

**Resident Curriculum
PL-3
Clinic/Outpatient**

Patient Care

The competency of patient care includes:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient- focused care

Patient Care: Goals and Objectives

Goal #1: Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.

Objectives:

#1: Evaluate and manage the following signs and symptoms that present in the context of health care promotion:

- infancy, developmental delays,
- sleep disturbances,
- difficulty feeding,
- dysconjugate gaze,
- failure to thrive,
- frequent infections,
- abnormal head shape or size,
- evidence of abuse or neglect,
- abdominal masses,
- abnormal muscle tone
- General: constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain,
- dental caries,
- excessive thumb-sucking or pacifier use,

- difficult behaviors, variations in appetite,
- variations in toilet training,
- overactivity, somatic complaints, poor school performance, attention problems, fatigue,
- masturbation,
- anxiety, violence
- Cardiorespiratory, syncope, tachypnea, wheezing
- Dermatologic: Congenital nevus and other birth marks, pigmentary changes,
- rashes,
- urticaria
- vascular lesions,
- foul smelling umbilical cord
- EENT: conjunctival injection;
- ear or eye discharge;
- ear, throat, eye pain,
- epistaxis;
- GYN: Asymmetry of breast development,
- abnormal vaginal bleeding, pelvic or genital pain,
- vaginal discharge or odor; or erythema,
- delayed onset of menses, missed or irregular periods
- Musculoskeletal: Malpositioning of feet, malpositioning of legs
- hip clicks,
- abnormal gait, abnormal
- spine curvature,
- arthritis or arthralgia,
- bone and soft tissue trauma,
- limb or joint pain,
- limp,
- variations in alignment (e.g., intoeing)

Goal #2: Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient Department

Objectives: #1. Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

- infancy: Breast feeding, bottle feeding,
- colic,
- congenital hip dislocation,
- constipation,
- strabismus,
- parent-infant interactional issues,
- sleep problems,
- child care decisions,
- separation protest,
- stranger anxiety,
- failure to thrive,
- recurrent respiratory and ear infections,
- positional foot deformities,
- rashes,
- teething,
- injury prevention and safety
- General: Colic,

- failure to thrive,
- fever,
- overweight,
- iron deficiency,
- lead exposure,
- hearing problems,
- child care decisions,
- well-child and well
- adolescent care (including anticipatory guidance), parental issues (financial
- stress, divorce,
- depression,
- tobacco, alcohol or substance abuse,
- domestic violence,
- inadequate support networks)
- Dermatology: abscess,
- acne,
- atopic dermatitis,
- cellulitis and superficial skin infections, impetigo,
- molluscum,
- tinea infections,
- viral exanthems,
- verruca vulgaris, other common
- rashes of childhood and adolescence
- constipation, encopresis,
- Gynecologic), labial adhesions, pelvic inflammatory disease, vaginal discharge or
- infectious Disease: Cellulitis,
- cervical adenitis,
- dental abscess with
- complications, otitis media,
- pharyngitis, sinusitis,
- upper respiratory tract infections,
- viral illness,
- recurrent infections
- musculoskeletal: apophysitis, femoral retro- and anteversion,
- fractures,
- growing pains
- , hip dysplasia,
- limp, metatarsus
- adductus, sprains,
- strains, tibial torsion
- Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse
- Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)

Goal #3: Health Promotion and Screening. Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting

Objectives:

#1 Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, GAPS).

#2 Perform a family centered health supervision interview.

- Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
- Identify patient and family concerns.
- Discuss health goals for the visit with the patient and family.
- Prioritize agenda for the visit with the patient and family.
- Elicit age-appropriate information regarding health, nutrition, activities, and health risks.

#3. Perform age-appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring.

Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).

Identify patient and parental concerns regarding development, school, and/or work.

Perform standardized, validated, accurate developmental screening tests for infants and children until school age.

#4 Critically observe interactions between the parent and the infant, child, or adolescent.

#5 Perform physical exam with special focus on age-dependent concerns and patient or family concerns

#6 Order or perform and interpret additional age-appropriate screening procedure, using nationally-recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns

#7 Order or perform appropriate additional screening procedures based on patient and family concerns (e.g., sports involvement, positive family history for specific health condition, behavioral concerns, depression, identified risk for lead exposure).

#8 Perform age-appropriate immunizations using nationally-recognized periodicity schedules.

#9 Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS). Address topics including:

#10 Promotion of healthy habits (e.g., physical activity, reading, etc

#11 Injury and illness prevention

#12 Nutrition

#13 Oral health

#14 Age-appropriate medical care

#15 Promotion of social competence

#16 Promotion of positive interactions between the parent and infant/child/adolescent

#17 Promotion of constructive family communication, relationships and parental health

#18 Promotion of community interactions

#19 Promotion of responsibility (adolescence)

#20 Promotion of school achievement (middle childhood, adolescence)

#21 Sexuality (infancy, early and middle childhood, adolescence)

#22 Prevention of substance use/abuse (middle childhood, adolescence)

#23 Physical activity and sports

#24 Interpretation of screening procedures

#25 Prevention of violence

#26 Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventive health services for children

#27 Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision (e.g., share tasks with office staff; develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books, videos; develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).

#28 Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families

Goal #4: Master the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department in the Light of the Six Competency Domains

Objectives:

#1 Evaluate and manage the signs and symptoms that present in the context of health care promotion.

#2 Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

#3 Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios and receiver operating characteristic curves, to assess test utility in clinical settings.

#4 Recognize cost and utilization issues.

#5 Interpret the results in the context of the specific patient.

#6 Discuss therapeutic options for correction of abnormalities.

#7 Use appropriately the common laboratory studies in the Continuity Clinic and Outpatient setting:

- Hemoglobin A1C
- Cholesterol
- Serologic tests for infection (e.g., hepatitis, HIV)
- Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms
- Thyroid function tests
- Developmental, behavioral and depression screening tests

#8 Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in Continuity Clinic or the Outpatient Pediatric Clinic: Skin test for tuberculosis

Goal #5: Understand how to use physiologic monitoring and special technology in the Continuity Clinic and Primary Care Pediatric Outpatient Department, including issues specific to care of the chronically ill child.

Objectives: #1 Demonstrate understanding of the monitoring techniques and special treatments commonly used in the Continuity Clinic and Pediatric Outpatient Department:

- Discuss indications, contraindications and complications.
- Demonstrate proper use of technique or treatment for children of varying ages.
- Interpret results of monitoring based on method used, age and clinical situation.

#2 Appropriately use the monitoring techniques commonly used in the Continuity Clinic and Pediatric Outpatient Department:

- Cardiac monitoring
- Pulse oximetry
- Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit

#3 Use appropriately or be familiar with the following treatments and techniques in the Continuity Clinic and Pediatric Outpatient Department:

- Universal precautions
- Hand washing between patients
- Isolation techniques
- Administration of nebulized medication
- Injury, wound and burn care
- Oxygen delivery systems
- Intramuscular, subcutaneous and intradermal injections

#4 Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered

#5 Demonstrate skills for assessing and managing pain.

- Use age-appropriate pain scales in assessment.
- Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control

Goal #6: Proficiency in technical and therapeutic procedures.

Objectives:

#1 Be knowledgeable about the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice:

- Breast pump use
- Medication delivery: IM/SC/ID
- Medication delivery: inhaled
- PPD: placement
- Pulmonary function tests: peak flow meter

#2 Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice:

- ADHD home and school questionnaires
- Behavioral screening questionnaire
- Developmental screening test
- Hearing screening
- PPD: interpretation
- Scoliosis, scoliometer
- Tympanometry evaluation: interpretation
- Vision screening

Medical Knowledge

The competency of Medical Knowledge includes:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

Medical Knowledge: Goals and Objectives

Goal #1: Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.

Objectives:

#1: Evaluate and manage the following signs and symptoms that present in the context of health care promotion:

- infancy, developmental delays,
- sleep disturbances,
- difficulty feeding,
- dysconjugate gaze,
- failure to thrive,
- frequent infections,
- abnormal head shape or size,
- evidence of abuse or neglect,
 - abdominal masses,
 - abnormal muscle tone
- General: constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain,
- dental caries,
- excessive thumb-sucking or pacifier use,
- difficult behaviors, variations in appetite,
- variations in toilet training,
- overactivity, somatic complaints, poor school performance, attention problems, fatigue,
- masturbation,
- anxiety, violence
- Cardiorespiratory, syncope, tachypnea, wheezing
- Dermatologic: Congenital nevus and other birth marks, pigmentary changes,
 - rashes,
 - urticaria
 - vascular lesions,
 - foul smelling umbilical cord
- EENT: conjunctival injection;
 - ear or eye discharge;
 - ear, throat, eye pain,
 - epistaxis;
- GYN: Asymmetry of breast development,
 - abnormal vaginal bleeding, pelvic or genital pain,
 - vaginal discharge or odor; or erythema,
 - delayed onset of menses, missed or irregular periods
- Musculoskeletal: Malpositioning of feet, malpositioning of legs
 - hip clicks,
 - abnormal gait, abnormal
 - spine curvature,
 - arthritis or arthralgia,

- bone and soft tissue trauma,
- limb or joint pain,
- limp,
- variations in alignment (e.g., intoeing)

Goal #2: Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient Department

Objectives:

#1. Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

- infancy: Breast feeding, bottle feeding,
- colic,
- congenital hip dislocation,
- constipation,
- strabismus,
- parent-infant interactional issues,
- sleep problems,
- child care decisions,
- separation protest,
- stranger anxiety,
- failure to thrive,
- recurrent respiratory and ear infections,
- positional foot deformities,
- rashes,
- teething,
- injury prevention and safety
- General: Colic,
- failure to thrive,
- fever,
- overweight,
- iron deficiency,
- lead exposure,
- hearing problems,
- child care decisions,
- well-child and well
- adolescent care (including anticipatory guidance), parental issues (financial
- stress, divorce,
- depression,
- tobacco, alcohol or substance abuse,
- domestic violence,
- inadequate support networks)
- Dermatology: abscess,
- acne,
- atopic dermatitis,
- cellulitis and superficial skin infections, impetigo,
- molluscum,
- tinea infections,
- viral exanthems,
- verruca vulgaris, other common
- rashes of childhood and adolescence

- constipation, encopresis,
- Gynecologic), labial adhesions, pelvic inflammatory disease, vaginal discharge or
- infectious Disease: Cellulitis,
- cervical adenitis,
- dental abscess with
- complications, otitis media,
- pharyngitis, sinusitis,
- upper respiratory tract infections,
- viral illness,
- recurrent infections
- musculoskeletal: apophysitis, femoral retro- and anteversion,
- fractures,
- growing pains
- , hip dysplasia,
- limp, metatarsus
- adductus, sprains,
- strains, tibial torsion
- Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse
- Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)

Goal #3: Utilize common diagnostic tests and imaging studies appropriately in the outpatient department

Objectives:

- #1 Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to: (1) Explain the indications for and limitations of each study; (2) Know or be able to locate age-appropriate normal ranges (lab studies).
- #2 Recognize cost and utilization issues
- #3 Interpret the results in the context of the specific patient

Goal #4: Health Promotion and Screening. Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting

Objectives:

- #1 Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, GAPS).
- #2 Perform a family centered health supervision interview.

- Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
- Identify patient and family concerns.
- Discuss health goals for the visit with the patient and family.
- Prioritize agenda for the visit with the patient and family.
- Elicit age-appropriate information regarding health, nutrition, activities, and health risks.

- #3 Perform age-appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring.

Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).

Identify patient and parental concerns regarding development, school, and/or work.

Perform standardized, validated, accurate developmental screening tests for infants and children until school age.

#4 Critically observe interactions between the parent and the infant, child, or adolescent.

#5 Perform physical exam with special focus on age-dependent concerns and patient or family concerns

#6 Order or perform and interpret additional age-appropriate screening procedure, using nationally-recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns)

#7 Order or perform appropriate additional screening procedures based on patient and family concerns (e.g., sports involvement, positive family history for specific health condition, behavioral concerns, depression, identified risk for lead exposure).

#8 Perform age-appropriate immunizations using nationally-recognized periodicity schedules.

#9 Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS). Address topics including:

#10 Promotion of healthy habits (e.g., physical activity, reading, etc

#11 Injury and illness prevention

#12 Nutrition

#13 Oral health

#14 Age-appropriate medical care

#15 Promotion of social competence

#16 Promotion of positive interactions between the parent and infant/child/adolescent

#17 Promotion of constructive family communication, relationships and parental health

#18 Promotion of community interactions

#19 Promotion of responsibility (adolescence)

#20 Promotion of school achievement (middle childhood, adolescence)

#21 Sexuality (infancy, early and middle childhood, adolescence)

#22 Prevention of substance use/abuse (middle childhood, adolescence)

#23 Physical activity and sports

#24 Interpretation of screening procedures

#25 Prevention of violence

#26 Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventive health services for children

#27 Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision (e.g., share tasks with office staff; develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books, videos; develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).

#28 Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families

Goal #5: Master the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric

Outpatient Department in the Light of the Six Competency Domains

Objectives:

- #1 Evaluate and manage the signs and symptoms that present in the context of health care promotion.
- #2 Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.
- #3 Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios and receiver operating characteristic curves, to assess test utility in clinical settings.
- #4 Recognize cost and utilization issues.
- #5 Interpret the results in the context of the specific patient.
- #6 Discuss therapeutic options for correction of abnormalities.
- #7 Use appropriately the common laboratory studies in the Continuity Clinic and Outpatient setting:
 - Hemaglobin A1C
 - Cholesterol
 - Serologic tests for infection (e.g., hepatitis, HIV)
 - Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms
 - Thyroid function tests
 - Developmental, behavioral and depression screening tests
- #8 Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in Continuity Clinic or the Outpatient Pediatric Clinic: Skin test for tuberculosis

Goal #6: Understand how to use physiologic monitoring and special technology in the Continuity Clinic and Primary Care Pediatric Outpatient Department, including issues specific to care of the chronically ill child.

Objectives:

- #1 Demonstrate understanding of the monitoring techniques and special treatments commonly used in the Continuity Clinic and Pediatric Outpatient Department:
 - Discuss indications, contraindications and complications.
 - Demonstrate proper use of technique or treatment for children of varying ages.
 - Interpret results of monitoring based on method used, age and clinical situation.
- #2 Appropriately use the monitoring techniques commonly used in the Continuity Clinic and Pediatric Outpatient Department:
 - Cardiac monitoring
 - Pulse oximetry
 - Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit
- #3 Use appropriately or be familiar with the following treatments and techniques in the Continuity Clinic and Pediatric Outpatient Department:
 - Universal precautions

- Hand washing between patients
- Isolation techniques
- Administration of nebulized medication
- Injury, wound and burn care
- Oxygen delivery systems
- Intramuscular, subcutaneous and intradermal injections

#4 Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered

#5 Demonstrate skills for assessing and managing pain.

- Use age-appropriate pain scales in assessment.
- Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control

Goal #7: Proficiency in technical and therapeutic procedures.

Objectives:

#1 Be knowledgeable about the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice:

- Breast pump use
- Medication delivery: IM/SC/ID
- Medication delivery: inhaled
- PPD: placement
- Pulmonary function tests: peak flow meter

#2 Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice:

- ADHD home and school questionnaires
- Behavioral screening questionnaire
- Developmental screening test
- Hearing screening
- PPD: interpretation
- Scoliosis, scoliometer
- Tympanometry evaluation: interpretation
- Vision screening

Practice- Based Learning and Improvement

The competency of Practice- Based Learning and Improvement includes:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn

- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

Practice- Based Learning and Improvement :Goals and Objectives

Goal #1: Master the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department in the Light of the Six Competency Domains

Objectives:

- #1 Evaluate and manage the signs and symptoms that present in the context of health care promotion.
- #2 Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.
- #3 Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios and receiver operating characteristic curves, to assess test utility in clinical settings.
- #4 Recognize cost and utilization issues.
- #5 Interpret the results in the context of the specific patient.
- #6 Discuss therapeutic options for correction of abnormalities.
- #7 Use appropriately the common laboratory studies in the Continuity Clinic and Outpatient setting:
 - Hemaglobin A1C
 - Cholesterol
 - Serologic tests for infection (e.g., hepatitis, HIV)
 - Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms
 - Thyroid function tests
 - Developmental, behavioral and depression screening tests
- #8 Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in Continuity Clinic or the Outpatient Pediatric Clinic: Skin test for tuberculosis

Goal #2: Understand how to use physiologic monitoring and special technology in the Continuity Clinic and Primary Care Pediatric Outpatient Department, including issues specific to care of the chronically ill child.

Objectives:

- #1 Demonstrate understanding of the monitoring techniques and special treatments commonly used in the Continuity Clinic and Pediatric Outpatient Department:
 - Discuss indications, contraindications and complications.
 - Demonstrate proper use of technique or treatment for children of varying ages.
 - Interpret results of monitoring based on method used, age and clinical situation.

#2 Appropriately use the monitoring techniques commonly used in the Continuity Clinic and Pediatric Outpatient Department:

- Cardiac monitoring
- Pulse oximetry
- Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit

#3 Use appropriately or be familiar with the following treatments and techniques in the Continuity Clinic and Pediatric Outpatient Department:

- Universal precautions
- Hand washing between patients
- Isolation techniques
- Administration of nebulized medication
- Injury, wound and burn care
- Oxygen delivery systems
- Intramuscular, subcutaneous and intradermal injections

#4 Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered

#5 Demonstrate skills for assessing and managing pain.

- Use age-appropriate pain scales in assessment.
- Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control

Professionalism

The competency of Professionalism includes:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Professionalism :Goals and Objectives

Goal #1: Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.

Objectives:

#1: Evaluate and manage the following signs and symptoms that present in the context of health care promotion:

- infancy, developmental delays,
- sleep disturbances,

- difficulty feeding,
- dysconjugate gaze,
- failure to thrive,
- frequent infections,
- abnormal head shape or size,
- evidence of abuse or neglect,
- abdominal masses,
- abnormal muscle tone
- General: constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain,
- dental caries,
- excessive thumb-sucking or pacifier use,
- difficult behaviors, variations in appetite,
- variations in toilet training,
- overactivity, somatic complaints, poor school performance, attention problems, fatigue,
- masturbation,
- anxiety, violence
- Cardiorespiratory, syncope, tachypnea, wheezing
- Dermatologic: Congenital nevus and other birth marks, pigmentary changes,
- rashes,
- urticaria
- vascular lesions,
- foul smelling umbilical cord
- EENT: conjunctival injection;
- ear or eye discharge;
- ear, throat, eye pain,
- epistaxis;
- GYN: Asymmetry of breast development,
- abnormal vaginal bleeding, pelvic or genital pain,
- vaginal discharge or odor; or erythema,
- delayed onset of menses, missed or irregular periods
- Musculoskeletal: Malpositioning of feet, malpositioning of legs
- hip clicks,
- abnormal gait, abnormal
- spine curvature,
- arthritis or arthralgia,
- bone and soft tissue trauma,
- limb or joint pain,
- limp,
- variations in alignment (e.g., intoeing)

Goal #2: Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient Department

Objectives:

#1. Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

- infancy: Breast feeding, bottle feeding,
- colic,
- congenital hip dislocation,
- constipation,
- strabismus,

- parent-infant interactional issues,
- sleep problems,
- child care decisions,
- separation protest,
- stranger anxiety,
- failure to thrive,
- recurrent respiratory and ear infections,
- positional foot deformities,
- rashes,
- teething,
- injury prevention and safety
- General: Colic,
- failure to thrive,
- fever,
- overweight,
- iron deficiency,
- lead exposure,
- hearing problems,
- child care decisions,
- well-child and well
- adolescent care (including anticipatory guidance), parental issues (financial
- stress, divorce,
- depression,
- tobacco, alcohol or substance abuse,
- domestic violence,
- inadequate support networks)
- Dermatology: abscess,
- acne,
- atopic dermatitis,
- cellulitis and superficial skin infections, impetigo,
- molluscum,
- tinea infections,
- viral exanthems,
- verruca vulgaris, other common
- rashes of childhood and adolescence
- constipation, encopresis,
- Gynecologic), labial adhesions, pelvic inflammatory disease, vaginal discharge or
- infectious Disease: Cellulitis,
- cervical adenitis,
- dental abscess with
- complications, otitis media,
- pharyngitis, sinusitis,
- upper respiratory tract infections,
- viral illness,
- recurrent infections
- musculoskeletal: apophysitis, femoral retro- and anteversion,
- fractures,
- growing pains
- , hip dysplasia,
- limp, metatarsus
- adductus, sprains,
- strains, tibial torsion

- Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse
- Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)

Goal #3: Utilize common diagnostic tests and imaging studies appropriately in the outpatient department

Objectives:

- #1 Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to: (1) Explain the indications for and limitations of each study; (2) Know or be able to locate age-appropriate normal ranges (lab studies).
- #2 Recognize cost and utilization issues
- #3 Interpret the results in the context of the specific patient

Goal #4: Health Promotion and Screening. Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting

Objectives:

- #1 Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, GAPS).
- #2 Perform a family centered health supervision interview.

- Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
- Identify patient and family concerns.
- Discuss health goals for the visit with the patient and family.
- Prioritize agenda for the visit with the patient and family.
- Elicit age-appropriate information regarding health, nutrition, activities, and health risks.

#3 Perform age-appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring.

Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).

Identify patient and parental concerns regarding development, school, and/or work.

Perform standardized, validated, accurate developmental screening tests for infants and children until school age.

#4 Critically observe interactions between the parent and the infant, child, or adolescent.

#5 Perform physical exam with special focus on age-dependent concerns and patient or family concerns

#6 Order or perform and interpret additional age-appropriate screening procedure, using nationally-recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns)

#7 Order or perform appropriate additional screening procedures based on patient and family concerns (e.g., sports involvement, positive family history for specific health condition, behavioral concerns, depression, identified risk for lead exposure).

#8 Perform age-appropriate immunizations using nationally-recognized periodicity schedules.

#9 Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS). Address topics

including:

- #10 Promotion of healthy habits (e.g., physical activity, reading, etc)
- #11 Injury and illness prevention
- #12 Nutrition
- #13 Oral health
- #14 Age-appropriate medical care
- #15 Promotion of social competence
- #16 Promotion of positive interactions between the parent and infant/child/adolescent
- #17 Promotion of constructive family communication, relationships and parental health
- #18 Promotion of community interactions
- #19 Promotion of responsibility (adolescence)
- #20 Promotion of school achievement (middle childhood, adolescence)
- #21 Sexuality (infancy, early and middle childhood, adolescence)
- #22 Prevention of substance use/abuse (middle childhood, adolescence)
- #23 Physical activity and sports
- #24 Interpretation of screening procedures
- #25 Prevention of violence
- #26 Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventive health services for children
- #27 Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision (e.g., share tasks with office staff; develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books, videos; develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).
- #28 Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families

Interpersonal and Communication Skills

The competency of interpersonal and communication skills include:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

Interpersonal and Communication Skills :Goals and Objectives

Goal #1: Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.

Objectives:

#1: Evaluate and manage the following signs and symptoms that present in the context of health care promotion:

- infancy, developmental delays,
- sleep disturbances,
- difficulty feeding,
- dysconjugate gaze,
- failure to thrive,
- frequent infections,
- abnormal head shape or size,
- evidence of abuse or neglect,
- abdominal masses,
- abnormal muscle tone
- General: constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain,
- dental caries,
- excessive thumb-sucking or pacifier use,
- difficult behaviors, variations in appetite,
- variations in toilet training,
- overactivity, somatic complaints, poor school performance, attention problems, fatigue,
- masturbation,
- anxiety, violence
- Cardiorespiratory, syncope, tachypnea, wheezing
- Dermatologic: Congenital nevus and other birth marks, pigmentary changes,
- rashes,
- urticaria
- vascular lesions,
- foul smelling umbilical cord
- EENT: conjunctival injection;
- ear or eye discharge;
- ear, throat, eye pain,
- epistaxis;
- GYN: Asymmetry of breast development,
- abnormal vaginal bleeding, pelvic or genital pain,
- vaginal discharge or odor; or erythema,
- delayed onset of menses, missed or irregular periods
- Musculoskeletal: Malpositioning of feet, malpositioning of legs
- hip clicks,
- abnormal gait, abnormal
- spine curvature,
- arthritis or arthralgia,
- bone and soft tissue trauma,
- limb or joint pain,
- limp,
- variations in alignment (e.g., intoeing)

Goal #2: Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient

Objectives:

#1. Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

infancy: Breast feeding, bottle feeding,

- colic,

- congenital hip dislocation,
- constipation,
- strabismus,
- parent-infant interactional issues,
- sleep problems,
- child care decisions,
- separation protest,
- stranger anxiety,
- failure to thrive,
- recurrent respiratory and ear infections,
- positional foot deformities,
- rashes,
- teething,
- injury prevention and safety
- General: Colic,
- failure to thrive,
- fever,
- overweight,
- iron deficiency,
- lead exposure,
- hearing problems,
- child care decisions,
- well-child and well
- adolescent care (including anticipatory guidance), parental issues (financial
- stress, divorce,
- depression,
- tobacco, alcohol or substance abuse,
- domestic violence,
- inadequate support networks)
- Dermatology: abscess,
- acne,
- atopic dermatitis,
- cellulitis and superficial skin infections, impetigo,
- molluscum,
- tinea infections,
- viral exanthems,
- verruca vulgaris, other common
- rashes of childhood and adolescence
- constipation, encopresis,
- Gynecologic), labial adhesions, pelvic inflammatory disease, vaginal discharge or
- infectious Disease: Cellulitis,
- cervical adenitis,
- dental abscess with
- complications, otitis media,
- pharyngitis, sinusitis,
- upper respiratory tract infections,
- viral illness,
- recurrent infections
- musculoskeletal: apophysitis, femoral retro- and anteversion,
- fractures,
- growing pains
- , hip dysplasia,

- limp, metatarsus
- adductus, sprains,
- strains, tibial torsion
- Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse
- Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)

Goal #3: Utilize common diagnostic tests and imaging studies appropriately in the outpatient department

Objectives:

#1 Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to: (1) Explain the indications for and limitations of each study; (2) Know or be able to locate age-appropriate normal ranges (lab studies).

#2 Recognize cost and utilization issues

#3 Interpret the results in the context of the specific patient

Goal #4: Health Promotion and Screening. Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting

Objectives:

#1 Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, GAPS).

#2 Perform a family centered health supervision interview.

- Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
- Identify patient and family concerns.
- Discuss health goals for the visit with the patient and family.
- Prioritize agenda for the visit with the patient and family.
- Elicit age-appropriate information regarding health, nutrition, activities, and health risks.

#3 Perform age-appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring.

Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).

Identify patient and parental concerns regarding development, school, and/or work.

Perform standardized, validated, accurate developmental screening tests for infants and children until school age.

#4 Critically observe interactions between the parent and the infant, child, or adolescent.

#5 Perform physical exam with special focus on age-dependent concerns and patient or family concerns

#6 Order or perform and interpret additional age-appropriate screening procedure, using nationally-recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns)

#7 Order or perform appropriate additional screening procedures based on patient and family concerns (e.g., sports involvement, positive family history for specific health condition, behavioral concerns, depression, identified risk for lead exposure).

- #8 Perform age-appropriate immunizations using nationally-recognized periodicity schedules.
- #9 Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS). Address topics including:
 - #10 Promotion of healthy habits (e.g., physical activity, reading, etc
 - #11 Injury and illness prevention
 - #12 Nutrition
 - #13 Oral health
 - #14 Age-appropriate medical care
 - #15 Promotion of social competence
 - #16 Promotion of positive interactions between the parent and infant/child/adolescent
 - #17 Promotion of constructive family communication, relationships and parental health
 - #18 Promotion of community interactions
 - #19 Promotion of responsibility (adolescence)
 - #20 Promotion of school achievement (middle childhood, adolescence)
 - #21 Sexuality (infancy, early and middle childhood, adolescence)
 - #22 Prevention of substance use/abuse (middle childhood, adolescence)
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- #26 Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventive health services for children
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- #28 Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families