



**Mississippi Medical Education and Research Consortium  
Mississippi Delta Family Medicine Residency Program**

**Pediatric Inpatient Rotation – PGY1,**

**Duration:** 4 weeks PGY1  
**Supervisor:** TBD  
**Location:** TBD

**Overview:**

The family physician will be faced with a wide variety of diseases and conditions that require in-hospital care of the pediatric patient. The purpose of this rotation is to provide family medicine residents the opportunity to work with several faculty physicians specializing in pediatrics. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving the care of inpatient pediatric patients. With the support of the faculty physician, the resident will be responsible for the comprehensive care of all patients assigned to them. The duties and responsibilities of the resident will be commensurate with the individual's level of training under the supervision of the attending physician. The resident's primary goal is to develop and expand his/her ability to provide primary clinical care for a variety of inpatient pediatrics patients.

**Educational Goals:**

Upon completion of this rotation, the resident will gain an understanding of conditions, including diagnosis and treatment of pediatrics conditions that require hospitalization. The family physician is often called upon to recognize, evaluate, stabilize, and manage children suffering from serious acute illnesses and/or traumatic conditions before referring them to more advanced or definitive care settings if needed. Thus, the family medicine resident must learn and practice basic and some advanced skills to do so safely and successfully.

**Educational Objectives:**

**1) Patient Care:**

1. Performance and documentation of complete pediatric history taking
2. Performance and documentation of complete pediatric physical examination
3. Performance of writing admission, daily care, and discharge notes and orders for hospitalized pediatric patients
4. The evaluation and treatment of common problems for which children are admitted to the hospital including each of the following diagnoses: Fever with no known source, bronchiolitis, asthma, pneumonia, hypoxia, urinary tract infection, gastroenteritis, dehydration, sepsis/meningitis, failure to thrive

5. Performance of procedures to include bladder catheterization, vascular access, and lumbar puncture
6. The coordination of comprehensive care for hospitalized patients
7. Recognition of the role of the family and other psychosocial factors in the care of hospitalized patients.
8. Develop an understanding of what consultative services are useful to a hospitalized patient
9. Develop an understanding of the multidisciplinary services that are useful to hospitalized patients
10. The arrangement of discharge and follow up care for patients who have been hospitalized.

## **2) Medical Knowledge**

1. Knowledge of the presentation, etiologies, usual course, complications, treatment, follow up care, and pathophysiology of the most common diagnoses.
2. Demonstrate the ability to synthesize an appropriate diagnosis and treatment plan for common pediatric inpatient settings.

## **3) Practice Based Learning and Improvement**

3. The practical implementation of evidence-based medicine will be discussed as the medical decision making is reviewed.
4. Medical evidence will be reviewed and presented during the daily morning rounds sessions.
5. Information technology will be utilized by the resident as he or she is required to research topics as directed by the attending physician.
6. Information technology will be utilized as the hospital implements its electronic health record.
7. The resident will also be evaluated on the steps they took during the rotation to improve their shortcomings.

## **4) Interpersonal and Communication Skills**

8. The resident will observe and be observed, taught and evaluated in the performance of obtaining patient histories, documenting histories, writing prescriptions, educating patients about treatment plans and prognosis, teaching medical students and other learners, and interactions with patients, families, hospital staff and physicians.
9. Demonstrate the ability to communicate effectively and coordinate care of children with acute and chronic conditions with family and community resources.

## **5) Professionalism**

10. The attending physician will observe and assess the resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress.
11. Ethical and legal practice skills will be taught

12. Respect for cultural, age, and gender differences will be taught, observed and evaluated.
13. The resident is expected to treat patients, families and colleagues with respect, understanding, sympathy and honesty

#### **6) Systems Based Practice**

14. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options
15. The resident will gain an increasing understanding of the role of the patient, physician, support staff, and insurer in the health care environment
16. The resident will gain an increasing understanding in the role of the hospital in the health care environment.
17. Through the coordination of care for the hospitalized patients, the resident will become aware of the breadth of available resources in our community as well as to the limitations of the resources in our community. In this regard, the resident will be expected to work very closely with social workers and hospital case coordinators to assist in providing the best care available to our patients.