

## PEDIATRIC AMBULATORY ROTATION: CHILD LIFE CENTERS, 47<sup>th</sup> STREET, URGENT CARE

The pediatric ambulatory rotation is a 4-week rotation for junior residents. It will expose you to a wide array of outpatient general pediatric experiences. We have many diverse experiences to choose from and you can tailor your ambulatory rotation to your specific interests. Two weeks of the rotation will be centered in one of many outpatient clinic experiences. Two weeks will be assigned to the Child Protective Services (CPS) team during which time the resident will rotate through variety of experiences under the direction of CPS. Prior to beginning this rotation, you should contact Dr. Nanah Park to discuss your clinic schedule and contact Dr. Jill Glick to acquire the CPS schedule.

### **Schedule / Expectations**

You are expected to be at clinic Monday through Friday from 8:15am – 5pm, though individual sites may vary somewhat. You are excused from clinic for daily noon conference at Comer Hospital and your continuity clinic. Any other absences should be discussed with Dr. Park, Dr. Glick, and the site physicians.

The ambulatory experience is scheduled for weekdays and there is no assigned weekend or nighttime obligations. The resident will be expected to maintain his/her continuity clinic. The resident is expected to arrive on time and stay until completion of the assignment for the day. The resident must provide his/her own transportation to all off-campus sites.

You may pick one site to do your pediatric ambulatory clinic rotation (see addendum A). If you would like to do a combination of sites, please speak with Dr. Nanah Park in advance. We are willing to work to make your experience as personally rewarding as possible. We will work with you to ensure that you are exposed to a wide array of children. The bulk of your time will be taken up doing primary care pediatrics – a mix of healthy and ill kids.

You can select from the following choices for the clinic schedule for this rotation include:

### Friend Family Health Center

The Friend Center is a federally qualified health center, and we see approximately 50-60% Medicaid patients, and 40-50% insured patients. We do not accept walk-in visits; patients need to schedule ahead of time both for preventive visits and urgent care. Most sick patients are seen within 2 days of their call.

The Friend Center has pediatricians, one OB/GYN, one internist and one nurse practitioner. The pediatric section of the clinic is divided into 3 major areas: Peds A, Peds B and Adolescent/Internal Medicine. In Peds A, Attendings have their personal clinics and other Attendings see only urgent care patients. In Peds B the residents have their weekly continuity clinics, 5 days a week. Adolescent and Internal Medicine departments share the third area. It is also here that our nurse practitioner has a clinic.

There are other areas of the clinic and providers that offer specialty care. Dr. Smith is a developmental/behavioral physician who has clinic once a week at the Friend Center. Dr. Cade-Bell is the medical director of the Care Van, which is a mobile health van that gives school physicals and vaccines at local schools. Dr. Park has an asthma-only clinic.

There are support services that are also offered in the clinic, including a WIC (Women and Children First) office at the lower level, a social worker, case manager, financial manager and two certified pediatric nutritionists.

On or before the first day of your rotation you need to meet with Dr. Nanah Park (pager 5461) to set up the details of your two-week rotation.

#### DCAM Clinic

The DCAM clinic is a University of Chicago clinic that is located on the hospital campus. It sees patients mostly in the University of Chicago Health Plan but Medicaid patients are seen there as well.

Currently there are 4 pediatric attendings, three of which share their clinic responsibilities with being ward attending on the General Pediatric service. There are also 3 Hospitalists who rotate at OSH who have a ½ day of clinic each.

On or before the first day of your rotation you will meet with Dr. Nanah Park to set up the details of your two week rotation.

#### 47<sup>th</sup> Street/Lake Park Clinic

On or before the first day of your rotation you will meet with Dr. Shi to set up the details of your two-week rotation.

#### Goals, Objectives and Resident Responsibilities of the Ambulatory Rotation:

**Patient Care:** Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care in the outpatient setting

**Medical Knowledge:** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others. The resident will apply an open-minded, analytical approach to acquiring new knowledge, access critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. Specifically, the resident will:

- Learn appropriate management of minor traumas, acute illnesses and problems that arise during routine visits, including learning to recognize which patients can be managed in the office and which need referral to outside specialists or acute care settings
- Become familiar with the following topics during the rotation through experience, didactic sessions or reading:

- Anticipatory guidance
  - Neonatal screening
  - Developmental screening
  - Hearing and vision screening
  - Lead screening
  - Drug screening
  - Hemoglobin screening
  - Cholesterol screening
  - TB testing
  - Current immunization recommendations
  - Current screening recommendations
  - Infant and child nutrition and feeding
  - Safety issues for the child's environment
- Review of the list of common medical problems below. You should personally encounter or at least read about these during your 2-week rotation. *There will be a post-test at the end of your two-week rotation.*
    - Otitis media
    - Otitis externa
    - Conjunctivitis
    - Oral candidiasis (thrush)
    - Strep pharyngitis
    - Allergic rhinitis
    - Febrile seizure
    - Headache
    - Asthma
    - Bronchiolitis
    - Viral upper respiratory infection
    - Infectious mononucleosis
      - Rashes
        - Miliaria
        - Atopic dermatitis
        - Tinea, corporis, capitis
        - Acne neonatorum
        - Acne vulgaris
        - Diaper dermatitis
        - Impetigo
        - Molluscum contagiosum
        - Pityriasis rosea
    - Constipation
    - Gastroenteritis
    - Iron deficiency anemia
    - Jaundice
    - Elevated lead level
    - Positive PPD
    - Boils

- Scabies
- Pinworms
- Sinusitis
- UTI

**Practice-Based Learning and Improvement:** Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices, and

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- *Each resident should prepare two 10-15 minute discussions on a general ambulatory pediatric topic, and should present it to the other residents and medical students or at least one attending.*
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education
- *Observe a general pediatric attending interact with their patients. This will be one of the rare opportunities during your residency for you to learn valuable skills that you will likely incorporate into your own continuity clinic patient encounters.*

**Interpersonal and Communication Skills:** Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and:

- Learn to provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give age-appropriate anticipatory guidance including discussions of health promotion and disease prevention
- Explore the nuances of office-based ambulatory care in a suburban or small city setting
- Experience the importance of telephone information gathering and the rendering of telephone advice
- Have a General Pediatric Attending observe and evaluate your own patient encounters and physical exam skills.

**Professionalism:** Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent

**Systems-Based Practice:** Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care, and

- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to prevention, diagnosis and disease management
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- Learn to recognize the signs and symptoms that lead to the early identification of risky behaviors and to gain familiarity with the appropriate interventions including family and community resources
- Gain familiarity with the function of a pediatric office, the staff and how the office is managed
- Learn how well-child care health maintenance impacts illness severity and health care resource utilization
- Gain some understanding of the impact of the insurance status of the patient on access to health care

PLEASE BE AWARE that there are several individual encounters that we are working on that may be available in the future.

- Mobile Care Van visits to schools
- Billing and Coding Seminar
- Accessing Medical Literature Seminar
- Illinois Department of Public Health home visit for lead exposure
- Clinic at LaRabida for children with special health care needs
- WIC lecture
- Child Safety outreach activity

Enjoy!

Nanah Park, MD  
 Pediatric Ambulatory Rotation  
 Pager 5461  
 Voicemail 2-7656

Jill Glick, MD  
 Director, Children Protective Services  
 Pager 4528