**Academic Curriculum**

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Introduction

Every residency program curriculum must incorporate national requirements for clinical and didactic experiences. Click [here](https://www.acgme.org/globalassets/PDFs/archive/320_pediatrics_PRs_RC.pdf) for the Accreditation Council for Graduate Medical Education’s (ACGME) Program Requirements for Pediatrics.

*Curriculum Educational Component Requirements*

* Overall educational goals for the program
* Competency-based goals and objectives for assignments at each educational level
* Regularly scheduled didactic sessions
* Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and descriptions of supervision over the continuum of the program
* Formal educational activities that promote patient safety-related goals, tools, and techniques

*ACGME Competencies*

The program must integrate the following ACGME competencies into the curriculum:

* Patient Care
* Medical Knowledge
* Practice-based Learning and Improvement
* Interpersonal and Communication Skills
* Professionalism
* Systems-based Practice

Curriculum Organization and Resident Experiences

(Please note, much of this section is drawn directly from the Revised Common Program Requirements for Pediatrics that take effect in July of 2025.) Click [here](https://www.acgme.org/globalassets/pfassets/programrequirements/2025-prs/320_pediatrics_2025.pdf) to view the revised requirements.

The curriculum must be structured to optimize resident educational experiences and include three components: (1) supervised patient care responsibilities; (2) clinical teaching; and (3) didactic educational events. The planned educational experiences should complement and address gaps in the clinical experience.

*Program Structure*

Organized as block and/or longitudinal experiences that include:

* **Ambulatory Care Experiences:** a minimum of 40 weeks of primarily ambulatory care experiences with community pediatrics and child advocacy experiences to include:
  + 8 weeks of general ambulatory pediatric clinic time
  + 4 weeks of subspecialty outpatient experience with at least two subspecialty experiences in the first 24 months of training
  + 4 weeks of adolescent medicine
  + 4 weeks of mental health
  + 4 weeks of developmental and behavioral pediatrics
  + 12 weeks of pediatric emergency medicine and acute illness
* **Inpatient Care Experiences:** a minimum of 40 weeks of inpatient care experiences to include:
  + 24 weeks of inpatient medicine with a minimum of 16 weeks of general pediatrics or pediatric hospital medicine service
  + 12 weeks of intensive care with a minimum of 4 weeks of pediatric intensive care unit and 4 weeks of neonatal intensive care unit
  + 4 weeks of newborn nursery
* **Individualized Curriculum:** a minimum of 40 weeks of an individualized curriculum distributed throughout the years of training.
* **Pediatric Subspecialty Experiences:** at least 20 weeks of at least five additional pediatric subspecialty experiences beyond those used to meet the inpatient and outpatient requirements. If residents choose how they complete these, then can count for up to 20 weeks of individualized curriculum.
* A **longitudinal general pediatric outpatient experience** takes place in a setting that provides a medical home for the spectrum of pediatric patients and allows residents to create a continuous and long-term therapeutic relationship with a panel of pediatric patients. This is not included in the 40 weeks of ambulatory experiences.
  + **Requirements** – The ACGME requires every resident to attend at least 36 half days of continuity clinic each academic year with the interval between these sessions not to exceed 8 weeks. Most residents attend their continuity clinic for one half-day each week. First- and second-year residents must complete their continuity clinic in a Primary Care Medical Home. Third-year residents may do the same or may choose an outpatient subspecialty clinic that aligns with their career goals.
  + **X+Y options** – X + Y scheduling separates inpatient and elective clinical blocks (X) from continuity clinic and other longitudinal experiences (Y). More common models are 3:1 or 4:2, where you attend your primary clinical duties for 3-4 weeks and aggregate continuity clinic within 1-2 weeks. As of July 2025 with implementation of the new ACGME requirements, this option is available to all programs.
* **Resident Supervisory Role:** residents must have experience in a supervisory role under faculty guidance. This experience should occur for at least 16 weeks during the final two years of training and 8 weeks of this experience will be on the inpatient general pediatrics or pediatric hospital medicine service.

Primary Curricular Elements

*Didactic Lectures*

The purpose is toprovide information on disease processes, including definitions, pathology/pathophysiology, epidemiology, differential diagnoses, workup, lab/imaging interpretation as applicable, treatment plan, and follow-up. These sessions are typically presented by faculty at the home institution. Topics usually align with the American Board of Pediatrics’ specialty content specifications.Programs tend to utilize either a noon conference or academic half day structure.

**Noon Conference**

* Pros/cons compared to academic half-day
  + **Pros:**
    - Opportunity to meet as a team daily.
    - Ability to be on primary clinical service for whole days all week except for continuity clinic half day.
    - Planned break in the middle of the day for residents to pause to eat lunch.
    - Learning is spaced out with frequent touch points.
  + **Cons:** 
    - Challenging to begin on time secondary to rounds.
    - Need to rush to get lunch each day if not prepared from home or provided by the program.
    - Interruptions for patient care during the daily hour of instruction.

**Academic Half-Day**

* Pros/cons compared to Noon Conference
  + **Pros:**
    - Programs only need to find time for lectures once a week.
    - Most clinical days are uninterrupted.
    - Ability to utilize educational techniques that require more time and/or interaction.
  + **Cons:**
    - Requires the need to find others for clinical coverage for the lecture hours each week.
    - If residents miss the academic half day, they miss more than one lecture.
    - Creates a work week where the residents are out for 2 half-day sessions (academic half day and continuity clinic half day).

*Other Educational Experiences*

**Morning Report**

The purpose isto present patients admitted to the team (classically the night team) to discuss challenges with diagnosis, workup, and/or treatment plans and how these challenges were managed. There should be a discussion about what questions remain. It differs from didactics in that it gives information on how to care for children with the disease process learned about during the didactics sessions. It is a discussion/presentation on the clinical implementation of lecture materials/topics. Please note, there is quite a bit of variability to how morning report is delivered.

* **Variations**
  + Presentations of patients admitted the night before vs using preselected patients for presentation.
  + Presentations can be done by the night team, day team, or chief residents. Contributing factors include the effect on resident work hours, chief resident responsibilities, and faculty expert availability.
  + Patients should be from both inpatient and outpatient locations.

**Grand Rounds**

The purpose is to provide updates on medical topics, including the most recent research and newly implemented guidelines for diagnosis, workup, and treatment options. Grand Rounds presentations are given by experts from both inside and outside institutions.

* **Variations** 
  + Classic presentation in lecture style vs case-based presentation to illustrate the process of diagnosing conditions/disease processes.

**Patient Safety and Quality Improvement (PSQI)**

Programs are required to have formal educational activities that promote patient safety-related goals, tools, and techniques.

* **Acceptable Examples**
  + Integrate basic PSQI information in didactics or grand rounds sessions.
  + Involve residents in the quality metrics and benchmarks set by the hospital systems in which they work.
  + Require a PSQI project for each resident or each resident class.

**Scholarship**

The ACGME Program Requirements state residents should participate in scholarly activity.

* **Acceptable Examples**
  + Posters at local, regional, or national conferences
  + Oral presentations at local, regional, or national conferences
  + Peer-reviewed publications
  + Case report write-ups