

WVU-CAMC MedPeds Curriculum Overview

The WVU-CAMC MedPeds curriculum was designed to offer the best experience and training for each resident in both Internal Medicine and Pediatrics. Residents spend equal time in each discipline over the course of the calendar year, switching between departments on a three month interval. However at the beginning of the PGY-3 they will stay at the previous department to allow for a seasonal variation over the course of the residency. During Internal Medicine months, they will alternate among rotations on a 4-week block; on Pediatrics, a traditional monthly schedule.

Example Schedule

	PGY 1	PGY 2	PGY 3	PGY 4
July	Medicine	Medicine	Pediatrics	Pediatrics
August				
September				
October	Pediatrics	Pediatrics	Medicine	Medicine
November				
December				
January	Medicine	Medicine	Pediatrics	Pediatrics
February				
March				
April	Pediatrics	Pediatrics	Medicine	Medicine
May				
June				

Didactics

On Internal Medicine, the resident is required to attend in both traditional Grand Rounds style lectures on Tuesdays and Thursdays, as well as “Morning Report” case presentations on Monday and Wednesday. Friday morning is reserved for ACP Internal Medicine Curriculum Review. Residents also participate in a unique 2 hour interactive didactic session on Wednesday afternoon. The structure of the interactive session varies depending on the topic, but regularly involves dividing the audience into small groups to solve case based problems using a team approach.

While in Pediatrics, the resident attends a “Morning Report” conference every Monday, Tuesday, and Thursday. There is also a daily “Noon Conference” hour encompassing traditional didactics, board review sessions, M&M cases, Journal Club, etc. Friday morning is reserved for Grand Rounds lecture featuring local specialists and/or experts in various fields of pediatric care.

In addition to the regular conferences, there is a Combined Medicine/Pediatrics Grand Rounds each quarter. This lecture occurs twice a year as part of the internal medicine didactics schedule and twice in the pediatric one.

MedPeds Journal Club

This bi-monthly conference is particular to the combined residents, but is open to the categorical ones as well. Each intern / resident presents at least one article (approved by the MedPeds faculty) over the course of the year. We attempt to vary the type of article among Therapy, Harm, Diagnosis, and Prognosis so that residents gain a full exposure to the appraisal of each. Residents are encouraged to review and utilize the *American Medical Association* “Users Guides to Medical Literature” prior to presenting.

Research

Each MedPeds resident is required to participate in at least two forms of scholarly activity over the course of their residency. Within the first two years they must give a case presentation at a local, state, or national meeting. Before the completion of residency, typically during the final two years of training, the resident is required to participate in either an IRB approved original research project, to present at a local, state, or national meeting, or publish an article in a peer reviewed journal. The annual CAMC Research Day often provides an excellent local opportunity for residents to gain this experience.

Continuity Clinics

Residents participate in an extensive ambulatory practice over the course of their residency, with both a half-day of Internal Medicine and Pediatric clinics each week. This well exceeds the minimum standard of 36 individual clinics/year for MedPeds residency programs. We place a high level of importance on maintaining a strong personal continuity panel of patients over the four years. Clinic sessions are only cancelled under certain circumstances; residents have only one clinic per week while on ICU rotations, none on night float. Interns and residents check out all patients to an assigned attending physician. During the first six months of the intern’s training they return to the exam room with the attending physician for further teaching and assessment of each case. As the resident progresses through the four years of training their autonomy and personal responsibility increases.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM				IM Clinic	
PM	Pediatrics Clinic				

PGY Level Specific Curriculum

PGY-1

Our goal is to match two new interns each year, for a total of eight in the program at any time. Every effort is made to balance the resident compliment between the two departments, with one new intern beginning on Internal Medicine and one on Pediatrics. The first year of training is structured so that the new interns gain a strong foundation in the fundamentals of both disciplines. A significant portion of time is spent on inpatient general medicine and pediatrics services, working under the close supervision of both the senior resident and attending physician. Each resident participates in two weeks of *night float* while on internal medicine service, and one week on the pediatric service. They will learn to excel in ambulatory and acute care as well, working directly under attending physicians in both internal medicine and pediatric outpatient clinics, as well as in the emergency room. Interns receive intensive care experience on the MICU and NICU rotations, and cardiology is required in both departments this year. The remaining month of pediatrics is spent on a behavior/developmental rotation which provides training in childhood developmental delays, ADHD, and autism; and also involves exposure to various ancillary services within the community for these patients.

Internal Medicine		Pediatrics
Med Service		Pediatrics Service
Med Service / Night Float (2wks)		Pediatrics Service
MICU		NICU
Ambulatory Clinic		Cardiology
Cardiology		Ambulatory Clinic
Emergency Medicine (Adult)		Behavior/Developmental Pediatrics

PGY-2

The second year is a major transition point for MedPeds residents. Due to the attenuated experience in both departments during year one, interns do not become full residents until they have reached 18 months of training. This allows for a more graduated increase in responsibility. “Super-interns” can demonstrate more independent thought and begin teaching students and PGY-1s, while at the same time more experienced residents and attendings directly oversee their

work. There is inherent variation among the roll individual residents will participate in rotations during the second year, but ideally, they should undergo the two week night float block during the intern portion. There is a greater exposure to sub-specialties and electives in both departments. This year also offers an educational experience unique to the MedPeds resident, “Community Medicine,” during which residents visit multiple agencies that directly or indirectly impact the well-being of their adult and pediatric patients (Adult Protective Services, nursing homes, Women-Infant-Child program, etc.)

During the internal medicine portion of PGY2 through PGY4, MedPeds residents must schedule at least one elective each year from the “Selective” group, until each triad is completed. The selective rotations are Hematology/Oncology, Cardiology, and Geriatrics.

Internal Medicine		Pediatrics
Med Service		Pediatrics Service
Med Service		NICU
Med Service / Night Float (2wks)		Newborn Nursery
Ambulatory Clinic		ID (Peds)
Selective [†] :		Heme-Onc (Peds)
Elective:		Community Medicine

PGY-3

As previously mentioned, residents begin their third year in the same department they would otherwise be leaving, resulting in the only time a resident spends six straight months in one discipline. PGY-3 also continues the progression towards increased responsibility and autonomy, building upon the experience of the first two years. The resident schedule is more balanced between inpatient general service months and elective time. This exposure to electives is critical for those wishing to pursue fellowship training in a particular area. PGY-3 marks the year in which residents gain their first month-long stints in the Pediatric ICU and Pediatric Emergency Room. The adolescent rotation is a key in the development of competent MedPeds residents, as it helps them to excel particularly in the transition of care between child and adulthood.

Internal Medicine		Pediatrics
Med Service		Pediatrics Service
Med Service / Night Float (2wks)		PICU
MICU		Ambulatory Clinic
Selective [†] :		Nephrology (Pediatrics)
Elective:		Emergency Medicine (Pediatrics)
Elective:		Adolescent Medicine

PGY-4

The hallmark of the residency program is the reliance on the fourth year residents to perform most of their supervisory rotations in their final year. The goal is simply to have the most knowledgeable residents teach junior residents and direct the best possible care for patients. The fourth year Med-Peds residents are at the best position to gain the most meaningful experience during supervisory rotations as they can function most closely like an attending physician.

Internal Medicine		Pediatrics
Med Service		Pediatrics Service
Med Service		Pediatrics Service
Med Service / Night Float (2wks)		Pediatric Acute Care (ER/Clinic)
Selective [†] :		NICU
Elective:		Elective:
Elective:		Elective: