**Background** (What is the curriculum gap? Brief Lit Review)
Recent studies evaluating residents and recent graduate’s preparedness for a career general pediatrics reveal shortcomings in their knowledge base regarding topics commonly encountered in ambulatory care. In the last several decades, resident education has shifted away from community-based ambulatory practices towards hospital-based care such that trainees spend a majority of their time engaged in inpatient medicine, which may explain the sense of deficiency felt by those residents entering the ambulatory work force.

**Goal(s) of the Curriculum**
1. Improve resident’s preparedness to enter the ambulatory work force.
2. Provide a more well-rounded education on ambulatory general pediatrics topics, using both experiential and case based learning techniques.

**Program Objectives** (Why this experience was created?)
1. Provide a more well-rounded education on ambulatory general pediatrics topics, using both experiential and case based learning techniques.
2. Increase exposure to “bread and butter” general pediatrics topics, which do not always get the spotlight at a large tertiary care center.
3. Increase residents comfort level giving anticipatory guidance in their continuity clinic.

**Resident/Fellow Learning Objectives**
(What resident/fellow will learn?) (Bloom’s Taxonomy)
1. Residents will be able to utilize knowledge gained from this rotation in their outpatient clinical experiences/future careers.
2. Residents will feel more comfortable with anticipatory guidance regarding several general pediatric topics.
3. Residents will be more aware of their patient’s community and social environment through house visits and community walks.

**Educational Strategies/Activities**
(Miller’s Pyramid)
1. Didactic sessions: small group meetings with attending. Readings are provided before the lecture to scaffold their knowledge base. The talk is framed by a clinical vignette followed by a focused discussion of a general pediatric topic.
2. Clinical Experience: Residents spend time in several outpatient clinical settings: urgent care, commonly referred sub-specialty clinics, their own continuity clinics, and Mommy Call.
3. Experiential Outings: Residents go on field trips to Babies R’US to learn about infant products and a Home Safety House visit to one of their clinic patient’s homes.

**Learner Assessment**
(How is the learner assessed for success? Results?)
1. Pre/post survey asking resident to rate their knowledge base on the didactic topics prior to and after the rotation.
2. Surveying recent alumnae to ascertain if they feel the ambulatory curriculum addressed and prepared them for the topics they commonly encounter in their practice.
3. Successfully attending and being prepared for all didactic sessions. Small group setting lends itself to immediate assessment of knowledge base and real time feedback.

**Program Evaluation**
How is the experience/rotation assessed for success? Results?
A feedback survey is distributed to the residents after the rotation. Pre/post survey asking resident to rate their knowledge base on the didactic topics prior to and after the rotation. Surveying recent alumnae to ascertain if they feel the ambulatory curriculum addressed and prepared them for the topics they commonly encounter in their practice.

**Implementation**
Collaborators? Resources? Skills? Faculty Development? Barriers?
General Pediatric Faculty
Subspecialty Faculty and Clinics
Home Safety Coordinator
Rotation Coordinator
Barriers: Faculty Time, schedule coordination

**Lessons Learned**
Even residents like field trips

Difficult to assess the validity of a curriculum, in an environment where residents are constantly learning, it can be hard to assess if they mastered an objective as a direct result of this curriculum.