Vanderbilt University Pediatrics Residency Program
Overall Educational Goals
2014-2015

We have created an educational environment with the goal to allow residents to gain the fundamental knowledge and expertise to become the best pediatricians possible, and, from there, to pursue their individual career paths. We challenge residents to become leaders and agents of change in their individual careers as well as true child advocates.

The departmental philosophy is one of broad-based training with exposure to a wide variety of general and subspecialty problems in children stressing the importance of patient involvement and ownership. This prepares housestaff to be the best pediatricians possible. As a result, they can then pursue careers in both general and subspecialty fields. We recognize that three years is an arbitrary time limit, and that this is not the end of a pediatric education, but only the beginning. Thus, we want the housestaff to know how to learn as preparation for continuing education throughout their medical careers.

ACGME Core Competencies
Our residency program requires the residents to obtain competencies in the six areas below to the level expected of an independent practitioner. Toward this end, we have defined the specific knowledge, skills, and attitudes required and will provide educational experiences as needed in order for the residents to demonstrate the competencies. These are detailed in the specific goals and objectives.

a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

ACGME Milestones

Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. The pediatrics milestones are designed to describe changes in observable attributes of the learner across the continuum of medical education from medical school through residency into practice. Milestones are arranged into levels, with progressing from Level 1 to Level 5 being synonymous with moving from novice to expert. Our assessment tools are linked to these Milestones and
are used by the Clinical Competency Committee to produce each resident’s Milestone report every 6 months.

OVERALL EDUCATIONAL OBJECTIVES

We believe the basics of pediatric medicine are learned best through direct patient contact, with guidance from experienced role models. Thus, the training program centers on the PL-I as the patient's primary physician, be it on ward, NICU or primary care clinic rotations. The PL-I, therefore, plays the central role in making decisions regarding his or her patients. Orders are written by the PL-1 only. Leadership experience begins early in the PL-2 year, when the resident is placed in supervisory positions on the Vanderbilt wards and in the subspecialty rotations. Residents assume a large part of the responsibility for teaching the medical students. In the PL-3 year, additional supervisory opportunity is provided as chief resident of the primary care clinic. Residents filling this role are encouraged to plan a variety of teaching opportunities, including conferences, informal discussions of clinic patients, and mock codes.

OBJECTIVES FOR PL-1 YEAR
1. Learn how to recognize the acutely ill patient and correctly distinguish from those with less severe illnesses.
2. Learn the details of direct patient management in the inpatient and outpatient settings.
3. Learn proficiency with common pediatric procedures.
4. Develop initial acquaintance and working relationship with full time and private pediatric attendings.
5. Hone presentation and physical examination skills.

OBJECTIVES FOR PL-2 YEAR
1. Acquire skills needed to organize, oversee and run a patient care team.
2. Begin to identify specific career paths and begin to make preparations for post-residency positions.
3. Begin to assume a major teaching role for medical students and PL-1s.
4. Increase depth of knowledge regarding disorders of specific organ systems (subspecialty experience).

OBJECTIVES FOR PL-3 YEAR
1. Further increase knowledge base with regard to diseases managed by general pediatricians and those managed by subspecialists.
2. Gain additional leadership responsibilities as PAC Chief.
3. Gain academic experience by completion of the required scholarly project.
4. Further hone general leadership and supervisory skills through leadership on ward teams, Morning Report and consult services.
5. Make preparations for post-residency positions.

Conferences and Resources
In addition to daily informal teaching on rounds or in clinics, multiple formal teaching settings are available, including weekly Grand Rounds (given by faculty, visiting faculty and housestaff), the Chief Residents’ Conference, subspecialty conferences, case management conferences, daily morning report, and many other regularly scheduled lectures. The full schedule of medical and basic science conferences conducted throughout the Medical Center is available to residents as well.
The Pediatric Core Curriculum is presented on Tuesdays and Fridays at noon, and a joint conference with PCCU and the Emergency Medicine department is held on Wednesdays at noon. Lunch is provided for these conferences and attendance is kept. The expectation is that all on-site residents will attend these conferences. Procedure labs are also held monthly throughout the year to familiarize residents with the most common pediatric procedures they should be able to perform including: lumbar punctures, umbilical line placement, laceration repair, splinting, intubations and mock codes. These conferences offer residents the opportunity to learn hands-on in small groups using simulated patients.

Residents keep abreast of current literature in a number of ways. Journal Club meets monthly for a structured discussion of current journal articles, with a goal of teaching housestaff how to critically read the literature. Residents also have 24-hour access throughout the hospital and from home to MEDLINE literature searches and other on-line resources. The goal is to develop life-long learners.