

# Upcoming Events

May 17 and  
20

- End of year QI presentations, Noon, Virtual

June 3

- PGY1 and 2 Roast, Noon, Virtual

June 1 and 9

- Celebration of Graduating Fellow Scholarly Activity

June 10

- Hail and Fair Well, PGY3 Roast, Noon, Virtual

June 16, 17,  
18

- Virtual Scholarly Activity Poster Session for Residents

June 24

- Intern Welcome Luncheon at noon, Virtual

June 25

- Resident and Fellow Graduation (virtual and in-person)

# Peds Graduation

- In person for graduates and program leadership only
- Live-streaming for faculty and residents at large
  - Fellow ceremony at 6pm
  - Resident ceremony at 7:30pm

# 13x4 Scheduling

- Instead of 12 calendar month (or half month) rotations
- All resident rotations will be either 28 days or 14 days exactly
  - Two exceptions – first half July, second half June

# 13x4 Scheduling

- Why?
  - IM is making this change
  - Facilitates scheduling for Med-Peds residents (and other outside rotators that we share)
  - Added benefits
    - More elective time for residents
    - More flexibility for Child Neuro and Med-Peds
    - Helps with 2<sup>nd</sup> half of December – Y rotations and longitudinal clinic

# 13x4 Scheduling

- What does this mean for me?
  - Resident switch dates will not always be first and last of each month
    - Interns always change over on Sundays
    - Upper levels change on Mondays
  - Timing of evaluation meetings
  - Some rotation schedules

	Block 1		Block 2		Block 3		Block 4		Block 5		Block 6		Block 7		Block 8		Block 9		Block 10		Block 11		Block 12		Block 13	
Interns	7/1-7/17	7/18-7/31	8/1-8/14	8/15-8/28	8/29-9/11	9/12-9/25	9/26-10/9	10/10-10/23	10/24-11/6	11/7-11/20	11/21-12/4	12/5-12/18	12/19-1/1	1/2-1/15	1/16-1/29	1/30-2/12	2/13-2/26	2/27-3/12	3/13-3/26	3/27-4/9	4/10-4/23	4/24-5/7	5/8-5/21	5/22-6/4	6/5-6/18	6/19-6/30
Upper levels	7/1-7/18	7/19-8/1	8/2-8/15	8/16-8/29	8/30-9/12	9/13-9/26	9/27-10/10	10/11-10/24	10/25-11/7	11/8-11/21	11/22-12/5	12/6-12/19	12/20-1/2	1/3-1/16	1/17-1/30	1/31-2/13	2/14-2/27	2/28-3/13	3/14-3/27	3/28-4/10	4/11-4/24	4/25-5/8	5/9-5/22	5/23-6/5	6/6-6/19	6/20-6/30

# Pediatric Milestones

- Developmental levels for Pediatric residents
- All residents rated every 6 months
- Integrated into all evaluations

PC1. Gather essential and accurate information about the patient												
Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5							
	Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone	Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories	Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process	Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems	Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:												

# Milestones 2.0

Version 2

Pediatrics, ACGME Report Worksheet

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Gathers information strictly following a template	Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations	Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="float: right;"> Not Yet Completed Level 1 <input type="checkbox"/>  Not Yet Assessable <input type="checkbox"/> </div>				

- Much shorter
- One construct
- Educational jargon removed
- Developmental range specific to residency (not the entire span of a career)

Version 2

Pediatrics, ACGME Report Worksheet

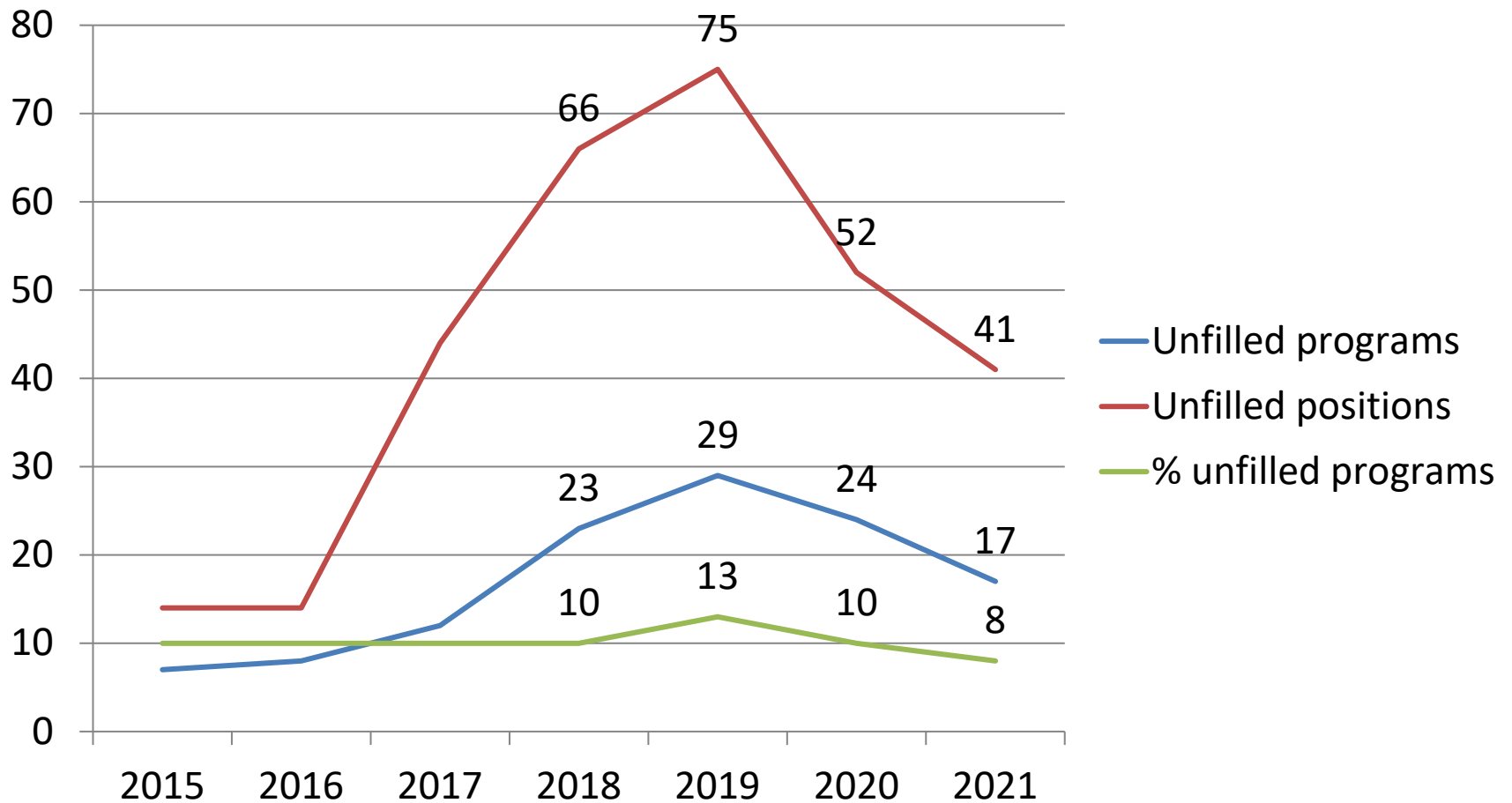
Patient Care 2: Physical Exam				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs fundamental physical examination	Performs complete physical examination and identifies variants and abnormal findings	Performs complete or focused physical examination, as indicated, and interprets normal variants and abnormal findings	Performs complete or focused physical examination, as indicated, and selects advanced maneuvers to distinguish between diagnoses	Detects, pursues, and integrates key physical examination findings to distinguish nuances among competing, often similar diagnoses
Performs a rote physical examination using a strict head-to-toe approach	Performs a physical examination considering appropriate adaptation for age and development	Performs a physical examination with consistent use of a developmentally appropriate approach	Performs a physical examination using strategies to maximize patient cooperation and comfort	Performs a physical examination that consistently and positively engages the patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="float: right;"> Not Yet Completed Level 1 <input type="checkbox"/>  Not Yet Assessable <input type="checkbox"/> </div>				

# Milestones 2.0

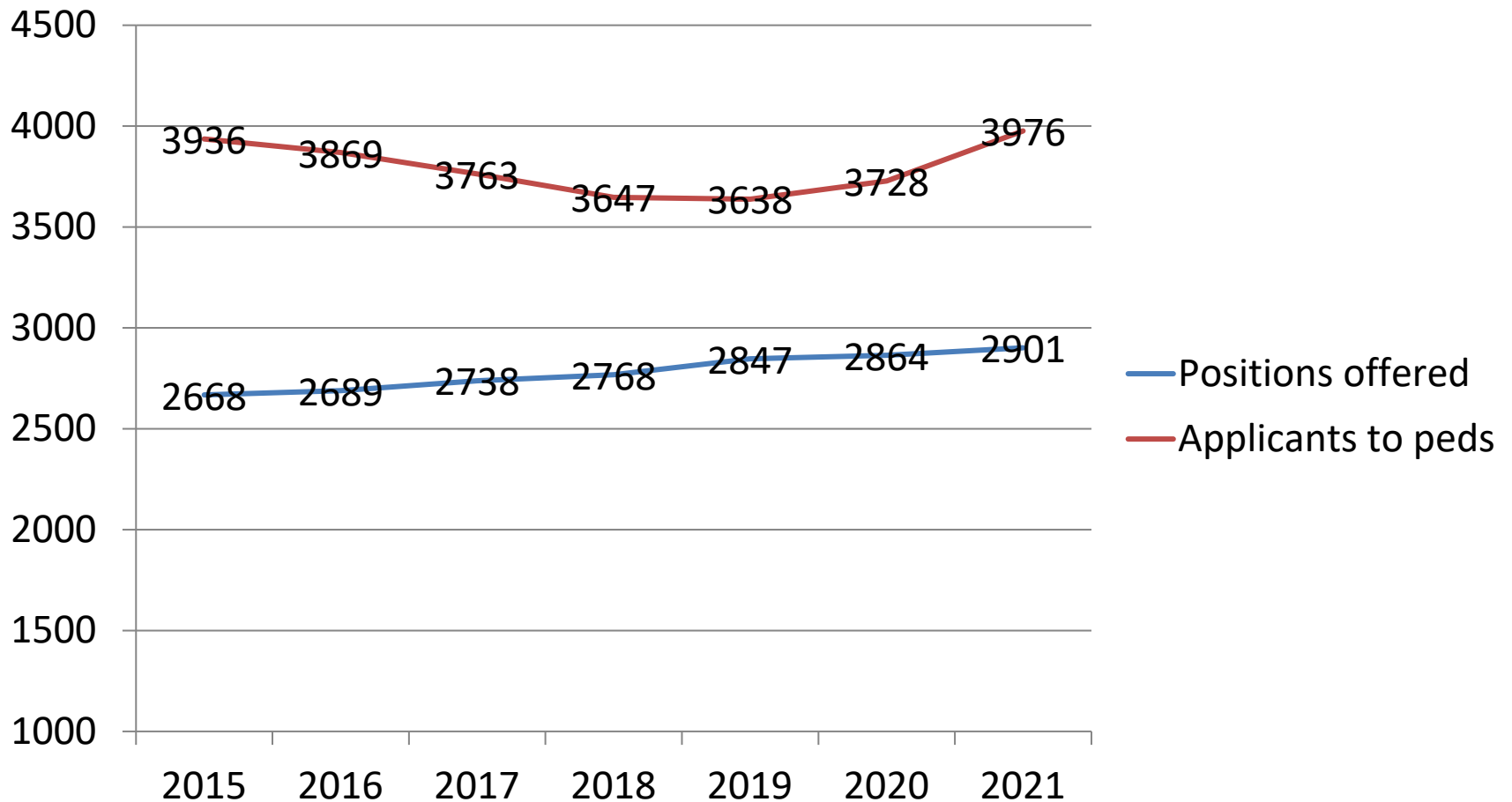
- Integrate into G&O for all rotations
- Integrate into evaluations for all rotations
- New scale for next CCC meeting
- Education and re-orientation for residents and faculty



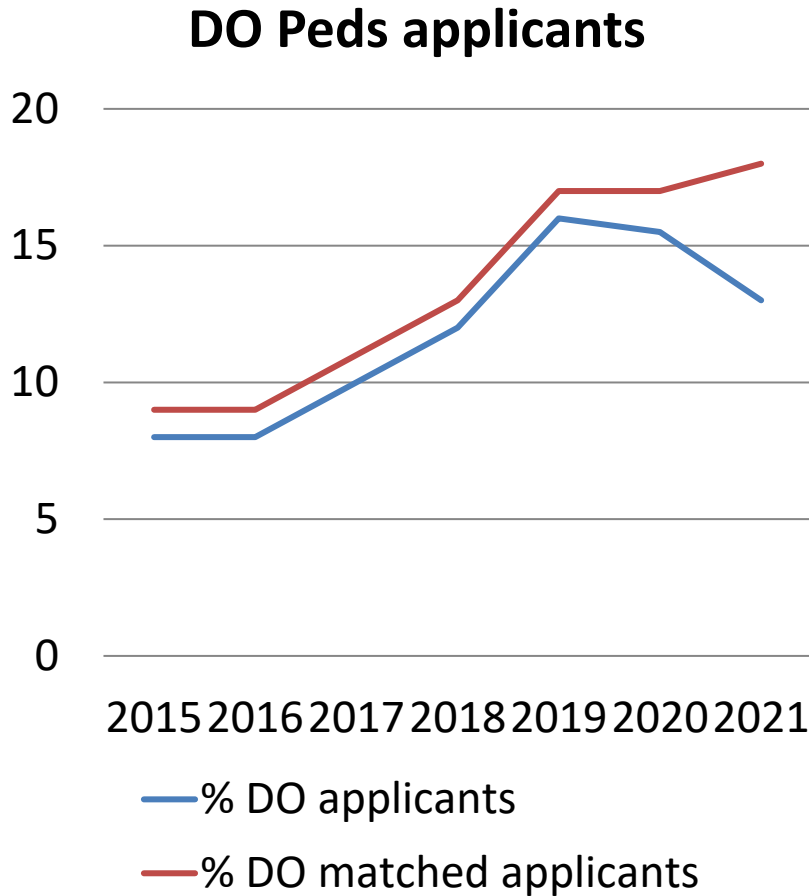
# Interesting MATCH<sup>®</sup> data



# Interesting MATCH<sup>®</sup> data



# Osteopathic Graduates



- 89% of DO applicants matched – second highest in history (last year 90%)
- % DO matches in IM, FM, Peds all time highs for third consecutive year