

Individualized Educational Units

INTRODUCTION

The Pediatric RRC requires each residency training program to include a minimum of six individualized educational units (IEU'S) in its curriculum. The individualized curriculum must be determined by the learning needs and career plans of the resident and must be developed through the guidance of a faculty mentor.

The individualized curriculum should not be thought of as additional “electives” for the resident. The curriculum can be unique for each resident or designed as tracks within the program. The goal of the IEU 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 determined by the program. If the subspecialty experiences for the ‘three additional educational units’ are chosen based on needed experiences for the individualized curriculum, then they can count toward this requirement (a.k.a. ‘double counting’). An Educational Unit should be a block (four weeks or one month) or a longitudinal experience. An outpatient educational 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 Director, Chief Residents, and/or Mentors will meet with each resident annually to determine his/her specific rotations for the upcoming year based on the resident’s expected career choice. Each pediatric resident will have **7 IEU’s** throughout the 3-year curriculum as outlined below. Each track must have at least 3 subspecialty rotations from the major or minor list and these can be combinations.

Primary Care Track			
PGY	Rotations	Comments	IEU #
1	Subspecialty OR Outpatient Pediatrics	ID highly recommended	1
2	Subspecialty +/- Inpatient Pediatrics	**See suggestions below	2
3	Outpatient general pediatrics	Should be done at a private pediatrician's office to simulate future practice, if applicable	1
3	Outpatient general pediatrics	Emphasis on the business aspect of medicine i.e. billing, office management, etc. If possible, “mommy call.”	1
3	Subspecialty and Additional Well Baby Exposure	Additional Well Baby time (ex. Nursery, lactation, Touro NICU) **See below for subspecialty suggestions	2
Subspecialty Recommendations: Orthopedics, Dermatology, ENT, Rheumatology, Genetics, Psychiatry, Neurology, Allergy/Immunology, Infectious Disease, Additional Hospitalist 2 weeks (PGY-2)			

Hospitalist Track			
PGY	Rotations	Comments	IEU #
1	Subspecialty	**see suggestions below	1
2	Inpatient Pediatrics	Purple/Green Team	0.5
2	Subspecialty, Research, or additional Inpatient Pediatrics	**see subspecialty suggestions below	1.5
3	Inpatient Pediatric Rotation	-Purple/Green (minimum 0.5 IEUs if only completed 0.5 IEUs as PGY2) -Individualized hospitalist rotation to focus on team leadership, billing, QI, hospital systems, etc.	1.5
3	Subspecialty	**see suggestions below	1.5
3	Academic Medicine Rotation	Resident as Teacher, Research, QI Rotation	1
Subspecialty Recommendations: Infectious Disease (minimum requirement = 2 weeks), Rheumatology, Allergy/Immunology, Pulmonology, Dermatology, Child Abuse, Hematology/Oncology Clinic, PICU, Academic Medicine Rotation			
Uncertain Track			
PGY	Rotations	Comments	IEU #
1	Options: Outpatient General Pediatrics, Subspecialty, or PICU/NICU	**see subspecialty suggestions below	1
2	Subspecialty, ER, +/- Inpatient Pediatrics	**see subspecialty suggestions below	2
3	Outpatient General Pediatrics	Consider a private pediatrician's office to simulate future practice, if applicable	1
3	Subspecialty	**see suggestions below	3
Subspecialty Recommendations: ER, PICU, NICU, Infectious Disease, Allergy/Immunology, Rheumatology, Pulmonology, Nephrology, Heme/Onc Clinics, Cardiology, ENT, Dermatology, Radiology, Additional Hospitalist 2 weeks (PGY-2)			
Emergency Medicine Track			
PGY	Rotations	Comments	IEU #
1	Subspecialty	**see suggestions below	1
2	ER		1
2	Academic Medicine Rotation	Resident as Teacher, Research, QI	1
3	ER	Consider UMCNO for Trauma (advanced planning involved so notify PD/chief residents prior to 3 rd year)	1
3	PICU		1
3	Anesthesia		1
3	Subspecialty	**see suggestions below	1
Subspecialty Recommendations: Orthopedics, Radiology, Infectious Disease, ENT, Ophthalmology, Dental/OMFS			

PICU Track			
PGY	Rotations	Comments	IEU #
1	PICU and/or Subspecialty	**see subspecialty suggestions below	1
2	Subspecialty +/- Inpatient Pediatrics	**see subspecialty suggestions below	2
3	PICU		1
3	Subspecialty	**see subspecialty suggestions below	2
3	Academic Medicine Rotation	Resident as Teacher, Research, QI	1
Subspecialty Recommendations: *CICU, *Anesthesia/Sedation, Vascular Access Team, *Palliative Care, *Infectious Disease, Nephrology/Dialysis, Cardiology, Radiology, Pulmonology, Child Abuse, Additional Research/Academic, *Additional Hospitalist 2 weeks as PGY-2 (* = highly recommended)			
NICU Track			
PGY	Rotations	Comments	IEU #
1	NICU and/or Subspecialty	**see subspecialty suggestions below	1
2	Subspecialty +/- Inpatient Pediatrics *Also consider CHNOLA NICU x 2 weeks	**see subspecialty suggestions below	2
3	NICU	Incorporate some overnight shifts/calls, could split between CHNOLA and Touro	1
3	Subspecialty	**see subspecialty suggestions below	2
3	Academic Medicine Rotation	Resident as Teacher, Research, QI	1
Subspecialty Recommendations: Cardiology, Genetics, Anesthesia (procedures: intubation, line placement), Radiology, Maternal Fetal Medicine, Exposure to Prenatal Consults, Palliative Care, Neurology, Pulmonology, Research, PICU, Additional Hospitalist 2 weeks (PGY-2)			
Subspecialty Tracks			
PGY	Rotations	Comments	IEU #
1	Subspecialty of Career Choice		1
2	Research/Academic Rotation	Dedicated Research or QI Rotation	0.5
2	Subspecialty +/- Inpatient Pediatrics	**See supplemental document for suggestions divided by desired fellowship	1.5
3	Subspecialty	Strongly consider additional NICU/PICU time, depending on career choice	1
3	Subspecialty	**See supplemental document for suggestions divided by desired fellowship	2
3	Academic Medicine Rotation	Resident as Teacher and/or Research	1
Subspecialty Recommendations: See below based on chosen subspecialty; also consider additional 2 weeks on Pediatric Hospital Medicine service during PGY-2 Year			

**The following pages provide a compilation of suggested Subspecialty IEUs and/or rotations based on the resident's chosen subspecialty and fellowship plan.

Suggested Electives for Residents Based on Career Path

From the Council on Pediatric Subspecialties

<http://www.pedsubs.org/about/index.cfm>

Below is a list of suggested (not mandatory) rotations that a resident should consider if they are planning to apply in a particular subspecialty. This is not meant to be an all-inclusive curriculum, but rather a list to create a program that fits a resident's individual needs.

Adolescent Medicine

There are no mandatory rotations for residents prior to Fellowship. A 2014 survey of Adolescent Medicine program directors was used to generate a list of suggested rotations to augment clinical expertise. The following recommendations were made: psychiatry - particularly outpatient (88%), sports medicine (82%), gynecology (76%), family planning (76%), substance abuse (58%), and endocrinology/obesity (53%).

Allergy-Immunology

- Allergy-Immunology (important to rotate in a clinic that sees both children and adults)
- Dermatology (very important)
- Rheumatology
- Consider ENT
- Consider nephrology and hematology-oncology
- Infectious disease

Cardiology

- PICU (not CICU) - critical skills
- Anesthesia - intubating and lines
- Pulmonary Medicine - coexisting lung disease/PHTN
- Pathology - cardiac if possible
- GI - particularly liver function and bowel motility
- Neurodevelopment – outcomes
- Nephrology - for associated renal dysfunction/medication/HTN

Child Abuse

- Radiology / Neuroradiology
- Trauma Surgery / Burn team
- Toxicology
- Forensic pathology
- Legislative Advocacy

Developmental-Behavioral Pediatrics

- DBP elective (in addition to required block rotation which may include rotations such as myelodysplasia, muscular dystrophy, neuromuscular, Fragile X, Downs or other sub-sub specialty clinics)
- Child psychiatry
- Child neurology
- Genetics

- Pediatric physical medicine and rehabilitation
- Community based primary care rotation

Experience with allied professionals such as psychologists, speech and language pathologists, audiologists, occupational therapists and physical therapists, medical social workers. In addition, advocacy experiences and experience with community-based agencies serving children and families would be worthwhile as would experiences in day treatment centers for children with special health care needs.

Endocrinology

- Endocrinology elective (inpatient and outpatient)
- Research month/elective
- Diabetes camp
- Rotations with diabetes experience (PICU, inpatient diabetes)
- Endocrine subspecialty clinic (longitudinal clinic if available)
- Genetics
- Adolescent Medicine

Gastroenterology

- Other medical subspecialties:
 - Allergy/Immunology - Food allergies, immunodeficiencies
 - Endocrinology - Growth, pubertal development, autoimmune endocrinopathies
 - Genetics
 - Rheumatology - Autoimmune disorders, joint disease associated with IBD, use of immunosuppression
- Other disciplines:
 - Pathology - Introduction to gross and microscopic pathology
 - Radiology - Fluoroscopy, CT, MR, nuclear medicine studies (IDA studies, gastric emptying studies)
 - Pediatric surgery
 - Speech pathology - Dealing with feeding issues

Hematology-Oncology

- Outpatient Pediatric Hematology/Oncology
 - To understand the treatment and experience of this patient population in the outpatient setting
 - To better develop relationships with Pediatric Hematology/Oncology faculty for mentorship and recommendations
- Several of the following electives aimed at improving knowledge of the organ systems most commonly compromised in Pediatric Hematology/Oncology practice, whether secondary to disease or to toxicity
 - Cardiology
 - Dermatology
 - Gastroenterology
 - Immunology
 - Infectious Disease
 - Nephrology

- Pulmonology
- Radiology
- Pediatric Pathology
- Pediatric Radiation Oncology

Infectious Disease

- Infectious Diseases
- Radiology
- Orthopedics or another surgical subspecialty rotation
- Immunology (if available, not an allergy elective)
- Dermatology (if there is a robust consult service with exposure to dermatologic manifestations of infections and/or adverse drug reactions)
- Rheumatology
- Solid organ transplant/Bone marrow transplant

Nephrology

- Rheumatology
- Radiology
- Infectious Disease

Pulmonary Medicine

- Infectious Disease
- Gastroenterology
- Allergy/Immunology
- Respiratory Care rotation
- Cardiology
- PICU
- ENT
- Pathology (with emphasis on lung pathology)
- Radiology
- Anesthesia
- Sleep

Rheumatology

- The residents should have a solid background in General Pediatrics
- A rotation in Pediatric Rheumatology (this will be an away rotation for many residents)
- Allergy/Immunology
- Pediatric Nephrology
- Sports Medicine
- Dermatology
- Infectious Disease
- Hematology
- Immunology
- Research
- Physiatry/PM&R (if available)