The Community Pediatrics Rotation at Children’s Hospital of Michigan

Lynn C. Smitherman, MD
Assistant Professor of Pediatrics
Wayne State University
Introduction

• In 1996 the Pediatric RRC required residency programs to include community based experiences

• The goal of such an experience was to provide insight into the social determinants of child health

• 90+% of pediatric residency programs have such an experience
Community Pediatrics Rotation at Children’s Hospital of Michigan

- Required rotation for all 2\textsuperscript{nd} year residents
- Site visits
- Didactic sessions
- Home visits
- Assignments
Evaluation of Residents

- Use of narrative analysis
- Self reflection
- Questionnaires
- Journals
Site Visits

- Catherine Ferguson Academy (Teen Parents)
- Children’s Methodist Home Society (Juvenile Detention)
- Poison Control Center
- Ronald McDonald House
- Hamtramck High School (Immigrant Clinic)
- United Way (Community Resources)
- WIC (Women, Infants and Children Program)
- Health Fairs
- Child Protection Team (Child Abuse Prevention)
Home Visits

- Continuity Clinic Patients
- Visiting Nurse Association
- Mother-to-Mother Breast Feeding Peer Counselor

- Residents complete a pre/post visit questionnaire and evaluate the home for safety
Didactic Sessions

- School Health
- Health Insurance/Access to health care
- International health/International adoption
- Poverty
- History and Tour of Detroit
- Foster Care
Assignments

• Written Assignment
  – Profile a continuity clinic patient and describe community resources available

• Shopping Assignment
  – Assume the role of a single parent who must shop for the family with limited resources

• GAIN/211 Assignment
  – Update a community resource directory using a scenario to find appropriate agencies
Vision for Health Department

• Piloting HRSA Public Health Curriculum
• Departments to collaborate
  – Lead Poisoning Prevention
  – WIC
  – Emergency Preparedness
  – Communicable Diseases
  – Children’s Special Health Care Services
  – Nutrition Services
Resident Responsibilities

• Residents will be able to visit DHD 2-3 sessions/week
• Residents can either observe or assist with medical assessments*
• Residents will attend lectures on epidemiology
• Residents will give preceptor cards to sign off on each visit
• Pre/post tests will be given at the beginning and end of each month

*An attending physician must supervise residents when conducting physical exams
Resident on-site evaluation
Resident Name _____________________________________________
Date(s) of Visit _____________________________________________
Evaluator’s Name _____________________________________________
Site (Circle one):
   Mobile Team  School-based clinic  Methodist Home  Mother-to-Mother
   Child Protection Clinic  Other
1. The resident’s role during this visit was:
   □ Observer (didn’t interview/examine pts)  □ Clinical (interviewed/examined pts)
1. The resident demonstrated some preparation regarding your organization/site prior to attending this session.
   □ Yes  □ No  □ NA
1. The resident learned about the services that your organization/site provides during this site visit.
   □ Yes  □ No  □ NA
4. The resident requested information for future referrals to your organization/site.
  □ Yes  □ No  □ NA

5. The resident demonstrated good communication skills with:
   Staff  □ Yes  □ No  □ NA
   Families  □ Yes  □ No  □ NA
   Patients  □ Yes  □ No  □ NA

6. For residents who were at clinical sites: The resident was able to perform an accurate
   history and physical exam and develop an appropriate care plan.
  □ Yes  □ No  □ NA

7. The resident arrived on time for the scheduled session.
  □ Yes  □ No

Comments (optional):
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