

**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-IP	P-TN	P-IP	P-IP	NICU	P-IP	P-RS	P-EM	AMBU	P-RS	P-RS	P-DB	P-RS
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
Supervisory													
Inpatient %	90	90	90	90	90	90	40	90	0	40	40	0	40
Outpatient %	10	10	10	10	10	10	60	10	100	60	60	100	60

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-P	MG-P	MG-P	PICU	P-RS	P-EM	MG-BGL	MG-CYL	MG-CYL	MG-MOL	MG-P	MG-P	P-RS
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Genetics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisory	N	N	N	N	N	N	N	N	N	N	N	N	N
Pediatric Inpatient %	0	0	0	90	40	90	0	0	0	0	0	0	40
Pediatric Outpatient %	10	10	10	10	60	10	10	10	10	10	10	10	60

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	P-RS	NICU	MG-P	MG-A	MG-C	MG-C	MG-P	MG-B	P-SP	P-ADOL	PICU	P-AI	MG-P
Pediatrics	<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 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
Medical genetics	<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 type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Supervisory	N	Y	N	N	N	N	N	N	N	N	Y	Y	N
Pediatric Inpatient %	45	90	0	0	0	0	0	0	45	0	90	90	0
Pediatric Outpatient %	45	0	0	0	0	0	0	0	45	90	0	0	0

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-P	MG-P	MG-P	MG-B	P-RS	P-IP	AMBU	Elec/IC	Elec/IC	Elec/IC	Elec/IC	Elec/IC	Elec/IC
Pediatrics	<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 type="checkbox"/> Y	<input type="checkbox"/> Y	<input 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 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	N	N	N	Y	N	Y	N	N	N	N	N	N	N
Pediatric Inpatient %	0	0	0	0	45	90	0	0	0	0	0	0	0
Pediatric Outpatient %	0	0	0	0	45	0	90	0	0	0	0	0	0

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.

Pediatrics continuity clinic will occur during the first two years of training, and Medical Genetics continuity clinic will occur during the last two years of training. Care will be taken to assure that continuity clinic date that is assigned in pediatrics does not conflict with protected didactic experience in pediatrics and vice versa. Continuity clinic will always take precedence over inpatient and/or post-call responsibilities.

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