



Using Pathways and Certificates of Excellence in the Development of Individualized Curriculum for Pediatric Residents



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Background

The 2013 ACGME Pediatric Program Requirements state that each program must offer 6 educational units of individualized curriculum (IC).

The IC must be determined by the learning needs and career plans of each resident and must be developed through the guidance of a faculty mentor.

Our IC format satisfies this requirement and gives our residents guidance and preparation while allowing for a degree of flexibility to meet their individual educational needs.

Curricular Objectives

Prepare pediatric residents for success in their chosen field; offering special attention to ambulatory, inpatient and subspecialty careers

Facilitate the development of additional skills/training in the areas of Research, Advocacy, Quality Improvement, or Global/Underserved Health among interested residents

Career Pathways

The 6 IC rotations are distributed over the 3 years of training.

- 1 – during intern year
- 1 – during second year
- 4 – during the final year of training.



Career Pathways: By the end of intern year, residents identify themselves with one of three pathways:

- **Ambulatory Medicine**
(general academic, community practice, urgent care)
- **Inpatient Medicine**
(hospital medicine, critical care medicine, emergency medicine and neonatology/perinatology)
- **Subspecialty Medicine**
(pediatric subspecialties not already noted)

Pathways vs Tracks: Our pathways allows the flexibility preferred by our residents, not offered with classic predetermined tracks. Residents select pathways after starting residency rather than prior to and are able to change pathways if career interests change.

Pathway Menu Items

Each pathway offers a menu of options & opportunities for residents. Suggested menu options were developed with input from various faculty generalists and specialists. Established electives-have pre-determined course descriptions and objectives that the residents can use or modify as needed.

Sample Ambulatory Careers Pathway Menu

Academic Medicine	Community Medicine	Urgent Care
<ul style="list-style-type: none">• Pediatric Dermatology• Pediatric Palliative Care• Pediatric Radiology• Feeding Clinic/Nutrition• Preventative Medicine• NRP/MBU “pretending”• Procedures/Simulation (e.g. circumcision, wart removal, IUD...)• Behavioral Pediatrics• Sleep Medicine• Medical Education/Teaching• Child Abuse	<ul style="list-style-type: none">• Pediatric Dermatology• Pediatric Palliative Care• Pediatric Radiology• Feeding Clinic/Nutrition• Preventative Medicine• NRP/MBU “pretending”• Procedures/Simulation (e.g. circumcision, wart removal, IUD...)• Transport/PANDA• Community Pediatrics Rotation• Child Abuse• Sleep Medicine	<ul style="list-style-type: none">• Pediatric Dermatology• Randall Children’s Hosp. ED• Kaiser Urgent Care• Orthopedics/Fracture Clinic• Pediatric Radiology• Mock Code Boot Camp• Preventative Medicine• Procedures/Simulation (e.g. splinting, I&D, burn case, etc...)• Child Abuse• Medical Stabilization of Acute Illness• Disaster Preparedness

Framework/Timeline

This IC format works within the existing framework of semi-annual reviews with residency leadership (PDs and APDs). Prior to arrival for residency, the program leadership assigns each intern a faculty advisor. Advisors help residents determine pathway choice, identify additional mentors as well as potential IC rotations and opportunities. Residency leadership uses semi-annual reviews as a deliberate tool to shepherd residents through the IC process. Residents finalize IC rotations and supplementary experiences during these meetings.

TIMELINE:

FIRST YEAR

- Interns meet with advisor at orientation
- Advisor/intern meeting prior to first semi-annual review
- For interns with IC in the first 3 months, we have pre-residency selection with guidance from program leadership
- Pathway and IC rotation selection during semi-annual reviews. Selection of Pathway required by end of intern year.

SECOND YEAR

- Advisor helps identify appropriate additional resident mentors
- Semi-annual reviews to discuss progression within pathway. Next year’s IC rotations discussed and planned. Start relevant chief/fellowship applications.
- Areas of interest explored – consider pursuing Certificate of Excellence

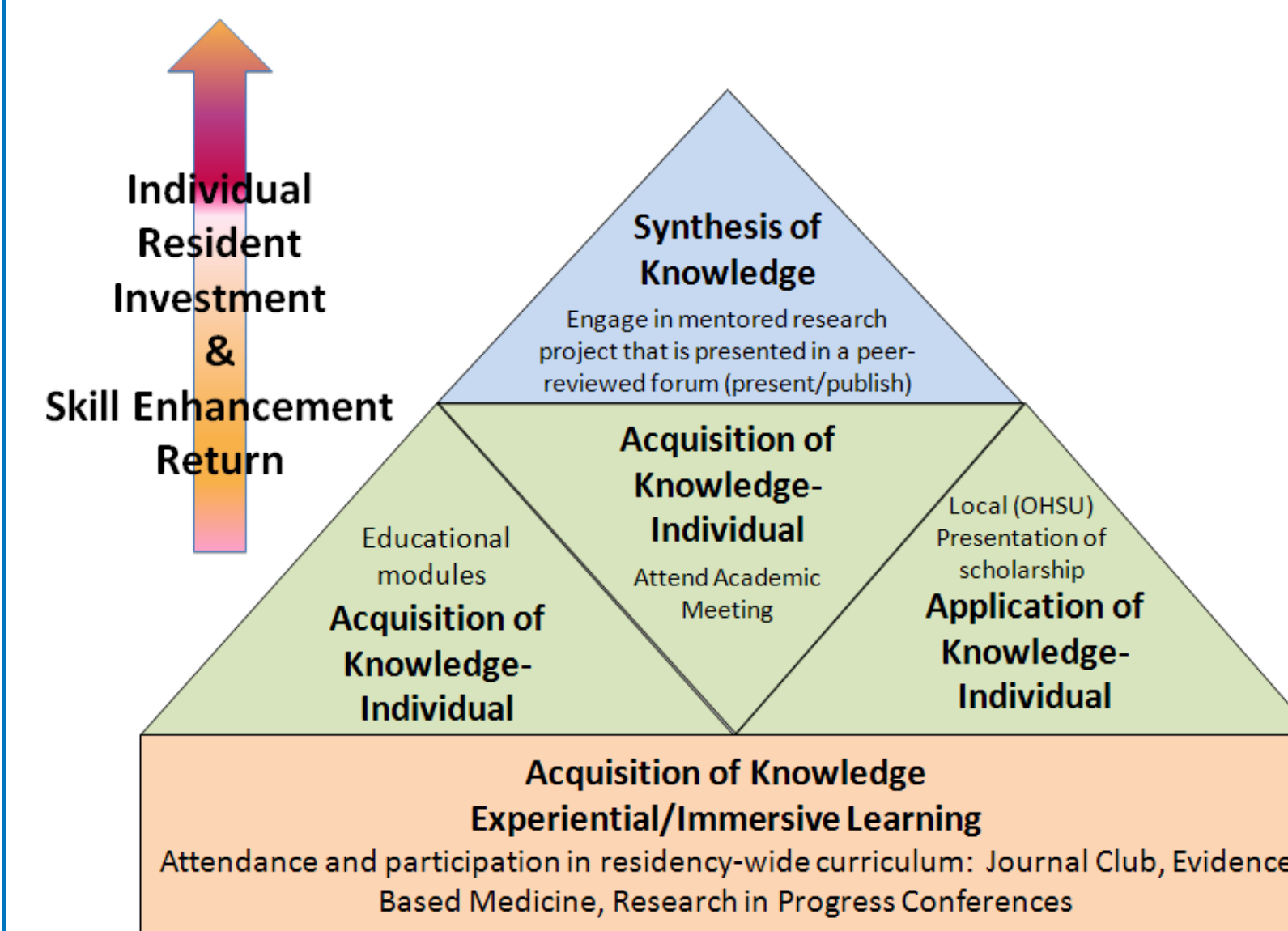
THIRD YEAR

- Mentors identified and Pathway advanced by confirming remaining IC rotations and projects
- At semi-annual review, confirm plans for job search/transition to fellowship

Certificates of Excellence

We expect residents to develop baseline knowledge and experience in Research, Advocacy, Quality Improvement, and Global/Underserved Health. Certificates of Excellence (COE) recognize select residents who go above and beyond in their pursuit of additional experiences and training in these extra-clinical areas.

The COE is optional. Currently, residents desiring additional expertise can engage in curricular experiences and mentored projects that supplement their clinical training. The COE recognizes residents for these additional efforts. Pre-set COE expectations outline-what is required of residents to distinguish themselves in the above-mentioned extra-clinical areas of interest.



Example: Certificate of Excellence in Research

References/Contributions:

APPD 2013 Spring Meeting; Nashville TN “Getting on Track” Workshop

Thank you to our excellent OHSU/Doernbecher Pediatric Residents for their input and help!

**Certificate of Excellence
In Research**

