

SCVMC URGENT CARE CLINIC

Rotation Contacts and Scheduling Details

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Introduction

Valley Health Center urgent care provides acute health care to a large, diverse patient population living in Santa Clara County. The clinic is capable of providing a wide range of care to ill children and offers an excellent setting for residents to enhance their general pediatric skills.

Weekly Schedule*

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0830-0900			Grand Rounds [^]		
0900-1200	Urgent Care Clinic	Urgent Care Clinic	Urgent Care Clinic	Urgent Care Clinic [#]	Urgent Care Clinic
1215-1300	Noon Conference [¥]	Noon Conference	Noon Conference	Noon Conference	Noon Conference [∞]
1300-1600	Urgent Care Clinic	Urgent Care Clinic	Urgent Care Clinic	Urgent Care Clinic	Urgent Care Clinic

* We try to finish the morning clinic on time at 12:00 pm so that everyone breaks simultaneously for lunch and conference. An attending physician provides the noon hour staffing. Clinic ends at approximately 5 pm and transitions to a night clinic that is staffed by attending physicians. Please be sure to sign out all patients that have not been discharged to the covering attending physician each time that you leave the clinic, including for noon conference.

[^] Grand Rounds are on Wednesday morning at 8:15am in the VSC basement conference room. There is NO Grand Rounds on the first Wednesday of the month.

[#] Clinic starts at 8:30 am the first and fourth Thursday of the month

[¥] NICU conference room (3rd floor, main hospital)

[∞] On irregular basis, see teaching schedule posted on white board in urgent care (or ask DOD if unsure)

Rotation Specifics

Orientation

Please review the rotation web site and orientation email that is sent prior to the start of your rotation. Orientation to the flow of clinic will be done on arrival to the outpatient clinic on the first day of the rotation (see **doctor of the day**).

Identification

Please come wearing your SCVMC badge and know your doctor number when you start the rotation. These were distributed to you during intern orientation.

Parking

Park in employee parking garage behind the main hospital. Post 'C' sticker.

Accessing Clinical Systems and Applications

There are a number of clinical applications that residents and students need to access during their outpatient pediatric rotation at SCVMC. Below, we list these systems, you should have access from your orientation. Support questions and trouble reports can be addressed by SCVHHS IS Service Desk at (408) 885-5300.

- 1.) Network/Microsoft Windows XP
 - a. Description – enables logging into Windows from any SCVMC computer.
 - b. LogIn/password – need to complete “Network/e-mail request form” (email accounts not issued to non-county employees or residents). Password expires every 90 days. If unable to renew password due to inactivity, call HELP desk with your 6 digit VMC number to reactivate.

- 2.) Health Link
 - a. Description – electronic medical record
 - b. Location: desktop icon
 - c. Logon/Password – distributed during orientation (call Helpdesk for lost passwords: 55300)
 - d. Please see separate Health Link workflow guidelines

- 3.) AGFA IMPAX
 - a. Description – for viewing actual radiology images from both workstations and desktops
 - b. Password needs renewal every 90 days.
 - c. Contact: IS Service desk x55300

Possible Procedures to be Learned and Improved Upon in Urgent Care Clinic

Residents should request assistance with any procedures for which they have not gained proficiency. Please keep clinic flow in mind when performing optional (e.g., MA level) procedures and inform colleagues if you anticipate significant delay in order to perform a procedure.

- Abscess incision and drainage
- Bladder catheterization
- Phlebotomy (when clinic flow allows)
- Administration of nebulized respiratory treatments (when clinic flow allows)
- Reduction of radial head subluxation
- Laceration repair with Dermabond
- Laceration repair with scalp staples
- Laceration repair with simple interrupted sutures
- Suture removal
- Wound debridement
- Immunization (e.g., tetanus prophylaxis)
- Splinter removal
- Foreign body removal (nose, ears)
- Cerumen removal by curette or lavage
- EpiPen injection
- EKG lead placement
- Examination of eye using fluorescein dye
- Treatment of verrucus lesions (liquid nitrogen, curettage)
- Umbilical granuloma care with silver nitrate
- Burn debridement and dressing

Resident Roles and Responsibilities

Interns

- 1) Obtain history and examine patients
- 2) Sign out the above to an attending
- 3) Complete note on each patient seen and “cc” attending the chart. Please see separate Health Link workflow guidelines for unlicensed physicians posted at:
<http://med.stanford.edu/peds/rotations/core/scvmc-urgent-care.html>
- 4) Schedule appointments for all approved referrals with pediatric subspecialists that work at Bascom
- 5) Sign-out all admissions to inpatient team
- 6) Participate in procedures done on your patients including procedures done by nursing staff
- 7) Take ownership of your patients. Follow-up your own labs when possible and verbally sign out time-sensitive labs. Follow-up with patient by phone when appropriate.
- 8) Request feedback on history, exam, and clinical decision making
- 9) Attend all conferences and teaching sessions
- 10) Attend SCVMC grand rounds weekly (except first Wednesday of month)

Juniors

- 1) Orient yourself to clinic and location of emergency response supplies, including: crash cart, oxygen tanks and masks, available medications (e.g., rectal Diastat)
- 2) Obtain history and examine patients
- 3) Sign out the above to an attending, including only most pertinent data
- 4) Complete note on each patient seen and “cc” attending the chart. Please see separate Health Link workflow guidelines for licensed and unlicensed physicians posted at:
peds.stanford.edu/Rotations/scvmc_urgent_care/scvmc_urgent_care_rot_guide.html
- 5) Schedule appointments for all approved referrals with pediatric subspecialists that work at Bascom
- 6) Sign-out all admissions to inpatient team
- 7) Participate in procedures done on your patients
- 8) Take ownership of your patients. Follow-up your own labs when possible and verbally sign out time-sensitive labs. Follow-up with patient by phone when appropriate.
- 9) Request feedback on history, exam, and clinical decision making
- 10) Attend all conferences and teaching sessions
- 11) Attend SCVMC grand rounds weekly (except first Wednesday of month)
- 12) The follow-up labs and pending results are the Junior residents responsibility. Please be sure that the Health Link inbox is updated daily, including cultures, official x-ray readings, and any other necessary follow-up. Each clinic attending has a different view on how to prioritize the book while still keeping clinic flow efficient, if it is unclear what is expected on any given day, ask the DOD. Contact families with results that require a change in management or follow up and update Health Link as needed with significant interventions using a telephone encounter. Arrange any necessary follow-up for the patient. If the junior resident is post call, the senior resident will review the inbox

Seniors

- 1) Orient yourself to clinic and location of emergency response supplies, including (crash cart, oxygen tanks and masks, available medications (e.g., rectal Diastat)
- 2) Obtain history and examine patients
- 3) Prepare any necessary prescriptions
- 4) Sign out the above to an attending, briefly including only most pertinent data
- 5) Complete note on each patient seen and “cc” attending the chart. Please see separate Health Link workflow guidelines for licensed physicians posted at:
peds.stanford.edu/Rotations/scvmc_urgent_care/scvmc_urgent_care_rot_guide.html
- 6) Sign-out to inpatient team all admissions

- 7) Participate in procedures done on your patients
- 8) Take ownership of your patients. Follow-up your own labs when possible and verbally sign out time-sensitive labs. Follow-up with patient by phone when appropriate.
- 9) Request feedback on history, exam, and clinical decision making
- 10) Please be sure that the Health Link inbox is updated daily, including cultures, official x-ray readings, and any other necessary follow-up. **If the junior resident is post call, the senior resident will complete this duty.** Each clinic attending has a different view on how to prioritize the book while still keeping clinic flow efficient, if it is unclear what is expected on any given day, ask the DOD. Contact families with results that require a change in management or follow up and update Health Link as needed with significant interventions using a telephone encounter. Arrange any necessary follow-up for the patient.
- 11) Schedule appointments for all approved referrals with pediatric subspecialists that work at Bascom
- 12) Provide teaching, when able, to more junior residents and medical students.
- 13) Attend all conferences and teaching sessions
- 14) Attend SCVMC grand rounds weekly

Suggestions to make your month easier

- Learn the names of nurses and MAs
- Introduce yourself to medical students, orient them to clinic flow, make yourself available for questions

Presenting Patients

The intern and junior residents will be expected to complete a full history and physical exam as well as formulate a preliminary impression and plan on each patient that they see. The patient should then be presented to either the pediatric attending. The junior is expected to present only pertinent information after obtaining complete information for the chart. **This procedure should be explained to your patient and their family so they do not leave before you have returned with the attending physician.** Keep in mind that national statistics reveal interns average about 5.5 patients per half day in an urgent care setting.

For the senior resident, the attendings are supervising to provide feedback and assistance but the patient care decisions should be well thought out by the senior resident prior to presenting to the attending with a full plan for care in place for review at the time of the presentation.

Feedback and Evaluation

The methods of evaluation will consist of the following:

- A group evaluation is submitted by the rotation director in medhub under the physicians name but includes all participating physicians input

Verbal feedback will be provided with patient presentations and at any time during the rotation at the resident's request. Formal feedback and evaluation will be provided at the end of the rotation via medhub. It is the resident's responsibility to solicit verbal feedback.

ACGME Competency-based Goals and Objectives

Goal 1. Develop familiarity with common pediatric complaints and the standard of care for such conditions			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Accurate identify and manage the following conditions <ul style="list-style-type: none"> • Acute otitis media • Acute pharyngitis • Acute conjunctivitis (infectious, allergic, chemical) • Bronchiolitis • Febrile infant without a source < 28 days of age • Febrile infant without a source 28 days – 3 months of age • Febrile infant without a source 3-12 months of age • Asthma exacerbation (mild or moderate) • URI • Dehydration • Dysuria without fever • Diarrhea • Vomiting • Epistaxis • Nursemaid elbow • Balanitis • Verrucae • Cellulitis • Atopic dermatitis (PGY1) 	<ul style="list-style-type: none"> • Independent reading • Discussion with attending • Teaching Modules 	<ul style="list-style-type: none"> • Signout to attending including supported assessment and plan 	PC - <i>Provide effective health care services</i> MK - <i>Demonstrate knowledge evolving sciences and apply this knowledge to patient care</i> PBLI - <i>Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems</i>
2. Accurate identify and manage the following conditions <ul style="list-style-type: none"> • Constipation • Limp (hip or knee pain) • Fussy infant • Febrile UTI 	<ul style="list-style-type: none"> • Independent reading • Discussion with attending • Teaching Modules 	<ul style="list-style-type: none"> • Signout to attending including supported assessment and plan 	PC - <i>Provide effective health care services</i> MK - <i>Demonstrate knowledge evolving sciences and apply this knowledge to patient care</i> PBLI - <i>Locate, appraise, and</i>

- Acute abdominal pain
- Pneumonia, community acquired
- Refractory AOM
- Skin abscess
- Acute knee or ankle injury
- Acute headache, uncomplicated
- Febrile seizure
- Burn, <10% BSA, partial thickness
- Respiratory distress in medically complicated/mentally or physically impaired patient

assimilate evidence from scientific studies related to patients' health problems

(PGY 2)

3. Accurate identify and manage the following conditions

- Hematuria
- Headache, complicated
- Seizure
- Supracondylar fracture
- Suspicious injury
- Scrotal pain, acute or subacute
- Drug use
- High risk sexual behavior

(PGY 3)

- Independent reading
- Discussion with attending
- Teaching Modules

- Signout to attending including supported assessment and plan

PC - Provide effective health care services

MK - Demonstrate knowledge evolving sciences and apply this knowledge to patient care

PBLI - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

Goal 2. Perform accurate physical examinations

Resident Objectives

1. Accurately characterize the respiratory examination

- RR
- Retractions
- Grunting
- Rales
- Wheezing
- Stridor

(PGY 1)

Instructional Strategies

- Attending repeat examination with immediate feedback

Assessment of Competence

- Attending repeat of examination

ACGME Competency Goals

PC - Perform complete and accurate physical examinations

MK - Demonstrate knowledge evolving sciences and apply this knowledge to patient care

<ul style="list-style-type: none"> • Air movement • Transmitted upper airway noise (PGY 2, 3) 			
<p>2. Accurately characterize a tympanic membrane</p> <ul style="list-style-type: none"> • Purulent versus serous effusion • Erythema • Bulging • Perforation (PGY 1) • Mobility (PGY 2, 3) 	<ul style="list-style-type: none"> • Attending repeat examination with immediate feedback 	<ul style="list-style-type: none"> • Attending repeat of examination 	<p>PC - <i>Perform complete and accurate physical examinations</i></p>
<p>3. Accurately describe a rash</p> <ul style="list-style-type: none"> • Character: papular, macular, pustular, vesicular, desquamating, ulcerative, plaque, blanching • Distribution: generalized, intertriginous (PGY 1) • Character: morbiliform, lacy, numular (PGY 2, 3) 	<ul style="list-style-type: none"> • Attending repeat examination with immediate feedback 	<ul style="list-style-type: none"> • Attending repeat of examination 	<p>PC - <i>Perform complete and accurate physical examinations</i></p>
<p>4. Accurately characterize abdominal examination</p> <ul style="list-style-type: none"> • Tenderness (differential surgical/acute abdomen from non-acute abdomen) • Tympany • Bowel sounds • Hepatomegaly (PGY 1) • Splenomegaly (PGY 2, 3) 	<ul style="list-style-type: none"> • Attending repeat examination with immediate feedback 	<ul style="list-style-type: none"> • Attending repeat of examination 	<p>PC - <i>Perform complete and accurate physical examinations</i></p>

Goal 3. Obtain complete and accurate histories			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Identify when a language barrier exists and access the necessary resources to allow an accurate and complete history (i.e., interpreter) (PGY 1)	<ul style="list-style-type: none"> • Patient care with attending reinforcement 	<ul style="list-style-type: none"> • Attending observation 	SBP - <i>Advocate for quality patient care and assist patients in dealing with system complexities</i>
2. Identify when cultural barriers may impact reported history, parent interpretation of events, parent concerns, compliance, and follow-up and take necessary care to tailor care appropriately (PGY 2, 3)	<ul style="list-style-type: none"> • Patient care with attending feedback 	<ul style="list-style-type: none"> • Attending review of visit 	ICS - <i>Communicate effectively with patients, families, and the public as appropriate, across a broad range of socioeconomic and cultural backgrounds</i>
3. Limit solicitation of information to details and exam most likely to elucidate diagnosis and inform care (PGY 2)	<ul style="list-style-type: none"> • Patient care with attending feedback • Attending modeling 	<ul style="list-style-type: none"> • Attending review of presentation and plan of care 	ICS - <i>Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills</i>
4. Obtain complete and confidential history on all adolescent patients, including HEADSS exam and time alone with adolescent (PGY 1, 2, 3)	<ul style="list-style-type: none"> • Patient care with attending feedback 	<ul style="list-style-type: none"> • Attending review of presentation and plan of care 	ICS - <i>Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills</i>
Goal 4. Tailor presentations as appropriate for your level of training and the complexity of the issue			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Briefly summarize pertinent elements of history and exam. List differential diagnosis in order of priority with mention of supporting details and formulate plan for most likely element in differential. Access reference materials as time allows prior to presentation to inform assessment and management. (PGY 1)	<ul style="list-style-type: none"> • Presentation to attending followed by attending feedback 	<ul style="list-style-type: none"> • Observation of presentations 	ICS - <i>Communicate effectively with physicians</i> PBLI - <i>Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems</i>

<p>2. Summarize only essential, contributing elements from history (both pertinent negatives and pertinent positives) and examination then state assessment and management plan complete with lab forms completed, Rx's written, counseling of patient done when possible (PGY 2)</p>	<ul style="list-style-type: none"> • Presentation to attending followed by attending feedback 	<ul style="list-style-type: none"> • Observation of presentations 	<p>ICS - <i>Communicate effectively with other physicians</i> PBLI - <i>Identify strengths, deficiencies, and limits in one's knowledge and expertise</i></p>
<p>3. Provide succinct (~1 min) clinical highlights and pointed questions regarding findings, assessment and management plan as if you were the attending physician responsible for the patients care. (PGY 3)</p>	<ul style="list-style-type: none"> • Consultation with attending followed by attending feedback 	<ul style="list-style-type: none"> • Observation of consultations 	<p>ICS - <i>Communicate effectively with other physicians</i> PBLI - <i>Identify strengths, deficiencies, and limits in one's knowledge and expertise</i></p>
<p>Goal 5. Demonstrate appropriate use of laboratory and imaging studies</p>			
<p>Resident Objectives</p>	<p>Instructional Strategies</p>	<p>Assessment of Competence</p>	<p>ACGME Competency Goals</p>
<p>1. Justify laboratories and imaging you obtain on patients including stating how the result will influence management (PGY 1, 2)</p>	<ul style="list-style-type: none"> • Presentation to attending followed by attending feedback 	<ul style="list-style-type: none"> • Attending review of presentation and plan of care 	<p>SBP - <i>Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate</i></p>
<p>Goal 6. Demonstrate organization and accountability in ensuring timely follow-up of laboratory studies and appropriate response to the results</p>			
<p>Resident Objectives</p>	<p>Instructional Strategies</p>	<p>Assessment of Competence</p>	<p>ACGME Competency Goals</p>
<p>1. Provide all necessary information in lab follow-up book to allow colleagues to follow-up your labs and contact your patient</p> <ul style="list-style-type: none"> • Verified phone number and alternate number when available • Confidential results or not (in case of teen patients) • Brief summary of case (one-liner) • Medication allergies 	<ul style="list-style-type: none"> • Documentation with feedback from senior resident 	<ul style="list-style-type: none"> • Attending review of "the book" 	<p>P - <i>Demonstrate accountability to patients</i></p>

<ul style="list-style-type: none"> • Weight • Labs obtained • Follow-up instructions (PGY 1, 2)			
2. Identify for yourself a plan for responding to expected or possible abnormal results (PGY 1, 2)	<ul style="list-style-type: none"> • Patient care • Discussion with attending 	<ul style="list-style-type: none"> • Attending review of “the book” • Attending review of plan of care 	P - <i>Demonstrate accountability to patients</i>
3. Review lab results and imaging and formulate assessment and plan prior to obtaining attending or radiologist input (PGY 1, 2, 3)	<ul style="list-style-type: none"> • Feedback from attending regarding resident independence and completeness of presentations 	<ul style="list-style-type: none"> • Attending review of plan of care 	PC - <i>Gather essential and accurate information about patients</i>
4. Check back on your own outstanding labs from prior days and review notes of colleagues who have completed your follow-up. When feasible, perform your own lab follow-up and patient calls and update Health Link inbox and “the book”. (PGY 2,3)	<ul style="list-style-type: none"> • Patient care • Attending and supervisor modeling 	<ul style="list-style-type: none"> • Attending observation of professional habits 	P - <i>Demonstrate accountability to patients</i>
3. Review the laboratory/radiology follow-up book and Health Link inbox each afternoon responding to all available results appropriately, noting management as appropriate. Demonstrate a sense of personal accountability for all result follow-up including review of prior pages in book and weekend/night management (PGY 2)	<ul style="list-style-type: none"> • Attending orientation to the lab follow-up book • Lab follow-up 	<ul style="list-style-type: none"> • Attending review of “the book” 	P - <i>Demonstrate accountability to patients</i>
Goal 7. Develop skills in identifying, reviewing, and applying literature to patient care			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Use reference texts and internet resources provided in clinic to inform	<ul style="list-style-type: none"> • Attending modeling • Patient care 	<ul style="list-style-type: none"> • Attending observation • Lab follow-up 	MK – a) <i>Demonstrate an investigatory and analytic thinking approach to</i>

<p>patient management on the spot (e.g., drug references, dermatologic texts, Up-To-Date) and incorporate the knowledge in you plan of care/management (PGY 1)</p>			<p><i>clinical situations b) Demonstrate knowledge of evolving sciences and apply this knowledge to patient care</i> PC - Use information technology to support patient care decisions and patient education SBP - Know how to advocate for the promotion of health and the prevention of disease and injury in populations</p>
<p>2. Note cases that raised management challenges for you and read on management in a timely manner when not in clinic. Apply the knowledge to subsequent cases, the same case (by phone follow-up), and/or by sharing the knowledge with colleagues. (PGY 2 , 3)</p>	<ul style="list-style-type: none"> • Independent reading 	<ul style="list-style-type: none"> • Discussions with attendings 	<p>SBP - Know how to advocate for the promotion of health and the prevention of disease and injury in populations MK – a) Demonstrate an investigatory and analytic thinking approach to clinical situations b) Demonstrate knowledge of evolving sciences and apply this knowledge to patient care PBLI - Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems</p>

Goal 8. Develop efficiency and organization in the setting of time constraints			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
<p>1. Demonstrate an understanding of clinic flow and tailor expectations for attending input and presentation detail as appropriate while maintaining high standard of care</p>	<ul style="list-style-type: none"> • Attending modeling • Attending feedback on presentations • Attending direction regarding time management 	<ul style="list-style-type: none"> • Attending observation of resident time management skills 	<p>SBP – a) Advocate for quality patient care and assist patients in dealing with system complexities b) Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources c) Work effectively in various health care delivery settings</p>
<p>2. Prepare patient discharge plan, follow-up appointments,</p>	<ul style="list-style-type: none"> • Attending direction regarding time management 	<ul style="list-style-type: none"> • Attending observation 	<p>PC – a) Develop and carry out patient management plans b) Counsel and</p>

prescriptions, and provide advance counseling to patients while awaiting attending input if there is a delay in attending availability

educate patients and their families

Goal 9. Identify patients in need of urgent attention and respond appropriately (including asking for help when needed)

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Respond promptly to nurse/MA report of patient in distress (PGY 2, 3)	<ul style="list-style-type: none"> Attending and supervisor modeling 	<ul style="list-style-type: none"> Direct observation by attendings and nurses with immediate feedback 	<p>PC – A) <i>Provide health care services aimed at preventing health problems or maintaining health B) Work with health care professionals, including those from other disciplines, to provide patient-focused care C) Gather essential and accurate information about patients</i></p> <p>ICS - <i>Act in a consultative role to other health professionals</i></p>
2. Perform rapid assessment of each new patient with potentially concerning complaint (e.g., wheezing, urticaria, febrile newborn, altered mental status) by obtaining very focused history and examination to inform assessment and management prior to performing complete exam, instituting urgent management, or requesting help as appropriate (PGY 3)	<ul style="list-style-type: none"> Patient care Attending and supervisor modeling 	<ul style="list-style-type: none"> Observation by attendings 	<p>PC – A) <i>Provide health care services aimed at preventing health problems or maintaining health B) Gather essential and accurate information about patients C) Make informed decisions about diagnostic and therapeutic interventions based on patient information, preferences, up-to-date scientific evidence, and clinical judgment</i></p>
3. Orient yourself to clinic and location of emergency response supplies, including: <ul style="list-style-type: none"> Crash cart Oxygen tanks and masks Available medications (e.g., rectal Diastat) (PGY 2, 3)	<ul style="list-style-type: none"> Expectation set in rotation summary 	<ul style="list-style-type: none"> Observation by attending and nurses 	<p>PBLI – A) <i>Identify strengths, deficiencies, and limits in one’s knowledge and expertise Identify and perform B) Take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and rotation specific goals and objectives and</i></p>

attendance at conferences
P - Demonstrate accountability to patients, society and the profession appropriate learning activities

Goal 10. Communicate professionally with consultants and inpatient team when requesting their help in caring for a patient

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Identify yourself by name, specialty, and training level in phone communications, as appropriate (PGY 1, 2, 3)	<ul style="list-style-type: none"> Attending and supervisor modeling 	<ul style="list-style-type: none"> Attending observation 	ICS - Communicate effectively with physicians, other health professionals, and health related agencies
2. When admitting patient, succinctly summarize patient case, including urgent care management, recommendations for initial ward/ICU care, prior discussions with consultants (PGY 2, 3)	<ul style="list-style-type: none"> Attending and supervisor modeling Peer-to-peer feedback at the time of signout 	<ul style="list-style-type: none"> Attending observation 	ICS - Communicate effectively with physicians, other health professionals, and health related agencies P - Demonstrate accountability to patients and the profession PC - Work with health care professionals, including those from other disciplines, to provide patient-focused care MK - Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics

Goal 11. Participate in the education of medical students, residents, and attending colleagues

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
1. Assist medical students and supervisees in accessing educational material to inform their assessment and plans. Make use of brief down-time intervals for this. (PGY 1, 2, 3)	<ul style="list-style-type: none"> Attending modeling 	<ul style="list-style-type: none"> Attending observation Peer evaluations Medical student evaluations of residents 	PBLI - Identify and perform appropriate learning activities

Goal 12. Develop procedural skills relevant to the urgent care setting

Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals
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1. Competently perform cerumen removal when necessary (and request help when necessary) (PGY 1)	<ul style="list-style-type: none"> • Attending or supervisor modeling • Attending direct observation with guidance 	<ul style="list-style-type: none"> • Attending or supervisor direct observation 	PC - <i>Provide effective health care services</i>
2. Competently perform rapid strep testing and development when appropriate (PGY 1)	<ul style="list-style-type: none"> • Attending or supervisor modeling • Attending direct observation with guidance 	<ul style="list-style-type: none"> • Attending or supervisor direct observation 	PC - <i>Provide effective health care services</i>
3. Competently perform incision and drainage (I&D) when necessary (and request help when necessary) (PGY 2)	<ul style="list-style-type: none"> • Attending or supervisor modeling • Attending direct observation with guidance 	<ul style="list-style-type: none"> • Attending direct observation 	PC - <i>Provide effective health care services</i>
4. When time allows, assist nurses with the following procedures or perform them with nursing observation Administration of nebulized medications IM injections Bladder catheterization Urine dipstick (PGY 1, 2, 3)	<ul style="list-style-type: none"> • Nursing or supervisor modeling • Nursing direct observation with guidance 	<ul style="list-style-type: none"> • Nursing direct observation 	PC - <i>Provide effective health care services</i>

ACGME Competencies Key

PC = patient care

MK = medical knowledge

ICS = interpersonal and communication skills

P = professionalism

PBLI = practice based learning and improvement

SBP = systems based practice