

Combined Pediatrics-Medical Genetics Training Block Diagram

Use these abbreviations for the pediatric rotations:

P-ADOL	Adolescent Medicine	P-RS	Required Subspecialty (required by program or chosen by resident to fulfill the requirement for 4 subspecialty EUs from list 1 in RC requirements) Designate % inpatient and outpatient
P-AI	Acute Illness	P-SP	Subspecialty Experience (subspecialty experience used to fulfill the additional 3 EUs of required subspecialty experiences from list 1 or 2.) Designate % inpatient and outpatient
P-DB	Developmental/Behavioral	P-TN	Term Newborn
P-EM	Emergency Medicine	Elec/IC	Experiences chosen for individualized curriculum or electives
P-IP	Inpatient (no more than 1 EU in a single subspecialty)	PICU	Pediatric Intensive Care
NICU	Neonatal Intensive Care	VAC	Vacation
AMBU	Ambulatory Experiences (to include community pediatrics and child advocacy)		

1st Year – Required Pediatrics

1st Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotation	P-EM/VAC	P-IP	P-IP	P-IP	P-IP	P-DB	P-TN	NICU	P-SP	P-SP	P-SP	AMBU/VAC	Elec/IC/VAC
Pediatrics	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
<i>Genetics</i>													<input checked="" type="checkbox"/> Y
Supervisory													
Inpatient %									100	100	100		
Outpatient %													

Combined Pediatrics-Medical Genetics Training

Use these abbreviations for the medical genetics rotations:

MG-P	Pediatric Genetics	MG-MOL	Molecular Genetics Laboratory
MG-B	Medical Biochemical Genetics	MG-BGL	Biochemical Genetics Laboratory
MG-C	Cancer Genetics	VAC	Vacation
MG-PN	Prenatal Genetics	Elec/IC	Experiences chosen for individualized curriculum or elective
MG-A	Adult Genetics		
MG-CYL	Cytogenetics Laboratory		

2nd Year – Combined Pediatrics and Medical Genetics

2nd Year Block Diagram

EU/Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotation	MG-PA/Vac	MG-B	MG-MOL BGL	MG-Cyt/PA	MG-PAB	MG-PAB/Vac	PICU	P-IP	NICU	P-EM/vac	MG-C	MG-PAB	MG-PAB
Pediatrics	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Medical Genetics	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Supervisory								X					
Pediatric Inpatient %	25	25			25	25						25	25
Pediatric Outpatient %													

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics
Please indicate by "X" if rotation includes supervisory responsibility.

Combined Pediatrics-Medical genetics Training

3rd Year – Combined Pediatrics and Medical Genetics

3rd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotation	PICU	P-SP	P-IP	MG-PN	MG-PAB/VAC	MG-PAB	MG-PAB	Elec/IC/Vac	Elec/IC	Elec/IC/VAC	P-ADOL	P-SP	P-EM
Pediatrics	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Medical genetics	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Supervisory		X	X									X	
Pediatric Inpatient %		50			25	25	25	25				50	
Pediatric Outpatient %		50										50	

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics
Please indicate by "X" if rotation includes supervisory responsibility.

4th Year – Combined Pediatrics and Medical Genetics

4th Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotation	MG-PAB	MG-PAB	MG-PABVAC	P-IP	P-SP	P-SP	AMBU	MG-PAB	MG-PAB	MG-PAB	MG-PAB/Vac	Elec/IC	Elec/IC/VAC
Pediatrics	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Medical genetics	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Supervisory				Yes	Yes	Yes							
Pediatric Inpatient %	25	25	25	25	25	0		25	25	25	25		
Pediatric Outpatient %					75	100							

Please check appropriate box indicating whether rotation is satisfying requirement in Pediatrics or Medical Genetics
Please indicate by "X" if rotation includes supervisory responsibility.

Describe the plan for meeting the requirement for pediatric and medical genetics continuity clinics.

For the PL-1 and PL-2 years, residents would attend a weekly half-day continuity clinic in Pediatric Primary Care. In the PL-3 and PL-4 years, the resident would have an assigned half day a week during all general genetics and metabolism rotations (10 = 40 weeks) to see follow-up metabolism and general genetics patients.