

## LSU Pediatrics

### Individualized Curriculum Tracks

#### INTRODUCTION

The Pediatric RRC requires each residency training program to include 10 blocks of individualized curriculum (IC) for each resident. The individualized curriculum must be determined by the learning needs and career plans of the resident and should be developed through the guidance of a faculty supervisor.

The curriculum can be unique for each resident and/or designed as tracks within the program. The goal of the Individualized Curriculum is to provide experiences that will help residents be better prepared for the next steps of their careers after residency. Experiences can be inpatient, outpatient, research, or other. They may be repeated experiences, done previously in the program, or experiences that are at a higher level with less supervision (e.g. acting as a co-fellow on a subspecialty experience). The timing (year of training) should also be considered by the program. An IC Unit may be a block or a longitudinal experience. An outpatient IC Unit should be a minimum of 32 half-day sessions. An inpatient educational unit should be a minimum of 200 hours.

#### LSUHSC PEDIATRIC RESIDENCY PROGRAM'S INDIVIDUALIZED TRACKS

The Program Director, Associate Program Directors, and Chief Residents will review rotations with their assigned pediatric residents biannually (or more frequently, if required) to ensure each resident is meeting the rotation goals outlined on his/her track. This is to ensure all ACGME and ABP standards are met. Residents will be responsible for tracking IC rotations on a shared document, which both the resident and IC Track Supervisor will have access to – in addition to the Program Administrators. As outlined on each track, a mixture of subspecialty rotations must be included to meet ACGME curriculum guidelines. In addition, the resident may request approval from his/her track supervisor for a unique or non-track rotation. Each pediatric resident will have **10 IC Blocks (40 weeks)** throughout the 3-year curriculum as outlined below.

| <b>Adolescent Track</b>  |                                       |  |              |
|--|---------------------------------------|--|--------------|
| <b>PGY</b>   | <b>Rotations</b>                      | <b>Comments</b>  | <b>Weeks</b> |
| 1  | Adolescent                            |  | 2            |
| 2 or 3   | School Based Health                   | May be split between PGY levels                                      | 4            |
| 2 or 3   | Eating Disorder Clinic                |  | 2            |
| 2 or 3   | Sports Medicine / Ortho / Thrive Kids |  | 2            |
| Any  | Weight Management Clinic              | *MFC Dr. Younger and 2 Nurse Practitioners vs. OLOL elective option  | 2            |
| Any  | Quality Improvement                   |  | 2            |
| Any  | Psychology/Psychiatry                 | To be individualized based on resident needs for adolescent exposure | 2            |
| <b>Total Mandated Weeks: 16</b>  |                                       |  |              |
| Any  | Subspecialty Selective                | See below  | 10           |
| Any  | IC Selective                          | See below  | 14           |
| <b>Total Selective Weeks: 24</b>   |                                       |  |              |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology  |                                       |  |              |
| <b>IC Selective Recommendations:</b> Endocrinology, Inpatient Nutrition, Gastroenterology Consults/Clinic Mixture (4 weeks), Dermatology, Allergy/Immunology, Research (max 4w), Resident as Teacher, Transgender Care (may be limited by funding availability), additional time on mandated track rotations |                                       |  |              |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.  |                                       |  |              |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Allergy/Immunology Track</b>  |                           |  |                |
|--|---------------------------|--|----------------|
| <b>PGY</b>   | <b>Rotations</b>          | <b>Comments</b>  | <b>Weeks</b>   |
| 1  | Allergy/Immunology Clinic | Must also attend the fellowship's journal club and case conferences  | 2              |
| 2 or 3   | Allergy/Immunology Clinic | Must also attend the fellowship's journal club and case conferences<br><br>*Must also participate in any A/I consults for at least 2 weeks during this clinic time | 4              |
| 3  | Allergy/Immunology Clinic | Consider for 6m of 3 <sup>rd</sup> year continuity clinic time   | 0              |
| Any  | Dermatology               |  | 2              |
| Any  | Pulmonology               |  | 2              |
| Any  | Rheumatology Clinics      | *Must also participate in any Rheumatology consults for at least 2 weeks during this clinic time   | 4              |
| Any  | Research                  | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director.                                   | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>   |                           |  |                |
| Any  | Subspecialty Selective    | See below  | 8              |
| Any  | IC Selective              | See below  | 14-16          |
| <b>Total Selective Weeks: 22-24</b>  |                           |  |                |
|  |                           |  |                |
| <b>Pediatric Subspecialty Selective:</b> Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Pulmonology (max 2w), Nephrology, Palliative Care |                           |  |                |
| <b>IC Selective Recommendations:</b> BMT/Transplant (PGY3), ENT, Infectious Disease, Resident as Teacher, Quality Improvement, additional time on mandated track rotations       |                           |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selectives not listed above.   |                           |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Cardiology Track</b>   |   |  |                |
|---|---|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>                                | <b>Comments</b>  | <b>Weeks</b>   |
| 1   | Cardiology Clinic                               |  | 2              |
| 2 or 3  | Inpatient Cardiology Unit / Cardiology Consults | Should complete 2w as PGY2 prior to fellowship application   | 3              |
| 3   | CICU  |  | 2              |
| 3   | Cardiology Clinic                               | Consider for 6m of PGY3 continuity clinic  | 0              |
| 3   | Individualized Cardiology Rotation              | CT Surgery, Cardiac Cath, and Electrophysiology all in 1 block; must be done as one rotation                                     | 3              |
| Any   | Cardiology Clinic                               |  | 2              |
| Any   | Echocardiogram                                  |  | 2              |
| Any   | Research  | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |   |  |                |
| Any   | Subspecialty Selective                          | See below  | 10             |
| Any   | IC Selective                                    | See below  | 12-14          |
| <b>Total Selective Weeks: 22-24</b>   |   |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology |   |  |                |
| <b>IC Selective Recommendations:</b> Genetics, Pulmonology, Nephrology, Resident as Teacher, Quality Improvement, NICU, Transport/Vascular Access   |   |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |   |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Child Abuse / Forensic Medicine Track</b>   |  |   |              |
|--|--|---|--------------|
| <b>PGY</b>   | <b>Rotations</b>                             | <b>Comments</b>   | <b>Weeks</b> |
| 1  | Genetics                                     |   | 2            |
| 2 or 3   | CARE   | Must include clinic and inpatient consults, goal to attend court dates if available | 4            |
| 2 or 3   | Child Psychology                             | Trauma & Grief Center, Inpatient Consults   | 2            |
| Any  | ER Social Worker                             |   | 2            |
| Any  | Orthopedic / Neurosurgery Clinic Combination |   | 2            |
| Any  | Ophthalmology                                |   | 2            |
| Any  | Genetics                                     |   | 2            |
| <b>Total Mandated Weeks: 16</b>  |  |   |              |
| Any  | Subspecialty Selective                       | See below   | 10           |
| Any  | IC Selective                                 | See below   | 14           |
| <b>Total Selective Weeks: 22-24</b>  |  |   |              |
|  |  |   |              |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology  |  |   |              |
| <b>IC Selective Recommendations:</b> Radiology, Pathology (Autopsy), Pediatric Surgery/Trauma Surgery, Women & Children's Shelter (will require contract coordination), Development, Research, Quality Improvement, Resident as Teacher, additional time on mandated track rotations |  |   |              |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selectives not listed above.   |  |   |              |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Development Track</b>  |  |   |              |
|---|--|---|--------------|
| <b>PGY</b>  | <b>Rotations</b>                                 | <b>Comments</b>   | <b>Weeks</b> |
| 1   | Genetics   | *Should also attend any multidisciplinary clinics that occur                                      | 2            |
| 2 or 3  | Individualized Developmental Pediatrics Rotation | With Dr. Fielkow  | 4            |
| 3   | Neurology Clinic                                 |   | 2            |
| Any   | Genetics   | *Should also attend any multidisciplinary clinics that occur                                      | 2            |
| Any   | PM&R Clinic                                      |   | 2            |
| Any   | Outpatient Allied Health                         | PT/OT/ST  | 2            |
| Any   | Outpatient Child Psychiatry                      | Focus on Autism, ADHD, neurodevelopmental screenings, etc.<br>*Different than mental health block | 2            |
| <b>Total Mandated Weeks: 16</b>   |  |   |              |
| Any   | Subspecialty Selective                           | See below   | 8            |
| Any   | IC Selective                                     | See below   | 16           |
| <b>Total Selective Weeks: 24</b>  |  |   |              |
|   |  |   |              |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology   |  |   |              |
| <b>IC Selective Recommendations:</b> Multidisciplinary clinics (NICU grad clinic, spina bifida, cerebral palsy, muscular dystrophy, Downs, Fragile X), Psychology, Audiology, Inpatient Neurorehab, Inpatient Allied Health (PT/OT/ST), Community-Based Agencies / Treatment Centers for Children with Special Healthcare Needs (will require contract coordination), Research, Resident as Teacher, Quality Improvement, additional time on mandated track rotations |  |   |              |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selectives not listed above.  |  |   |              |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Emergency Medicine Track</b>   |   |  |                |
|---|---|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>                            | <b>Comments</b>  | <b>Weeks</b>   |
| 1 or 2  | Orthopedics Clinic                          |  | 2              |
| 1 or 2  | Infectious Disease                          |  | 2              |
| 2 or 3  | Procedures / ER<br>Ultrasound Concentration | To be scheduled in advance with ER faculty   | 2              |
| 3   | Anesthesia                                  |  | 2              |
| 3   | Transport Team /<br>Vascular Access         |  | 2              |
| 3   | ER  | Consider trauma at UMC*, fast track at Metairie, etc.  | 2              |
| Any   | Radiology                                   |  | 2              |
| Any   | Research / Quality<br>Improvement           | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |   |  |                |
| Any   | Subspecialty Selective                      | See below  | 10             |
| Any   | IC Selective                                | See below  | 12-14          |
| <b>Total Selective Weeks: 22-24</b>   |   |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease (max 2w), Nephrology, Palliative Care, Pulmonology, Rheumatology                                    |   |  |                |
| <b>IC Selective Recommendations:</b> Child Abuse, Dental/OMFS, Dermatology, ENT, General Surgery, Ophthalmology, PICU, Plastic Surgery, Psychology, Psychiatry, Quality Improvement, Resident as Teacher, additional time on mandated track rotations |   |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selectives not listed above.  |   |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Endocrinology Track</b>  |                          |  |                |
|---|--------------------------|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>         | <b>Comments</b>  | <b>Weeks</b>   |
| 1   | Endocrine Clinic         |  | 2              |
| 2   | Endocrine Consults       |  | 2              |
| 2   | Radiology                |  | 2              |
| 3   | Endocrine Consults       |  | 2              |
| 3   | Endocrine Clinic         | Consider for 6m of 3 <sup>rd</sup> year clinic time  | 0              |
| Any   | Genetics Clinic/Consults |  | 2              |
| Any   | Urology Clinic           |  | 2              |
| Any   | Weight Management Clinic | *Dr. Younger and 2 Nurse Practitioners vs. OLOL elective option  | 2              |
| Any   | Research                 | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |                          |  |                |
| Any   | Subspecialty Selective   | See below  | 10             |
| Any   | IC Selective             | See below  | 12-14          |
| <b>Total Selective Weeks: 22-24</b>   |                          |  |                |
|   |                          |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology  |                          |  |                |
| <b>IC Selective Recommendations:</b> Psychology, Nutrition, Resident as Teacher, Neurosurgery, ENT, Pathology, Diabetes Camp (2w summer each year), Weight Management Clinic, Adolescent, Inpatient Subspecialty Team, Quality Improvement, additional time on mandated track rotations |                          |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                          |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.



| <b>Gastroenterology Track</b>   |                                |  |                |
|---|--------------------------------|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>               | <b>Comments</b>  | <b>Weeks</b>   |
| 1 or 2  | Gastroenterology Clinic        | Minimum 2w consistently, may be split between PGY levels<br><br>Attend mixture of general GI clinic and specialized clinics under the guidance of supervising faculty/fellows. | 4              |
| 2 or 3  | GI consults                    |  | 2              |
| 3   | Gastroenterology Clinic        | Consider for 6m of 3 <sup>rd</sup> year clinic time  | 0              |
| 3   | Inpatient/Outpatient Nutrition | Specifically with GI Nutritionist  | 2              |
| Any   | Infectious Disease             |  | 2              |
| Any   | Allergy/Immunology             |  | 2              |
| Any   | Rheumatology                   |  | 2              |
| Any   | Research                       | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director.   | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |                                |  |                |
| Any   | Subspecialty Selective         | See below  | 8              |
| Any   | IC Selective                   | See below  | 14-16          |
| <b>Total Selective Weeks: 22-24</b>   |                                |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology (max 2w), Cardiology, Endocrinology, Hematology/Oncology, Infectious Disease (max 2w), Nephrology, Palliative Care, Pulmonology, Rheumatology (max 2w)  |                                |  |                |
| <b>IC Selective Recommendations:</b> Endoscopy, Speech/OT (limit 1-2 weeks or pair with something else), Pediatric General Surgery, Pathology, Radiology (including fluoroscopy), Dermatology, Psychology (*with Rebecca Wallace), Resident as Teacher, Genetics, Endocrine, Quality Improvement, additional time on mandated track rotations |                                |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selectives not listed above.  |                                |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Hematology/Oncology Track</b>   |   |   |                |
|--|---|---|----------------|
| <b>PGY</b>   | <b>Rotations</b>                                | <b>Comments</b>   | <b>Weeks</b>   |
| 1 or 2   | Heme/Onc Clinic                                 |   | 2              |
| 2 or 3   | Palliative Care                                 |   | 2              |
| 3  | Heme/Onc Clinic                                 | Consider for 6m of 3 <sup>rd</sup> year clinic time   | 0              |
| 3  | PHIT Rotation:<br>Peds Heme/Onc-<br>in-Training | Designed by Heme/Onc Faculty<br><br>To include consults, specialized clinics,<br>procedures, etc.   | 4              |
| 3  | Bone Marrow Transplant                          |   | 2              |
| 3  | Inpatient Heme/Onc                              |   | 2              |
| Any  | Infectious Disease<br>Consult Liaison           |   | 2              |
| Any  | Nephrology                                      |   | 2              |
| Any  | Research  | May be done longitudinally or by week, must<br>have research supervisor and develop<br>designated goals submitted to Program<br>Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 18-20</b>   |   |   |                |
| Any  | Subspecialty Selective                          | See below   | 8              |
| Any  | IC Selective                                    | See below   | 12-14          |
| <b>Total Selective Weeks: 20-22</b>  |   |   |                |
|  |   |   |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology   |   |   |                |
| <b>IC Selective Recommendations:</b> Heme/Onc Pharmacy (2w), Pathology, Radiology, Resident as Teacher, General Surgery, Nutrition (max 1w), Pulmonology, Respiratory and Vascular Access Combined (max 2w), additional BMT or inpatient Heme/Onc, additional Heme/Onc clinic, Quality Improvement |   |   |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.  |   |   |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Infectious Disease Track</b>   |                                      |  |                |
|---|--------------------------------------|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>                     | <b>Comments</b>  | <b>Weeks</b>   |
| 1   | Infectious Disease                   | Combination of outpatient clinics and inpatient consults   | 2              |
| 2 or 3  | ID Pharmacy / Antibiotic Stewardship | Or other pharmacy if antibiotic stewardship not re-established   | 2              |
| 2 or 3  | Infectious Disease                   | Combination of outpatient clinics and inpatient consults   | 4              |
| 3   | Infectious Disease Clinic            | Consider for 6m of 3 <sup>rd</sup> year clinic time  | 0              |
| Any   | Immunology                           | With Dr. Ken Paris   | 2              |
| Any   | Pathology/Microbiology Lab           | With an infectious disease focus   | 2              |
| Any   | Research/QI                          | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 14-16</b>  |                                      |  |                |
| Any   | Subspecialty Selective               | See below  | 10             |
| Any   | IC Selective                         | See below  | 14-16          |
| <b>Total Selective Weeks: 24-26</b>   |                                      |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Nephrology, Palliative Care, Pulmonology, Rheumatology                                   |                                      |  |                |
| <b>IC Selective Recommendations:</b> Immunology (Dr. Paris), Pathology, Dermatology, Rheumatology, BMT, Radiology, Global Health, Resident as Teacher, Quality Improvement, additional time on mandated track rotations |                                      |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                                      |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Nephrology Track</b>   |                                    |  |                |
|---|------------------------------------|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>                   | <b>Comments</b>  | <b>Weeks</b>   |
| 1 or 2  | Nephrology Clinic                  | Minimum 2w consistently, may be split between PGY levels<br><br>Attend mixture of general nephrology and specialized clinics under the guidance of supervising faculty/fellows.                | 4              |
| 2   | Rheumatology                       |  | 2              |
| 2 or 3  | Individualized Nephrology Rotation | Minimum 2w consistently, may be split between PGY levels<br><br>Designed by nephrology faculty. To include <b>consults</b> , independent study with ASPN webinars and lectures, dialysis, etc. | 4              |
| 3   | Nephrology Clinic                  | Consider for 6m of 3 <sup>rd</sup> year continuity clinic time   | 0              |
| 3   | End Stage Renal Disease Rotation   | Designed by Nephrology Faculty   | 2              |
| Any   | Urology Clinic                     |  | 2              |
| Any   | Research                           | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director.   | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |                                    |  |                |
| Any   | Subspecialty Selective             | See below  | 10             |
| Any   | IC Selective                       | See below  | 12-14          |
| <b>Total Selective Weeks: 22-24</b>   |                                    |  |                |
|   |                                    |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Palliative Care, Pulmonology, Rheumatology (max 2w)  |                                    |  |                |
| <b>IC Selective Recommendations:</b> Cardiology Clinic, Heme/Onc Clinic, Infectious Disease Consult Liaison, Nutrition/Dietary with Melissa (2w max), Pathology (PGY3), Resident as Teacher, Weight Management Clinic (with Endocrine), Quality Improvement |                                    |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                                    |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| Neonatology Track   |   |   |                |
|---|---|---|----------------|
| PGY   | Rotations                                 | Comments  | Weeks          |
| 1   | Touro NICU                                |   | 2              |
| 2   | Touro NICU Rotation (standard curriculum) | Schedule early in 2 <sup>nd</sup> year  | 0              |
| 2   | MFC NICU                                  |   | 2              |
| 3   | NICU Follow Up Clinic                     | Consider for 3 <sup>rd</sup> year clinic time   | 0              |
| 3   | MFC NICU Rotation (standard curriculum)   | Schedule early in 3 <sup>rd</sup> year  | 0              |
| 3   | Touro NICU 3 <sup>rd</sup> Year Elective  | See rotation requirements   | 2              |
| 3   | Touro NICU Night Elective                 | See rotation requirements   | 1              |
| 3   | MFC NICU Night Elective                   | To be scheduled after 3 <sup>rd</sup> year MFC NICU rotation  | 1              |
| Any   | MFC NICU Respiratory Elective             | See rotation requirements   | 1              |
| Any   | Touro Lactation Elective                  | See rotation requirements   | 1              |
| Any   | MFC NICU Pharmacology Elective            | See rotation requirements   | 1              |
| Any   | MFC Outpatient Clinics                    | Minimum 1 week of Pulmonology, minimum 1 week of Cardiology, both with a NICU focus   | 2              |
| Any   | MFC NICU Developmental Therapy Elective   | See rotation requirements   | 1              |
| Any   | MFC Radiology                             | NICU focus  | 1              |
| Any   | Research/QI                               | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. Recommend NICU specific. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 17-19</b>  |   |   |                |
| Any   | Subspecialty Selective                    | See below   | 10             |
| Any   | IC Selective                              | See below   | 11-13          |
| <b>Total Selective Weeks: 21-23</b>   |   |   |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology   |   |   |                |
| <b>IC Selective Recommendations:</b> Palliative Care, CICU, Cardiology, Transport & Vascular Access, Quality Improvement, Peds Surgery, Genetics, Resident as Teacher, Pulmonology, Antimicrobial Stewardship, Infectious Disease, Anesthesia, Nutrition, Maternal-Fetal Medicine |   |   |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |   |   |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Pediatric Hospital Medicine Track</b>  |                                  |   |              |
|---|----------------------------------|---|--------------|
| <b>PGY</b>  | <b>Rotations</b>                 | <b>Comments</b>   | <b>Weeks</b> |
| 2   | Pediatric Hospital Medicine      | In addition to time in standard curriculum; consider PHM nights   | 2            |
| 2 or 3  | CHPA Admits                      |   | 2            |
| 3   | PICU (separate role) or Heme/Onc | In addition to time in standard curriculum  | 2            |
| 3   | Well Baby Nursery                |   | 2            |
| Any   | Pulmonology                      |   | 2            |
| Any   | Infectious Disease               |   | 2            |
| Any   | RT/Safe Trach Team/ENT           |   | 2            |
| Any*  | Research / Quality Improvement   | *Should be initiated early in training with follow-up time as senior resident. May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | 4            |
| <b>Total Mandated Weeks: 18</b>   |                                  |   |              |
| Any   | Subspecialty Selective           | See below   | 8            |
| Any   | IC Selective                     | See below   | 14           |
| <b>Total Selective Weeks: 22</b>  |                                  |   |              |
|   |                                  |   |              |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease (max 2w), Nephrology, Palliative Care, Pulmonology (max 2w), Rheumatology   |                                  |   |              |
| <b>IC Selective Recommendations:</b> Allergy/Immunology, Rheumatology, Dermatology (or Rheumatology + Dermatology combination), Gastroenterology, Radiology, Research IEU (preparing for research), ENT, ER, Resident as Teacher, Endocrinology, Delivery, Touro NICU (if interested in nursery hospitalist), additional time from mandated track rotations |                                  |   |              |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                                  |   |              |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Pediatric Critical Care Track</b>  |                                |  |                |
|---|--------------------------------|--|----------------|
| <b>PGY</b>  | <b>Rotations</b>               | <b>Comments</b>  | <b>Weeks</b>   |
| 2 or 3  | Cardiology Inpatient           | Cardiac Monitoring Unit/Consults or CICU   | 4              |
| 2 or 3  | CHPA Admit Elective            | Focus on step down/admit   | 2              |
| 3   | PICU Elective                  | After both PICU rotations complete, PICU faculty to determine rotation requirements  | 4              |
| Any   | Anesthesia                     | Focus on intubation, pre op evals, procedural sedation   | 1              |
| Any   | PICU Respiratory               | See rotation requirements  | 1              |
| Any   | Vascular Access Team/Transport | See rotation requirements  | 1              |
| Any   | Pharmacology                   | See rotation requirements  | 1              |
| Any   | Research                       | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>  |                                |  |                |
| Any   | Subspecialty Selective         | See below  | 10             |
| Any   | IC Selective                   | See below  | 12-14          |
| <b>Total Selective Weeks: 22-24</b>   |                                |  |                |
|   |                                |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Palliative Care, Pulmonology, Rheumatology   |                                |  |                |
| <b>IC Selective Recommendations:</b> CICU, Oncology BMT, Peds Surgery/Trauma, Nephrology/Dialysis, Infectious Disease, Radiology, Palliative Care, Pulmonology, Child Abuse, Resident as Teacher, Quality Improvement, Research, Antimicrobial Stewardship, additional time on mandated track rotations |                                |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                                |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| Primary Care Track  |                           |  |       |
|---|---------------------------|--|-------|
| PGY   | Rotations                 | Comments   | Weeks |
| 1   | Allergy/Immunology        |  | 2     |
| 2 or 3  | Private Pediatrics Clinic | Can be split into 2-week blocks; program leadership to provide a list of approved sites but resident responsible for contacting physician/clinic for availability options. | 4     |
| 3   | Well Baby Nursery         | *In addition to standard curriculum  | 2     |
| 3   | Eating Disorder Clinic    |  | 2     |
| Any   | ENT                       |  | 2     |
| Any   | Weight Management Clinic  |  | 2     |
| Any   | ST/PT/OT Outpatient       |  | 2     |
| Total Mandated Weeks: 16  |                           |  |       |
| Any   | Subspecialty Selective    | See below  | 10    |
| Any   | IC Selective              | See below  | 14    |
| Total Selective Weeks: 24   |                           |  |       |
|   |                           |  |       |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology (max 2w), Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, Palliative Care, Pulmonology, Rheumatology            |                           |  |       |
| <b>IC Selective Recommendations:</b> Nutrition (inpatient), Thrive Kids, Psychology, Psychiatry, Urology, GI Feeding Team/Gastroenterology, Dermatology, Adolescent, Private Pediatrics, Peds Surgery, ER Fast Track/Metairie |                           |  |       |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.   |                           |  |       |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.



| <b>Pulmonology Track</b>   |                        |  |                |
|--|------------------------|--|----------------|
| <b>PGY</b>   | <b>Rotations</b>       | <b>Comments</b>  | <b>Weeks</b>   |
| 1 or 2   | Pulmonology Clinic     | Minimum 2w consistently, may be split between PGY levels<br><br>Attend mixture of general pulmonology and specialized clinics under the guidance of supervising faculty. | 4              |
| 3  | Pulmonology Clinic     | Consider for 6m of 3 <sup>rd</sup> year clinic time  | 0              |
| Any  | Allergy/Immunology     |  | 2              |
| Any  | Infectious Disease     |  | 2              |
| Any  | ENT                    |  | 2              |
| Any  | RT/Safe Trach Team     |  | 2              |
| Any  | Radiology              |  | 2              |
| Any  | Research               | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director.   | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>   |                        |  |                |
| Any  | Subspecialty Selective | See below  | 8              |
| Any  | IC Selective           | See below  | 14-16          |
| <b>Total Selective Weeks: 22-24</b>  |                        |  |                |
|  |                        |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology (max 2w), Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease (max 2w), Nephrology, Palliative Care, Rheumatology   |                        |  |                |
| <b>IC Selective Recommendations:</b> PICU, NICU (including NICU follow-up clinic), Rheumatology, Hematology/Oncology, Genetics, Palliative Care, Resident as Teacher, Quality Improvement<br><br>*Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above. |                        |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| <b>Rheumatology Track</b>  |  |  |                |
|--|--|--|----------------|
| <b>PGY</b>   | <b>Rotations</b>   | <b>Comments</b>  | <b>Weeks</b>   |
| 1 or 2   | Rheumatology Clinic (plus Rheumatology/Dermatology combo clinic) | Minimum 2w consistently, may be split between PGY levels   | 4              |
| 2 or 3   | Rheumatology Consult Service                                     | *must go to clinic when not seeing consults  | 2              |
| 2 or 3   | Nephrology Consults  |  | 2              |
| 3  | Rheumatology Clinic  | Consider for 6m of 3 <sup>rd</sup> year continuity clinic time   | 0              |
| Any  | Nephrology Clinics   |  | 2              |
| Any  | Infectious Disease   |  | 2              |
| Any  | Allergy/Immunology   |  | 2              |
| Any  | Research   | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| <b>Total Mandated Weeks: 16-18</b>   |  |  |                |
| Any  | Subspecialty Selective   | See below  | 8              |
| Any  | IC Selective   | See below  | 14-16          |
| <b>Total Selective Weeks: 22-24</b>  |  |  |                |
|  |  |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology (max 2w), Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease (max 2w), Nephrology, Palliative Care, Pulmonology  |  |  |                |
| <b>IC Selective Recommendations:</b> Orthopedics/Sports Medicine, Pain Clinic – PM&R, Radiology, Pathology, Genetics, Hematology/Oncology (outpatient/consults), Dermatology, Ambulatory Pediatrics, Resident as Teacher, Quality Improvement, additional time on mandated track rotations |  |  |                |
| *Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above.  |  |  |                |

\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.

| Undecided Track  |   |  |                |
|--|---|--|----------------|
| PGY  | Rotations   | Comments   | Weeks          |
| 1  | Pediatric Subspecialty Selective (see below list) |  | 7              |
| 2  | Infectious Disease                                |  | 2              |
| 2  | Allergy/Immunology                                |  | 2              |
| 2  | Nephrology or Gastroenterology                    |  | 2              |
| Any  | Research or Quality Improvement                   | May be done longitudinally or by week, must have research supervisor and develop designated goals submitted to Program Director. | Min 2<br>Max 4 |
| Total Mandated Weeks: 15-17  |   |  |                |
| Any  | Subspecialty Selective                            | See below  | 10             |
| Any  | IC Selective                                      | See below  | 13-15          |
| Total Selective Weeks: 23-25   |   |  |                |
| <b>Pediatric Subspecialty Selective:</b> Allergy/Immunology, Cardiology, Gastroenterology, Endocrinology, Hematology/Oncology, Infectious Disease, Nephrology, NICU, Palliative Care, PICU, Pulmonology, Rheumatology<br><br>*No more than 4 weeks on one specific pediatric subspecialty selective*   |   |  |                |
| <b>IC Selective Recommendations:</b> Dermatology, ENT, Orthopedics, Ophthalmology, Peds Surgery, PM&R, ST/OT/PT outpatient (max 2w), RT/Safe Trach Team (max 2w), Nutrition (max 2w), Vascular Access/Transport Team (max 2w), Urology, Lactation, Resident as Teacher, Quality Improvement<br><br>*Resident may request approval from his/her track supervisor (Chief/APD/PD) for selective not listed above. |   |  |                |

\*Residents on the Undecided Track must declare his/her track by the end of PGY2 year. If still undecided at that time, he/she will be placed on the Primary Care or Pediatric Hospital Medicine track depending on outpatient vs. inpatient interests.

\*\*Residents who transition tracks (from undecided or other) should prioritize meeting the 20w of pediatric subspecialty time (minimum of 5 different subspecialties) and the mandatory individualized curriculum components.