

Mawri's Medical Clinics

www.MawriMD.com

Goals and Objectives

Rotation: Ambulatory Pediatrics

Duration: 4-6 weeks

Geared toward: Resident, Medical Students, PA/NP students, pharm Students

Supervising Faculty: F. Mawri, M.D

Accreditation Council for Graduate Medical Education (ACGME) Core Competency Key:

PC = Patient Care; MK = Medical Knowledge; PBLI = Practice-Based Learning and Improvement; IC = Interpersonal and Communication Skills; P = Professionalism; SBP = Systems-Based Practice

EDUCATIONAL GOALS:

1. Students will learn to perform a comprehensive assessment of children in the ambulatory setting of care including history, examination and development. **Competencies: MK, PC**
2. Students will learn the principles of anticipatory guidance offered to children and families in an ambulatory community setting. **Competencies: MK, PC**
3. Students will learn age appropriate methods to interact with healthy children as well as those with complex disease processes and /or developmental disabilities. **Competencies: MK, PC, IC**
4. Students will learn to communicate effectively with both children and their care givers in a culturally sensitive manner as they discuss health related issues and preventative care. **Competencies: MK, PC, IC, P**
5. Students will learn the concept of a “medical” home for children in the outpatient setting, especially for children with special needs. **Competencies: MK, PC, SBP**
6. Students will understand the role of the primary pediatrician in the coordination of anticipatory, ongoing and acute follow up care of pediatric patients. **Competencies: PC, SBP**

EDUCATIONAL OBJECTIVES:

1. Demonstrate competence in gathering essential and accurate information in medical interviews, including relevant illness, past medical, family, social, diet, and developmental history. **Competencies: MK, PC, IC**
2. Demonstrate competence in performing a complete and accurate physical exam, including growth charting and developmental assessments when appropriate. **Competencies: MK, PC**
3. Demonstrate competence in presenting information in concise oral presentations and in timely and complete notes, and by completing concise and timely dictations. **Competencies: MK, PC**
4. Demonstrate competence in appropriately ordering and interpreting labs and studies commonly used in inpatient pediatrics, taking into account age-related normal values. (Refer to Harriet Lane Handbook) **Competencies: MK, PC**
5. Demonstrate competence in clinical decision making, by basing decisions on patient data, current scientific evidence and appropriate judgement. **Competencies: MK, PC**

6. Demonstrate competence in developing and implementing patient care management plans that are appropriate, efficient and cost-effective. **Competencies: MK, PC, SBP**
7. Demonstrate competence in counseling patients and families, specifically by:
 - a. Sharing information about illness and treatment
 - b. Encouraging involvement in patient care and clinical decisions
 - c. Preparing them for discharge
8. Interpreting and utilizing appropriate resources that assist in educating patients and families
9. Demonstrate competence recognizing, providing an age appropriate differential diagnosis, and providing a rational inpatient approach to diagnosis and treatment for each of the following common signs and symptoms in general inpatient pediatrics:
 - a. General: failure to thrive, weight loss, fever without localizing signs
 - b. Cardiovascular: hypotension, hypertension
 - c. Dermatologic: rashes, petechiae, purpura, ecchymoses, urticaria, edema
 - d. Endocrine: polyuria, polydipsia
 - e. GI/Nutrition/Fluids: diarrhea, vomiting, dehydration, abdominal pain, abdominal masses, hematemesis, hematochezia, jaundice
 - f. GU/Renal: hematuria, edema, decreased urine output, dysuria
 - g. Musculoskeletal: arthritis/arthralgia
 - h. Neurologic: seizure, headache, altered mental status, developmental delay
 - i. Psychiatric: depression, suicide attempt, child abuse or neglect
 - j. Respiratory: tachypnea, increased work of breathing, apnea, cyanosis, stridor, wheezing, cough, respiratory failure. **Competencies: MK, PC**
10. Demonstrate competence in communicating with parents/caregivers/families by establishing rapport, inspiring confidence and trust and keeping them informed and involved in clinical care decisions. **Competencies: PC, IC, P**
11. Demonstrate cultural competence by showing respect for patients and families beliefs, religion, ethnicity and culture. **Competencies: PC, P, IC**
12. Demonstrate competence in communicating effectively in difficult situations, such as with an angry parent, with a parent who wishes to leave AMA, or in cases of suspected child abuse or neglect. **Competencies: PC, P, IC**
13. Demonstrate competence in promoting continuity of care, by keeping primary care physicians updated. **Competencies: PC, SBP, IC**
14. Demonstrate competence in being an effective team member, by promoting a collegial environment with Student physicians, students, nurses and all ancillary colleagues. **Competencies: IC, P, SBP**
15. Demonstrate competence in regularly making evidence-based decisions in patient care by:
 - a. Formulating pertinent clinical questions
 - b. Retrieving and critically appraising relevant up-to-date information
 - c. Applying that information to inform clinical decisions **Competencies: PC, PBLI**
16. Demonstrate competence in self-improvement, by seeking out and applying constructive feedback that can improve your skills as a physician. **Competencies: MK, PC**
17. Demonstrate competence in understanding cost-effective inpatient care by discussing issues of cost and access when relevant to individual patient situations. **Competencies: PC, SBP, PBLI, P, IC**

DESCRIPTION OF CLINICAL EXPERIENCE:

Students contact Dr. Mawri one month in advance of rotation to confirm clinical schedule and clinic site. Students may work some evening clinic hours, but do not take call.

DESCRIPTION OF DIDACTIC EXPERIENCE:

- Hyperkalemia
- DKA
- Asthma
- Pain Management
- MD Consult for Nelson's Textbook of Pediatrics
- Red Book
- Harriet Lane Handbook
- Books Evidence Based Medicine
- Zitelli's Atlas of Pediatric Physical Diagnosis

Resources for Teaching/Education:

- ❖ Student Inpatient Curriculum
- ❖ Cases
- ❖ Test Questions
- ❖ Brief Structured Observation
- ❖ Recommended Reading List covering pediatric core curriculum.
 - Pediatric Emergency Medicine
 - SMITH'S Recognizable Patterns of Human Malformation
 - Atlas of Pediatric Emergency Medicine
 - Atlas of Pediatric Physical Diagnosis

FEEDBACK MECHANISMS:

- ❖ Specific problems or notations of excellence identified through verbal or written communication regarding the student are immediately brought to the attention of the involved student.
- ❖ Students receiving an overall poor performance grade (less than satisfactory evaluation for rotation) are notified immediately and meet with the PD.
- ❖ Students who receive notation for improvement in some areas (but pass the overall rotation) are given a work plan for educational intervention with specific timeline for completion and reevaluation. Students who do not pass this overall rotation will meet with Dr. Mawri for remediation work plan, including timetable for reevaluation.

Student Name (Print)

Student Signature

_____ **Date:** _____