

CLINIC – UNMC and CREIGHTON

UNMC

Contact: Patty Davis (559-2263)

When to contact: One month prior

Preceptors: General Pediatrics Physicians/PA's

Where to meet: 4th floor clinic, Durham Outpatient Ctr

Creighton

Contact: Cristina Fernandez, M.D. (280-4580)

When to contact: One month prior

Preceptors: General Pediatrics Physicians

Where to meet: 6th floor clinic, CUMC

Purpose:

The goal of the rotations in general pediatrics at Creighton and Nebraska Health Systems is to provide a foundation for the resident to build upon in developing the skills and knowledge required to practice pediatrics in the community. The rotations provide not only the opportunity to gain the expertise necessary for primary care but also to synthesize the skills and knowledge from subspecialty rotations into the ability to practice general pediatrics at a secondary care level.

Objectives:

Continuing, self-directed learning is a basic concept of the medical profession and is a distinguishing characteristic of the practice of medicine. The clinic will give you the opportunity to develop a rational, concise and confident approach to the evaluation and treatment of common childhood problems.

The following fundamentals of general pediatrics will be emphasized:

- I. Growth
 - a. Normal patterns
 - b. Abnormal patterns
 1. Short stature
 2. Underweight
 3. Overweight
 - c. Special cases
 1. Premies
 - a) SGA
 2. Congenital anomalies/Chromosomal anomalies
 - a) Trisomy 21
 - b) Turner Syndrome
- II. Nutrition
 - a. Breast feeding
 1. Initiation
 2. Common problems
 3. Drugs and breast feeding
 - b. Formula
 1. Types
 2. Special formulas
 3. "Problems" i.e. iron, spitting, constipation
- III. Developmental Surveillance and Screening
 - a. Motor development

- b. Mental development
- c. Speech and language
- IV. Immunizations
 - a. Schedules
 - b. Contraindications
 - c. Side effects
 - d. Knowledge of the diseases
- V. Screening
 - a. Theory of screening
 - 1. Why screen?
 - 2. Sensitivity/specificity/predictive value
 - 3. What is normal
 - 4. Follow-up of abnormal
 - b. Newborn screening and follow-up
 - c. Vision, including strabismus
 - d. Hearing
 - e. Speech and language
 - f. Blood pressure
 - g. Hemoglobin
 - h. Lead poisoning
 - i. Urine
 - j. Tuberculosis
 - k. Ht/Wt/HC
- VI. Follow-up of the complicated premature infant
- VII. Basic general pediatric problems
 - a. Headaches
 - b. Otitis/sinusitis
 - c. Tonsillitis
 - d. Asthma
 - e. Chest pain
 - f. Abdominal pain
 - g. UTI
 - h. Constipation/encopresis
 - i. Acne
 - j. Atopic dermatitis

Methods:

UNMC

Clinic hours begin at 9:00 A.M. and 1:00 P.M.

Intern Responsibilities

- Clinic hours are from 9:00 A.M. to 5:00 P.M. Monday through Friday.
- Pediatrics Clinic orientation is the first morning of the rotation.
- If you are responsible for covering the newborn nursery, report to clinic immediately after rounds.
- Always check out with the supervisor before leaving clinic for the day.

PL-2 and PL-3 Responsibilities

- Staff patients with medical students, physician assistant students, interns, and Family Medicine residents.
- Orient new residents and students to clinic.
- Initial child abuse work-ups which are then presented to attending staff.
- Consultation to other clinics who request immediate pediatric consultation.
- Ensure that “doctor” phone calls from patients’ families are returned.
- Review all lab results for abnormalities before they are distributed to ordering residents.

Students

Students are told to present their patients with the following priorities, depending upon who is available at the time:

1. Staff
2. Supervising Resident
3. Intern
4. Family Medicine Resident

With this format, students should be able to present their patients to the most experienced physicians available at the time. Interns should then be able to see more patients on their own, thus allowing for more productive resident-staff interactions.

Nutrition Course

The Dietetics Department will coordinate a course in basic pediatric nutrition to be completed during the clinic rotation. Objectives are:

- Integrate nutritional care of patients into their total care.
- Obtain an accurate nutritional assessment.
- Demonstrate effective communication of specific diet program and dietary counseling to families in various clinical situations.
- Recognize when the services of a professional dietitian are required.

Creighton

CLINIC INTERN DAILY DUTIES:

1. Normal Newborn coverage is to be split among the interns (M-F). Please see Normal Newborn resident responsibilities below. Back-up intern on call (see monthly schedule) covers weekends.
2. University general pediatric weekday inpatient coverage is to be split among the interns. (See Inpatient Responsibilities).
3. Interns are to return to clinic as soon as newborn/inpatient-attending rounds are completed.
4. Clinic is from 09:00 to 17:00 M-F.
5. Attend all conferences (Noon, PMC (Tue), and Grand Rounds (Fri)).
6. The intern is to see patients with students unless the patient is assigned to a specific physician. If there is a large volume of patients and no students waiting to present, then the intern should see the patients first. After seeing the patient the intern should present or assist the student in presenting the case to staff.
7. The intern is responsible for reading and signing the student’s note and correcting any mistakes or adding additional information and filling out the problem list.
8. If patients are waiting to be seen, students’ and residents should complete clinic visit documentation after all patients are seen.

9. All patients seen should be plotted on the growth chart.
10. All orders for immunizations, labs, x-rays, meds etc should be written on the "face sheet" before giving to the nurse. There should be no verbal orders except in emergency situations.
11. The intern may leave at 11:45 AM if continuity clinic is at different site.
12. The intern may leave at 16:30 for call.
13. If a patient is to be admitted then the Intern responsible for inpatient coverage is responsible for admission orders, H&P (including dictation). If another resident has seen the patient in clinic, common courtesy should be followed and that resident should assist the intern in the admission work-up.

NORMAL NEWBORN RESPONSIBILITIES:

1. Responsibilities begin on the first day of the rotation at 07:30. If intern is unsure of where and when to report, then they should contact the senior supervising resident or the attending.
2. See all Creighton Pediatric Faculty (Yaghmour, Douglas, Fernandez, Hudson, Kratochvil, Specht, Loucks, Moore, Macklem, Moffat, and Sindelar) newborns with students and write daily notes (may addendum/cosign student notes).
3. Teaching of basic newborn nursery principles in conjunction with Katie O'Keefe (Clinic/Newborn Nurse Coordinator)
4. Complete Physician Newborn Summary including admission/discharge physicals, discharge weight, blood type, document complicated delivery/hospital course, and discharge orders.
5. Daily rounds with attending before clinic.
6. Follow-up on any labs, x-rays, consults ordered on newborn.
7. Evaluate any newborn with change in clinical status, followed by a report to the attending.
8. Circumcision during first 2 weeks of each month for all University Service Newborns. To be supervised by attending.
9. Write a transfer note for any newborn being transferred to NICU and notify NICU resident.
10. Family Practice Resident will provide Newborn Nursery coverage on Saturday and Sunday a.m.

CLINIC INTERN INPATIENT RESPONSIBILITIES:

1. The intern responsible for inpatient coverage is responsible for admission orders, H&P (including dictation) for patients admitted from clinic, ER, or transfers (M-F). If another resident has seen the patient in clinic, then common courtesy should be followed and that resident should assist the intern in the admission work-up.
2. Intern's responsibility is for all pediatric patients admitted to a Pediatrician (Yaghmour, Douglas, Fernandez, Hudson, Kratochvil, Specht, Loucks, Moore, Macklem, Moffat, and Sindelar).
3. If other pediatricians have patients they would like the intern to admit or follow daily; they should do so as time permits. This is a secondary responsibility.
4. Daily (weekday) notes and rounds with attending before clinic.
5. Follow-up on any labs, x-rays, consults ordered.
6. Evaluate any patient with a change in clinical status, followed by a report to the attending.
7. Dictate all discharge summaries if patient discharged during the week (M-F).

CLINIC SUPERVISOR DAILY DUTIES:

1. Prior to first day of rotation verify that the interns have divided up coverage for newborn nursery and inpatient service if any questions, the attending should be contacted.
2. Attend clinic from 09:00 to 17:00.
3. Read and review intern responsibilities.

4. On mornings that interns are post call and unable to provide coverage in the newborn nursery/inpatient service, then the supervising resident should provide coverage for these responsibilities.
5. See patients with students. If patients are waiting to be seen and there are no students waiting to present, see patients. Discuss all patients with staff, then write note if no other patients are waiting to be seen.
6. The supervisor may leave at 11:45 AM if continuity clinic is at a different site.
7. The supervisor may leave for call at 16:30.
8. Attend Indian Chicano Clinic on Tuesday mornings after PMC.
9. Assist interns in writing orders for complicated patients being admitted.
10. Attend all conferences.

CUMC NICU ON-CALL DUTIES:

1. Attend deliveries and write a delivery note in the chart on those babies sent to normal newborn nursery.
2. Work-up all admissions. Discuss orders with staff.
3. Cover any problem in the normal newborn nursery.
4. When a patient is seen at night a note should be written in the chart including the DATE AND TIME, outlining the problem and treatment. Creighton Pediatric staff on call should be contacted for any problems outside of the ordinary, or when unsure of management.
5. Carry code pager and respond to all trauma and pediatric code pages.
6. Work-up general pediatric inpatient admissions the ERC. Responsibilities in the NICU are a priority (unstable neonate, delivery etc). The admission should be done after NICU responsibilities completed.
7. Call is from 17:00 to 08:00 M-F and 09:00 to 09:00 on weekends.

Evaluation:

Evaluations will be based on performance on the examinations, oral presentation, and observed clinical skills.