:

Upon graduation the resident physician will be expected to be competent in the following skills:

Assignment of APGAR score

Elective & emergent intubation

Administer/Interpret developmental screening tests to include ADHD evaluations

Interpret hearing/vision screening tests

Perform/Interpret pneumatic otoscopy & tympanograms

Bladder catheterization

Elective & emergent vascular access

Perform lumbar puncture

Calculate fluid and electrolyte requirements

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

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Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to OSCE stations to longitudinal evaluation by faculty. Evaluation includes review of complications and monthly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Total Training Time

Total required rotations: 4 months

Total didactic hours per year: PGY-1 at least 46, up to 54

PGY-2 at least 46, up to 54

PGY-3 at least 6, up to 14