Welcome to Andews AFB Pediatric Clinic! We hope this rotation will be an enjoyable learning experience for you.

**Clinic Information**

* Andrews currently has 4 pediatricians, 1 pediatric nurse practitioner, and various pediatric subspecialists who utilize our clinic to see patients. We see a mix of wells, routines and acute appointments for newborns through 17 year olds.
* Directions (from USUHS): Address 1060 West Perimeter Road, Andrews AFB MD 20762
  + Take I-495 East
  + Take Exit 9 toward MD 337/Allentown Rd/Andrews AFB/Morningside
  + Turn RIGHT onto Forestville RD
  + Turn slight Right onto MD 337 S/Allentown Rd
  + Turn left onto Robert M Bond Dr/Command Dr (first light and entrance to Andrews)
  + Once through ID check, turn right onto Perimeter Rd. The new clinic will be on your right past the chapel on the left.
  + You may park on the 4th floor of the parking garage, surrounding outside parking lot, or parking lot across the street from the hospital (at the chapel. The remainder of the parking garage is reserved for patients.
* GME Coordinator: Capt Perri Hopkins
  + Email: [perri.c.hopkins.mil@mail.mil](mailto:perri.c.hopkins.mil@mail.mil)
  + Contact information: office 240-612-1281, front desk 240-612-1140, cell 818-309-9368
* Medical Director: Dr. Katina Barnes
* To dial local phone numbers dial 99, then area code and number.
* To dial/fax toll free numbers dial 99, then 1 and the 800/888 number.
* To dial/fax long distance numbers (patient related only!) dial 99, the 1, then area code and number
* Uniform: ACU, ABU, or NWU
* BRING IMMUNIZATION RECORDS, BLS CARD, AND HIPPAA CERTIFICATE ON YOUR FIRST DAY.

### **Daily Schedule**

0730 to 0830 Admin time

0830 to 1130 Clinic

1130 to 1250 Lunch

1250 to 1530 Clinic

**Residents Responsibilities**

* Prior to the start of your rotation you will be contacted by Dr. Hopkins to confirm your schedule as well as obtain information necessary to obtain your computer access while at Andrews. Please provide a list of all days you will be out of the clinic so that we can open your schedule for patients. Leave is allowed during the rotation with prior coordination with Dr. Hopkins and your chief resident. During rotation you will typically have two full continuity clinic days instead of four half days.
* Please contact Dr. Hopkins at the beginning of the rotation to ensure that she has all of your scheduling needs accurately recorded. Please inform her ASAP of any changes to your schedule that may come up during the month. While you are here, you have patients that rely on you to be in clinic. In order to prevent re-scheduling or provider changes we need to know your schedule at all times and in a timely matter.
* **Please Notify GME coordinator ASAP (by means listed above) if you are going to be late or miss clinic**.
* You must be on time. Your promptness/punctuality is a professionalism evaluation item and will be reflected on your end of the rotation evaluation.
* Since there is typically no weekday call for this rotation, residents will be expected to be in clinic until the end of the day, or until released by the preceptor.
* **All residents are required to give a 15-20 minute lecture on a pediatric clinic topic of your choice during the course of your rotation. You are encouraged to present a new talk on a clinical topic related to outpatient pediatrics. You may incorporate a clinical case from your rotation. The talk will be presented to the preceptor, students, and other interested staff. Please let the preceptor know when you are planning to present. You will receive an incomplete grade if the presentation is not completed prior to the end of your rotation.**

**Clinic Roles and Responsibilities**

* You will see patients under the DOC of the day (your daily preceptor) schedule in AHLTA. The appointments will be transferred to you each morning. Your schedule will include a mix of well, acute, and routine appointments as well as ADHD patients. You will have **20 min appointments** for each of your patients, and 30 min appointments for your ADHD appointments. As of February 2016, there is a late show policy. Patients who show up 10 minutes late for a well visit will be rescheduled. Patients late for an acute issue will be triaged by the nurse and appropriately dispositioned. If you find yourself getting behind in your appointments, please let your tech or nurse know so that we can be of assistance.
* You will operate mostly independently as a “staff” provider with a preceptor available for any questions. When you precept, you should feel free to cut right to your clinical question and skip the presentation. The preceptor can ask for details they need in order to help to answer your question or to help you make a clinical judgment. Please don’t hesitate to ask preceptor’s for help or just to bounce off ideas/plans.
* If you feel a child you are seeing is sick or in need of extensive labs or studies acutely, or even hospitalization, this patient definitely needs to be precepted and/or seen by the preceptor **ASAP**.
* **In accordance with policies in place at WRNMMC**, all charts will be reviewed by the DOC of the day. Please transfer the encounter after you finish your documentation. Sign your name at the bottom of the last A/P item to receive proper “credit.” You are encouraged to code under the Disposition section, but this is ultimately the responsibility of the supervising physician. Preceptors will give you feedback on your charting and management. You may take the SF 600 overprint out of the clinic if you wish to complete your charts outside of clinic. Please ensure that charts are completed in a timely fashion, both so that we can provide you with feedback but also for medical-legal reasons.
* Although the nurses generally do venipuncture, IV placements, and urine caths, you should seek out the opportunity to do them yourself (time permitting).

### **Goals and Objectives -** See evaluation form for specific goals and objectives for the rotation

* Interviewing parents, children, and adolescents, and examining infants, children, and adolescents.
* Normal growth and development, infant and childhood nutrition, developmental milestones.
* Common ambulatory pediatric illnesses (illnesses prompting clinic evaluation).
* Recognition of the presentation of a seriously ill child, initial resuscitation and referral.
* The identification of common behavioral and developmental problems, how to intervene and counsel a family, and make how to make appropriate referrals.
* The physical and emotional problems of the child with chronic disease, and the resources available for these children/families.
* Commonly used medications, doses, uses, side effects, contraindications, and necessary monitoring (a.k.a. using the *Harriet Lane Handbook*).
* Common procedures, such as venipuncture, IV insertion, bladder catheterization, lumbar puncture, intubations.

### **Evaluations**

We will give you feedback on things that come up during the month; additionally, you may elicit/ask for feedback if you have questions or desire specific feedback. Feedback is a two-way street. The GME coordinator will compile info from all preceptors and your talks and will complete your end of the month evaluation. Please see Dr. Hopkins prior to the end of your rotation, so that she can formally review your feedback and answer any questions. Please give us feedback on ways we can improve as well.

Again, we look forward to having you at Malcolm Grow. We hope that your rotation here allows you to see how a Pediatric Clinic in the “real world” functions, and gives you experience before you graduate and go to your next duty station.

*Capt Perri Hopkins, Pediatrics GME Coordinator*