AMERICAN ACADEMY OF FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Care of Infants and Children

This document was endorsed by the American Academy of Family Physicians.

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Preamble

Family physicians are specialists in primary care for individuals of all ages. Family physicians must develop knowledge, skills and attitudes to manage health promotion, disease prevention, diagnosis, care and treatment in patients of all ages, including infants and children. Family physicians have the unique honor to treat all members of the family and appreciate and influence the family dynamic on the health of the child. Family physicians employ respectful compassion to provide complex, coordinated care and improve the health of families and communities.

Patient Care

At the completion of residency, residents should be able to:

1. Assess appropriate development by taking age-appropriate history and performing physical examination
2. Complete newborn nursery exam and recognize normal and abnormal findings, including:
    a. Apgar score assignment
    b. Recognize congenital conditions, such as hip dysplasia, heart disease or genetic syndromes
    c. Performing resuscitation
    d. Circumcision, if needed
    e. Interpretation of jaundice screening (evaluating with nomogram)
    f. Interpretation of newborn metabolic screen
3. Perform well-child visits at recommended ages based on nationally recognized periodicity schedules with particular attention to:
    a. Developmental screening (Ages and Stages, Bright Futures Questionnaire)
    b. Use appropriate growth charts (e.g., World Health Organization Child Growth Standards, Down syndrome, etc.)
    c. Calculation of body mass index and BMI percentile
    d. Hearing and vision screening with interpretation
    e. Lead testing
    f. Performance of developmental surveillance, as well as administration and interpretation of developmental screening tests (e.g., Modified Checklist for Autism in Toddlers, Childhood Autism Rating Scale)
    g. Psychosocial/behavioral questionnaire administration and interpretation (e.g., Conners and Vanderbilt for attention-deficit/hyperactivity disorder; Patient Health Questionnaire-2, PHQ-9, General Anxiety Disorder-7, Pediatric Symptom Checklist for cognitive, emotional and behavioral problems)
    h. Anticipatory guidance for children and parents utilizing tools such as Bright Futures
4. Complete pre-participation physical examinations and identify who needs further testing
5. Recognize urgent and emergent situations and coordinate appropriate diagnostic strategies in a timely manner in both the outpatient and inpatient settings
6. Recognize signs and symptoms of child abuse and neglect, with awareness of mandatory reporting mechanisms
7. Implement management plans for patients with complex acute and chronic conditions, including stabilizing acutely ill pediatric patients
8. Incorporate psychosocial factors in management plans of acute and chronic illness for pediatric patients and their caregivers
9. Mobilize team-based care in a multidisciplinary setting that coordinates care and manages plans for acutely ill and chronically ill pediatric patients
10. Identify the impact of comorbidities on disease progression when dealing with chronic illness in pediatric patients

11. Develop a patient-centered management plan that associates comorbidities with disease progression for vulnerable pediatric patient populations
12. Collaborate with patients and caregivers regarding specific goals of care for chronic conditions
13. Identify barriers to care and preventive health care while sharing decision-making with patients and caregivers
14. Implement plans for routine health maintenance and promotion of health, including growth and development, immunizations and screenings
15. Identify the social determinates of health impacting care and connect patients and families with resources in the community to continue health promotion and wellness of pediatric populations
16. Educate patients and caregivers about collaborative treatment plans and workups with health concerns and undifferentiated signs and symptoms
17. Prioritize testing, consultations and management of undifferentiated illness, considering the cost
18. Demonstrate respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status and sexual orientation
19. Competently perform pediatric procedures within the scope of family medicine, collaborating with procedural colleagues to perform those outside of expertise, including but not limited to:
    a. Circumcision
    b. Lumbar puncture
    c. Cerumen removal
    d. Pediatric electrocardiogram, radiology and lab interpretation
    e. Medication delivery and dose adjustment (i.e., intramuscular, intravenous, subcutaneous, rectal, inhaled, intranasal, buccal)
    f. Vascular access (i.e., intraosseous, intravenous)
    g. IV fluid calculations: maintenance, replacement, electrolytes and blood
    h. Laceration repair
    i. Reduction of dislocations
    j. Casting and splinting
    k. Point-of-care ultrasound

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. Perinatal and neonatal conditions, including but not limited to:
    a. Impact of prenatal and perinatal risk factors
    b. Effects of labor and delivery on the infant
    c. Physiologic adaptations to extrauterine life
    d. Gestational age assessment (Ballard score)

e. Screenings
    i. Newborn metabolic screening (state-specific)
    ii. Critical congenital heart defect screening (e.g., pulse oximetry)
    iii. Newborn hearing screen (e.g., automated auditory brainstem response tests, otoacoustic emissions testing)
    iv. Jaundice screen (bilirubin level, including using nomogram)
    v. Newborn physical exam, including weight, heart exam, hip exam, testicular exam, etc.
f. Diagnosis and management of:
    i. Meconium-stained amniotic fluid, meconium aspiration syndrome, perinatal asphyxia
    ii. Respiratory distress (including transient tachypnea of newborn), including respiratory distress syndrome, transient tachypnea of the newborn, cyanosis, apnea, pneumonia
    iii. Cardiac conditions: congenital heart disorders, murmurs, bradycardia
    iv. Seizures
    v. Hypoglycemia
    vi. Inborn errors of metabolism
    vii. Developmental dysplasia of the hip
    viii. Birth-related injuries
    ix. Neonatal abstinence syndrome (in utero drug exposure) (e.g., neonatal opiate withdrawal syndrome)
    x. Hematologic problems: anemia, polycythemia
    xi. Jaundice: Rhesus factor and blood type incompatibility, breastfeeding jaundice, breastmilk jaundice, other causes
    xii. Premature and post-date gestations
    xiii. Congenital and neonatal infections: sepsis; “TORCH” infections: toxoplasmosis, others (syphilis, hepatitis B), rubella, cytomegalovirus, herpes simples; group B strep; others
    xiv. Maternal factors: infections (e.g., HIV, hepatitis); medical conditions (e.g., diabetes, hypertension); substance use/abuse (abstinence syndrome)

2. Newborn visits through the first month of life
    a. Appropriate content of examinations of the newborn
    b. Developmental stages and milestones
    c. Screenings:
        i. Newborn physical exam, including weight, length, head circumference, heart exam, hip exam, testicular exam, etc.
        ii. Maternal postpartum depression
    d. Immunizations
    e. Anticipatory guidance, including:
        i. Breastfeeding expectations:
            1) Early bonding
            2) Impact of maternal medication use, substance use/abuse and maternal conditions

3) Common maternal breast issues related to breastfeeding
ii. Formula feeding expectations – formula options, food intolerance
iii. Sleep, including safe sleep and sudden infant death syndrome prevention
iv. Temperament, developmental crying and behavior
v. Family and social relationships and supports, and any associated social and cultural issues
vi. Effective parenting
vii. Child abuse and neglect prevention
viii. Counseling on secondhand smoke exposure
ix. Appropriate and inappropriate use of over-the-counter medications

3. Well-child visits through infancy
   a. Appropriate content of examinations at each well-child visit throughout infancy
   b. Developmental stages and milestones
      i. Development (Ages and Stages Questionnaires, Bright Futures Questionnaire)
   c. Screenings
      i. Weight, length and head circumference
      ii. Fluoride varnish and oral health
      iii. Hemoglobin/hematocrit for anemia
      iv. Lead
      v. Vision and hearing
      vi. Maternal postpartum depression
      vii. Physical, psychological and sexual abuse
   d. Physical growth
      i. Normal growth and variants, including dental development
      ii. Failure to thrive and/or malnutrition
      iii. Obesity and BMI curves in children
      iv. Sexual development and sexual maturity rating (e.g., Tanner Scale)
   e. Immunizations
   f. Anticipatory guidance
      i. Nutrition, including feeding problems, feeding options and variations
      ii. Toilet training
      iii. Temperament, developmental crying and behavior
      iv. Developmental stages and milestones
      v. Family and social relationships
      vi. Effective parenting
      vii. Child abuse and neglect prevention
      viii. Counseling on secondhand smoke exposure
      ix. Sleep problems
      x. Physical activity and exercise
      xi. Use of OTC medications and complementary and alternative medicine
4. Well-child visits from toddlers through early childhood (up to adolescence)
   a. Developmental stages and milestones
      i. Development (Ages and Stages Questionnaires, Bright Futures

Questionnaire)

b. Screening appropriate to age
    i. Weight, length and head circumference
    ii. Fluoride varnish and oral health
    iii. Hemoglobin/hematocrit for anemia
    iv. Lead
    v. High-risk children (e.g., lipids, tuberculosis, other infectious diseases)
    vi. Autism
    vii. Vision and Hearing
    viii. Hypertension
    ix. Depression
    x. Alcohol and drug use
    xi. Sexual behavior and sexually transmitted infections, including HIV
    xii. Physical, psychological and sexual abuse
    xiii. Maternal postpartum depression
    xiv. Other environmental health issues, including actinic damage, media exposure and violence
c. Physical growth
    i. Normal growth and variants, including dental development
    ii. Failure to thrive and/or malnutrition
    iii. Obesity and BMI curves in children
    iv. Sexual development and sexual maturity rating (e.g., Tanner Scale)
    v. Reproductive health maintenance and health promotion
d. Immunizations
e. Anticipatory guidance appropriate to age and developmental stage
    i. Nutrition: feeding strategies, caloric requirements and nutritional supplementation
    ii. Temperament, developmental crying and behavior
    iii. Developmental stages and milestones
    iv. Toilet training
    v. Family and social relationships
    vi. Effective parenting
    vii. Child abuse and neglect prevention
    viii. Injury prevention: bicycle helmets, seat belts, etc.
    ix. Safety
    x. Counseling on secondhand smoke exposure
    xi. School readiness, including school failure, bullying, social media and peer pressure
    xii. Media exposure, social media, screen time
    xiii. Sleep problems
    xiv. Physical activity and exercise
    xv. Use of OTC medications and complementary and alternative medicine

5. Evaluation and management of acute and chronic medical conditions in the inpatient or outpatient setting, including

a. General
   i. Brief resolved unexplained event
   ii. Fever of unknown origin, depending on the age of presentation
   iii. Fussiness, irritability, lethargy and fatigue
b. Allergic
   i. Rhinitis, conjunctivitis
   ii. Contact dermatitis, anaphylaxis, angioedema
   iii. Drug, food, insect and other environmental allergies
   iv. Stevens-Johnson/toxic epidermal necrolysis
c. Cardiovascular
   i. Arrhythmias: supraventricular arrhythmia, bradycardia, long QT syndrome, Wolff-Parkinson-White syndrome
   ii. Congenital heart defects
   iii. Cardiomyopathies: dilated, hypertrophic, restrictive
   iv. Heart failure
   v. Endocarditis, myocarditis, pericarditis
   vi. Rheumatic heart disease
   vii. Kawasaki's disease
   viii. Hypertension
   ix. Chest pain
   x. Murmurs
d. Dermatologic
   i. Bacterial: acne, impetigo, cellulitis, abscess
   ii. Viral exanthema: measles, German measles, parvovirus B19, roseola infantum, Epstein-Barr virus, coxsackievirus, varicella, pityriasis rosea
   iii. Other viruses: molluscum, warts, herpes simplex virus
   iv. Parasitic: scabies, lice
   v. Fungal: tinea
   vi. Atopic dermatitis/eczema
   vii. Burns
   viii. Purpura, petechiae
   ix. Urticaria
e. Eye, ear, nose, throat
   i. Ear: otitis media, otitis externa, mastoiditis, foreign body, hearing loss
   ii. Eye: visual changes, conjunctivitis, chalazion, dacryocystitis, hordeolum, strabismus, orbital and periorbital cellulitis
   iii. Nose: epistaxis, rhinitis, sinusitis, foreign body
   iv. Mouth: dental caries and abscess
   v. Throat/neck: pharyngitis, laryngomalacia, deep neck space infections, congenital remnants (branchial cyst)
f. Endocrine/metabolic
   i. Nutritional deficiencies
   ii. Diabetes mellitus: type 1, type 2, diabetic ketoacidosis, nonketotic hyperosmolar coma

iii. Diabetes insipidus
iv. Adrenal disorders
v. Pituitary disorders: Cushing's syndrome, acromegaly, growth failure/delay, hypopituitarism
vi. Other causes of impaired and/or abnormal growth
vii. Thyroid disease (hyperthyroidism, hypothyroidism)
viii. Precocious or delayed puberty
ix. Multiple endocrine neoplasia (MEN1, MEN2)
x. Bone, mineral disorders
xi. Turner syndrome

g. Gastrointestinal
i. Abdominal pain, vomiting, constipation, encopresis, colic, bloody stool, jaundice, gastroenteritis, gastroesophageal reflux
ii. Inflammatory bowel disease, irritable bowel syndrome
iii. Feeding problems and food intolerance/malabsorption: celiac disease, lactose intolerance
iv. Appendicitis, cholecystitis, pancreatitis, hernia, pyloric stenosis, Meckel's diverticulum, intussusception, tracheoesophageal fistula, necrotizing enterocolitis

h. Genetic disorders
i. Common chromosomal abnormalities
ii. Screening and evaluation for genetic disorders and the associated screening issues, including ethical, legal and social implications

i. Gynecologic
i. Pelvic pain
ii. Imperforate hymen
iii. Menstrual disorders
iv. Sexually transmitted infection, pelvic inflammatory disease
v. Vaginitis/vaginal discharge
vi. Endometriosis
vii. Birth control
viii. Sexual assault
ix. Diagnosing pregnancy and managing early pregnancy complications, including diagnosis of ectopic pregnancy, pregnancy loss and options education for unintended pregnancy

j. Hematologic
i. Anemias
ii. Hemoglobinopathies: sickle cell, beta thalassemia
iii. Bleeding diatheses, including hemophilia
iv. Thrombocytopenia
v. Thrombophilia
vi. Venous thromboembolism: deep vein thrombosis, pulmonary embolism
vii. Lymphadenopathy

k. Infectious diseases

i. Bacteremia, sepsis
ii. Community-acquired pneumonia
iii. Tuberculosis
iv. HIV
v. COVID-19
vi. Common viral respiratory infections (respiratory syncytial virus, influenza, parainfluenza, metapneumovirus, etc.)
vii. Hepatitis
viii. Late presentation of congenital infections: cytomegalovirus, syphilis
ix. Lyme disease and other vector-borne illnesses
x. Meningitis
xi. Osteomyelitis/septic arthritis
xii. Prophylaxis for patients with a history of certain conditions, such as endocarditis, sickle cell, HIV, etc.
xiii. Local/regional differences in the prevalence of infectious diseases, emerging infections and antimicrobial resistance patterns

l. Musculoskeletal/orthopedic
i. Hip disorders: Aseptic necrosis of the femoral head (Legg-Calve-Perthes disease), developmental dysplasia of the hip, slipped capital femoral epiphysis, toxic synovitis
ii. Knee disorders: patellofemoral syndrome, Osgood-Schlatter disease, patellar dislocations
iii. Nursemaid's elbow
iv. Club foot
v. Shoulder dislocations
vi. Scoliosis
vii. Sprains, dislocations, fractures, including patterns suspicious for abuse
viii. Growing pains
ix. Limp, gait disorders
x. Muscular dystrophy
xi. Osteogenesis imperfecta
xii. Marfan syndrome

m. Neurologic
i. Concussion
ii. Altered mental status/encephalopathy
iii. Developmental delay, learning disabilities
iv. Diplopia/visual disturbance
v. Meningitis, encephalitis
vi. Guillain-Barre syndrome
vii. Headache (migraine, tension), neurofibromatosis
viii. Hypotonia/weakness
ix. Hypertonia
x. Seizure
xi. Stroke

xii. Syncope
xiii. Traumatic brain injury

n. Oncologic
   i. Leukemias
   ii. Brain/spinal cord tumors
   iii. Neuroblastoma
   iv. Wilms tumor
   v. Lymphomas
   vi. Rhabdomyosarcoma
   vii. Retinoblastoma
   viii. Bone cancer (osteosarcoma, Ewing sarcoma)
   ix. Tumor lysis syndrome

o. Psychological disorders:
   i. Families with a high risk for parent-child interaction problems, dysfunction, or psychiatric problems
   ii. Mood disorders: depressive disorders, anxiety disorders and bipolar disorder
   iii. Developmental and psychological issues of lesbian, gay, bisexual, trans, queer/questioning youth
   iv. Disruptive behavior, impulse control, oppositional defiant disorder and conduct disorders
   v. Elimination disorders
   vi. Feeding and eating disorders
   vii. Neurodevelopmental disorders, including ADHD, autism spectrum disorder, intellectual developmental disorder, learning disorders, tic disorders, Tourette syndrome
   viii. Obsessive-compulsive disorder, phobic disorder and related disorders
   ix. Psychiatric emergencies, including suicide
   x. Psychotic disorders, including schizophrenia
   xi. Sleep-wake disorders
   xii. Somatic symptom disorder and related disorders
   xiii. Trauma- and stressor-related disorders, including post-traumatic stress disorder
   xiv. Substance abuse

p. Renal/urologic
   i. Bladder: urinary tract infection, vesicoureteral reflux, nocturnal enuresis
   ii. Kidney: pyelonephritis, glomerulonephritis, hemolytic uremic syndrome, nephrolithiasis, nephrotic syndrome
   iii. Male reproductive: undescended testes, hydrocele, scrotal mass, scrotal pain, testicular torsion

q. Respiratory
   i. Apnea, obstructive sleep apnea
   ii. Asthma
   iii. Cystic fibrosis

iv. Epiglottis, bacterial tracheitis
v. Pertussis
vi. Pneumonia
vii. Upper respiratory infection, croup, bronchiolitis

r. Rheumatologic
i. Juvenile idiopathic arthritis
ii. Juvenile dermatomyositis
iii. Juvenile lupus
iv. Juvenile scleroderma
v. Rheumatic fever
vi. Vasculitis: Henoch-Schönlein purpura, Kawasaki's disease
vii. Mixed connective tissue disease
viii. Fibromyalgia
ix. Auto-inflammatory disorders

s. Toxicology
i. Drugs of abuse
ii. Heavy metal poisoning
iii. Overdose: acetaminophen, diphenhydramine, nonsteroidal anti-inflammatory drugs, selective serotonin reuptake inhibitors, etc.

t. Social and ethical issues, including:
i. Adoption and foster care
ii. Child abuse and neglect, physical and sexual abuse, sexual assault and trafficking
iii. Divorce, separation, death and dying
iv. Initiating, withholding and withdrawing life support
v. Family violence and/or drug/alcohol abuse
vi. Cultural beliefs/diversity
vii. Non-traditional families
viii. Refugee and immigrant status

Interpersonal Communication

At the completion of residency, residents should be able to:

1. Demonstrate the ability to communicate effectively with the patient, as well as the patient's family and caregivers, to ensure the development and clear understanding of an appropriate, acceptable evidence-based diagnosis and treatment plan
2. Demonstrate the ability to communicate effectively and coordinate care of children who have chronic conditions (including mental health) with families and community resources across a broad range of cultural backgrounds, language capabilities and socioeconomic circumstances
3. Present pertinent information and assist patients in reflecting on the impact of decisions on lifestyles and values using active listening and clear language

4. Discuss indications, risks, benefits and reasonable alternatives and those associated risks and benefits
5. Communicate effectively with physicians, other health professionals and health-related agencies
6. Maintain comprehensive, accurate and timely health care records, including emphasizing anticipatory guidance and reasons to return for well, chronic and acute conditions
7. Recognize and identify potential barriers and biases that may hinder the patient-provider relationship and be able to use all available resources to overcome them
8. Demonstrate effective communication skills with both the patient and the caregivers to foster a trustworthy treatment atmosphere
9. Have a sensitive and compassionate approach when it comes to communicating sensitive and challenging medical information, including discerning when to take an independent history apart from a patient's parent or guardian
10. Promote a safe environment where patients or guardians can actively engage in their care decisions
11. Use a shared decision-making approach to help align the patient's/caregiver's values/preferences with treatment options in an attempt to personalize the care plan and optimize compliance
12. Effectively utilize patient education tools in patients' language and use resources in electronic communication and health records
13. Assist patients or guardians in locating reputable medical information on the internet and other sources
14. Discuss internet safety and the protection of health information

Systems-Based Practice

At the completion of residency, residents should be able to:

1. Recognize one's own practice limitations and seek consultation with other health care professionals and resources when necessary to provide optimal patient care
2. Demonstrate the ability to communicate effectively and coordinate care of children who have chronic conditions (including mental health) with families and community resources
3. Demonstrate the importance of continuity and access to care for the prevention and treatment of acute and chronic illness, including mental health conditions
4. Recognize infants and children cannot advocate for themselves and demonstrate the ability to engage parents, teachers, consultants or authorities, if needed
5. Demonstrate knowledge of state mandatory reporting laws in cases of suspected child abuse
6. Show the importance of educating the public about environmental factors that can adversely affect children
7. Discuss the importance of obtaining and utilizing information about school

performance and learning disabilities to assist in the creation of a management plan
8. Understand state and federal laws regarding the treatment of minors without parental consent and the sharing of protected health information
9. Demonstrate the ability to evaluate, treat and/or refer to a specialist, if needed
10. Show the ability to coordinate patient care and specialty services, when required
11. Discuss appropriate referral for necessary genetic diagnosis and counseling for:
    a. Children with special needs or developmental delays
    b. Cancer survivors
    c. Premature infants

Practice-Based Learning

At the completion of residency, residents should be able to:

1. Demonstrate proficiency in accessing, categorizing and analyzing clinical evidence in informed decision-making for inpatient care
2. Demonstrate the ability to integrate the best available evidence into evidence-based care while respecting the preferences of the patient's family and/or caregiver(s)
3. Demonstrate critical appraisal and application of evidence even in the face of uncertainty and conflicting evidence to guide care tailored to individual patients
4. Accept responsibility for personal and professional development by establishing learning goals
5. Demonstrate openness to performance data and feedback with adaptability and humility
6. Engage in introspection to identify and analyze factors contributing to disparities between anticipated and actual performances
7. Use performance data to gauge the effectiveness of the learning plan and improve it, when necessary

Professionalism

At the completion of residency, residents should be able to:

1. Recognize their own practice limitations and seek consultation with other health care professionals and resources when necessary to provide optimal patient care
2. Accept responsibility for errors made, including the willingness to acknowledge and disclose errors, consequences and alternatives with the family and peers and take steps to prevent future errors
3. Demonstrate empathic concern for the health of the child in the context of the family
4. Make every effort to communicate effectively and in a timely manner with each

other about assessments of the patient and coordinate treatment plans (reliability and responsibility)
5. Communicate collaboratively with colleagues, health care providers, patients and families to provide safe and effective care
6. Respect the privacy of patients and their families, including protecting the confidentiality of patient information
7. Patient well-being should be the primary motivating factor in patient care, ahead of the physicians' own interests and needs
8. Work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion or any other social category

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. Physicians who have demonstrated skills in caring for children should be available to act both as role models and information resources for the residents and should be available to give support and advice to individual residents regarding the evaluation and treatment of their patients. Each family medicine resident's panel of patients should include pediatric patients to meet current ACGME requirements.

Teaching Methods

Teaching methods should include direct observation within the hospital, outpatient office and pediatric clinic settings; interactive teaching during office hours; and shadowing and co-resident teaching by upper-year residents. These topics can also be well served by didactic, simulation and case presentation discussions.

Assessment Methods (Residents)

The objectives listed under Patient Care will be assessed during the precepting experience and evidenced by the Resident Evaluation Form completed by the attending physician at the conclusion of the rotation. The attainment of competency in the skills of counseling the patient and family as to the recommended treatment plan is assessed by periodic direct or indirect (video) observation.

Assessment Method (Program Evaluation)

Periodic review of the pediatric rotation evaluations at curriculum committee meetings, which includes a review of all rotation evaluations by preceptors and residents, staff evaluations of residents and any additional anonymous evaluations.

Level of Supervision

Supervision of the rotation is provided by pediatric hospitalists, neonatologists and core family medicine faculty, with oversight by upper-level residents.

Resources

Administration for Children & Families. https://www.acf.hhs.gov/

American Academy of Family Physicians. FP Essentials. https://www.aafp.org/pubs/fpe.html

American Academy of Pediatrics. https://www.aap.org/

American Board of Pediatrics. Teaching, promoting and assessing professionalism across the continuum: a medical educator's guide. https://www.abp.org/professionalism-guide

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Centers for Disease Control and Prevention. https://www.cdc.gov

CDC. Child and adolescent immunization schedule by age. https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

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Revisions

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Revised 06/2011 by Rush-Copley Family Medicine Residency Program
Revised 06/2015 by Phelps Memorial Hospital, Sleepy Hollow, NY
Revised 09/2020 by Lehigh Valley Health Network Family Medicine Residency Program, Allentown, PA
Revised 09/2023 by Northeast Georgia Medical Center FM Residency Program, Gainesville, GA