The Chronic Care elective is offered to residents at all levels of training as a two or four week experience. The elective is designed to develop the needed competencies for a resident to manage patients with a wide array of chronic and complex conditions from the perspective of a general pediatrician.

During this elective, the residents will gain an appreciation of the skills necessary to provide care to children with chronic disease and special health care needs (CSHCN) over a spectrum of medical and non-medical care environments. Through the various experiences, residents will understand the impact of comprehensive teams in the case of children with CSHCN.

To achieve the goals and objectives described below, the resident will rotate through a variety of clinical and non-clinical experiences. Those experiences include, but are not limited to, the Trach-Vent Clinic, Premier Kids Clinic, Chronic Disease Clinic, a Pediatrics Extended Care Visit, and spending a day with Project Health. The residents will also spend time with various rehabilitation services to further appreciate the impact of those therapies on children with complex medical needs.

Residents are required to attend and be active participants in all required clinics. When instructed, residents are required to complete consultations on hospitalized patients thoroughly so that they are prepared to present and discuss the patients on rounds with the attending. This includes locating pertinent imaging studies in radiology and pulling pertinent literature from the library. Residents are required to follow the consult patients and communicate recommendations to the inpatient team.

The elective seeks to emphasize several principles essential to the practice of general and subspecialty pediatrics, focusing on the needs of children with chronic disease and special health care needs:

- Patients should be evaluated thoroughly taking into consideration not only medical/organic aspects of disease, but also the psychological, social, and environmental considerations.
- The medical team is only part of the health care team that takes care of the patient and as such, residents, and attending physicians should work in close collaboration with members of this team such as nutritionists, social workers, nurses, respiratory therapists, rehabilitative services, pharmacists and hospital school teachers among others.
- Continuum of care is an essential in pediatric care and discharge planning, follow-up and communication with primary care physicians either in writing or personally is stressed.
- Care to the pediatric patient should be of the highest standard, however, taking into consideration cost-containment and utilization elements as well as quality and risk management aspects.

During this elective, continuity clinic is maintained and prioritized.

A. Patient Care:

1. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
2. Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
3. Develop, negotiate and implement effective patient management plans and integration of patient care
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Pediatric Medical Education Office
Comer Children’s Hospital at University of Chicago Medicine
B. Medical Knowledge:

- Demonstrate knowledge regarding the care of hospitalized patients with chronic disease including children who require subspecialty care.
- Demonstrate skill in the assessment of the child with special health care needs in the outpatient setting
- Develop an efficient method of developing an evidenced-based medical and social plan of care
- Demonstrate cost-effective strategies of narrowing a differential diagnosis utilizing medical tests and appropriate subspecialty consultation
- Demonstrate competency in relaying the patient’s medical issues in a concise problem based format
- Demonstrate competence in the management of routine as well as urgent clinical scenarios in children with CSHCN
- Demonstrate competence in the identification and then appropriate intervention for children with urgent or emergent issues and declining clinical status
- Identify the role and practice parameters of the Physical, Speech, and Occupational Therapist.
- State the disease specific primary care issues for children with chronic illness and special health care needs and observe the variations of primary care visits in the context of such conditions.
- Describe in general terms the services available for CSHCN in each of the following categories:
  - State and Federal programs
  - Home-based health services
  - Educational and Early Intervention Services
  - Local Community Services
  - Support Groups
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- Review the evaluation and management of the following disease processes:
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  - Seizures
  - Failure to Thrive
  - Chronic Lung Disease of Infancy
  - Traumatic Brain Injury
  - Gastroesophageal Reflux
  - Asthma
  - Complications of Prematurity
  - Obesity
  - Anorexia/Bulimia
  - Chronic Renal Insufficiency
  - Hypertension

C. Practice-Based Learning and Improvement:

1. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
2. Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
3. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
4. Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education
5. Identify practical ways for the pediatrician to keep up to date regarding available health services and community resources

D. Interpersonal and Communication Skills:

1. 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
2. Demonstrate effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
3. Interact with consultants in a respectful, appropriate manner
4. Maintain comprehensive, timely, and legible medical records
5. Complete evaluations of the attending, staff and elective
6. Give age-appropriate anticipatory guidance including discussions of health promotion and disease prevention and control
7. Demonstrate an understanding of the barriers to providing care to the CSHCN: lack of knowledge of resources, ineffective communication, poor third party reimbursement, duplication of service

E. Professionalism:

1. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
4. Recognize and identify deficiencies in peer performance and deliver constructive evaluation and criticism

F. Systems-Based Practice:

1. Review the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
2. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
3. 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
4. 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
5. Consistently recognize the high cost of medical care and become judicious in the use of costly medical tests and hospitalization
6. Recognize the impact insurance status has on acquisition of appropriate health care as an inpatient and outpatient
7. Participate in and lead the multidisciplinary teams required to provide care for patients: including physicians, nurses, physical therapists, occupational therapists, speech therapists, social workers, and child life specialists
8. Organize and lead the multidisciplinary effort for patient discharge and adequate continuing health care.
9. Identify the many components of a comprehensive discharge for the child with special health care needs.
10. Recognize the challenges, rewards, needs, beliefs, perspective, hopes and dreams of CSHCN and their families.
11. Develop a methodology used to identify and formulate practical, collaborative and realistic plans for managing chronic disabling conditions.
12. Report how to use private, public, and community resources to meet the needs of CSHCN in the home setting.
13. Identify the variety of local, state, and national resources that should be utilized when implementing the medical home.
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