

## Goals and Objectives Evaluation Table

*Rotation: Endocrinology Rotation*

<b>Goal 1.1: Prevention, Counseling and Screening (Endocrine). Understand the role of the pediatrician in preventing endocrine dysfunction, and in counseling and screening individuals at risk for these diseases.</b>										
Objectives	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
<p>1.1.1 : Identify the individual at risk for developing endocrine dysfunction through routine endocrine counseling and screening of all patients and parents, addressing:</p> <ol style="list-style-type: none"> <li>1. Normal variations in growth (including genetic short stature and constitutional growth delay</li> <li>2. Expected and normal variations in body changes during puberty (information should be ethnic group specific)</li> <li>3. The importance of vitamin D supplements in breast-fed infants and select populations with low intake of vitamin D, calcium or phosphorus</li> <li>4. Evaluation of patients with symptoms of polyuria, polydipsia and polyphagia</li> <li>5. Infants with midline facial defects, children with severe quadriparesis, children with severe head injury, children with history of meningitis, head trauma, Turner syndrome</li> </ol>	Y	Robert A. Christenson, MD	Specialty Clinic	A	Robert A. Christenson, MD	Specialty Clinic	A	MK	3	1

1.1.2 : Provide preventive counseling to parents and patients with specific endocrine conditions about:  1. The association of chronic steroid use and decreased bone density 2. The importance of diabetes control for prevention of long-term complications such as retinopathy, neuropathy, nephropathy and gastroparesis 3. The value of support groups and camps for children with diabetes mellitus	Y	Robert A. Christenson	Specialty Clinic	A	Robert A. Christenson	Specialty Clinic	A	MK	9	1
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<b>Goal 1.2: Normal Vs. Abnormal (Endocrine). Differentiate between normal, physiologic deviations from normal, and pathological states related to endocrinology.</b>										
Objectives	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
1.2.1 : Describe the normal developmental patterns of statural growth and weight gain, along with normal variations. Describe body proportions that can help to differentiate proportionate from disproportionate short stature.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.2.2 : Perform Tanner staging (SMR) and explain the sequential physiologic events associated with puberty.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.2.3 : Identify early puberty and differentiate it from premature thelarche and premature adrenarche.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

1.2.4 : Describe the hypothalamus-pituitary-peripheral gland axis along with their stimulatory and inhibitory feedback mechanisms.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.2.5 : Describe calcium and phosphorus homeostasis, vitamin D metabolism, parathyroid hormone functions, and their interrelationships.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.2.6 : Explain the findings on clinical history and examination that suggest a disease of endocrine origin and require further evaluation and treatment. Such diseases include hypo- and hyper-thyroid states, diabetes mellitus, diabetes insipidus, rickets, obesity, hypertension, delayed or accelerated growth, early or delayed puberty, adrenal insufficiency and hyperactivity, and congenital adrenal hyperplasia.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.2.7 : Interpret clinical and laboratory endocrine tests to identify endocrine disease, including: bone age, vitamin D, calcium, phosphate, alkaline phosphatase, glucose, insulin, hemoglobin A <sub>1c</sub> , TSH, parathyroid hormone, serum and urine electrolytes and osmolality, cortisol, ACTH, FSH, LH, estradiol, testosterone, cortisol, rennin, adrenal androgens and precursor hormone levels, growth hormone, imaging studies (MRI, CT Scan, Ultrasound, and thyroid scans) and bone densitometry.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

**Goal 1.3: Undifferentiated Signs and Symptoms (Endocrine). Evaluate, treat and/or refer patients who present with undifferentiated signs and symptoms that may represent an endocrine disease process.**

Objectives:	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
Create a strategy for determining if the following presenting signs and symptoms are caused by an endocrine disease process and determine if the patient needs treatment or referral: <ol style="list-style-type: none"> <li>1. Fatigue</li> <li>2. Vomiting/Weight loss</li> <li>3. Short and tall stature</li> <li>4. Obesity</li> <li>5. Polydipsia and Polyuria</li> <li>6. Hypoglycemia</li> <li>7. Hyperglycemia</li> <li>8. Hypocalcemia and High calcium</li> <li>9. Early or delayed puberty</li> <li>10. Acanthosis nigricans</li> <li>11. Headaches</li> <li>12. Dizziness</li> <li>13. Diplopia and blurred vision</li> </ol>	Y	Robert A. Christenson, M.D.	Specialty Clinic		Roberta A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

**Goal 1.4: Common Conditions in General Pediatrics (Endocrine). Diagnose and manage endocrine conditions in patients.**

Objectives:	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
Diagnose, explain the pathophysiology of, and manage the following endocrine conditions: <ol style="list-style-type: none"> <li>1. Abnormal newborn endocrine screening, including hypothyroidism and congenital adrenal hyperplasia</li> <li>2. Premature adrenarche</li> <li>3. Premature thelarche \</li> </ol>	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

<ul style="list-style-type: none"> <li>4. Delayed puberty due to chronic disease or anorexia nervosa</li> <li>5. Exogenous obesity</li> <li>6. Familial short stature, constitutional delay of growth or puberty</li> <li>7. Short stature variants not meeting criteria for hormone therapy</li> <li>8. Gynecomastia in a pubertal male</li> <li>9. Infant of mother with gestational diabetes</li> <li>10. Transient hypocalcemia of a newborn</li> <li>11. Transient hypoglycemia of a newborn</li> </ul>										
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**Goal 1.5: Conditions Generally Referred (Endocrine). Recognize, initiate management of, and refer patients with endocrine conditions that require referral.**

Objectives:	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
<p>1.5.1 : Identify, explain the pathophysiology of, provide initial management for, and refer to a subspecialist the following endocrine conditions:</p> <ul style="list-style-type: none"> <li>1. Adrenal insufficiency</li> <li>2. Ambiguous genitalia, hypogonadism, and micropenis</li> <li>3. Congenital adrenal hyperplasia</li> <li>4. Delayed or precocious puberty</li> <li>5. Diabetes mellitus type 1, diabetic ketoacidosis (DKA), long-term management</li> <li>6. Endocrine causes of obesity</li> </ul>	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

<ul style="list-style-type: none"> <li>7. Genetic syndromes and familial inheritance patterns with endocrine abnormalities</li> <li>8. Hirsutism, hyperandrogenism, and polycystic ovaries</li> <li>9. Hypoglycemia in infancy, childhood, and adolescence</li> <li>10. Metabolic bone disease including rickets and skeletal dysplasias</li> <li>11. Abnormalities of calcium, phosphorus, or magnesium homeostasis</li> <li>12. Short stature variants meeting criteria for hormonal treatment</li> <li>13. Tall stature and excessive growth syndromes</li> <li>14. Thyroid dysfunction and goiters</li> <li>15. Diabetes mellitus type 2</li> </ul>										
<p>1.5.2 : Identify the role and general scope of the practice of endocrinology. Recognize situations where children benefit from the skills of specialists trained in the care of children, and work effectively with endocrine specialists to care for children with endocrinologic problems.</p>	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	16	1

**Goal 1.6: Diabetes Mellitus (Types 1 and 2). Diagnose and manage uncomplicated diabetes mellitus with or without the assistance of a pediatric endocrinologist.**

Objectives:	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
1.6.1 : List the findings on clinical history and examination that suggest a diagnosis of diabetes mellitus and/or diabetic ketoacidosis.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.2 : Identify the risk factors for developing type 2 diabetes and provide routine screening for those at elevated risk.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.3 : Identify Type 1 and Type 2 diabetes on the basis of findings from the clinical history, physical examination, and laboratory tests.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.4 : Diagnose diabetes mellitus and diabetic ketoacidosis from presenting symptoms and confirmatory lab tests.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.5 : Order appropriate confirmatory diagnostic serum and urine tests for diabetes mellitus and accurately interpret the results.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	2	1
1.6.6 : Compare and contrast the different preparations of insulin and describe the pharmacokinetics of each.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.7 : Discuss treatment regimens available for patients with Type 2 diabetes, including the use of oral medications, determination of initial dosages, drug pharmacokinetics, dose adjustments based on serum glucose levels, possible side effects and monitoring for safety.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

1.6.8 : Order appropriate initial dosages of insulin, based on both clinical and laboratory findings, and adjust subsequent dosages based on serum glucose levels.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	4	1
1.6.9 : Order appropriate IV and PO fluids to manage ketoacidosis and initial hyperglycemia with or without ketosis, realizing that insulin therapy may be required in the initial treatment of Type 2 diabetes.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	4	1
1.6.10 : Recognize immediate life-threatening complications associated with the diagnosis and treatment of diabetic ketoacidosis and steps for initial treatment and stabilization. Refer for intensive care as indicated.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.6.11 : Develop an educational plan for parents and patients that provides effective education regarding diabetes, availability of support groups and diabetic camps, diet and exercise, home glucose monitoring, adjustment of insulin or oral medications dosages, use of insulin pumps, response to illness, and preventive care.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	9	1
1.6.12 : Develop a cost-effective plan for monitoring patients with diabetes, including use of hemoglobin A <sub>1c</sub> levels and daily glucose profiles to assess control, frequency and severity of hypoglycemia and hyperglycemia, treatment compliance, and the development of long term complications such as retinopathy, nephropathy and neuropathy.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1



**Goal 1.7: Thyroid Disorders. Understand the general pediatrician's role in the diagnosis and management of patients with congenital and acquired hypothyroidism and hyperthyroidism.**

Objectives	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
1.7.1 : Explain the findings on clinical history, examination, and laboratory tests that suggest the presence of a thyroid disorder (hypothyroidism or hyperthyroidism), including abnormal growth patterns, goiter, carcinoma, etc.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.7.2 : Identify the thyroid function tests, including newborn screening tests, available for detecting and diagnosing a thyroid disorder, and describe the indications for ordering, limitations and interpretations.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	2	1
1.7.3 : Identify imaging studies available for patients with a thyroid disorder and the indications for obtaining such studies.										
1.7.4 : Discuss the identification, treatment, and follow-up in a patient with congenital hypothyroidism. Discussion should include the importance of early detection and limitations of newborn screenings, as well as treatment, monitoring and parental education.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.7.5 : Discuss the causes of hyperthyroidism.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

1.7.6 : Compare and contrast the different treatment options for hyperthyroidism, including oral antithyroid medications, <sup>131</sup> I, and surgery, and discuss the selection criteria for each treatment modality.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	4	1
1.7.7 : Create an education, treatment and follow-up plan for a patient with a thyroid disorder that includes treatment, monitoring, potential complications, and long-term follow-up.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1
1.7.8 : Identify indicators for an endocrine referral of a child with a thyroid disorder.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	3	1

**Goal 2: Pediatric Competencies in Brief (Subspecialty Rotation). Demonstrate high standards of professional competence while working with patients under the care of a subspecialist. [For details see Pediatric Competencies.]**

Objectives	Priority Yes/No	Teaching			Evaluation			Domain	Skills	PGY
		Who	Where	Method	Who	Where	Method			
2.1 : Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.										
2.1.1 : Use a logical and appropriate clinical approach to the care of patients presenting for specialty care, applying principles of evidence-based decision-making and problem-solving.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	PC	3	1
2.1.2 : Describe general indications for subspecialty procedures and interpret results for families.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	PC	2	1

2.2 : Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.										
2.2.1 : Acquire, interpret and apply the knowledge appropriate for the generalist regarding the core content of this subspecialty area.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	21	1
2.2.2 : Critically evaluate current medical information and scientific evidence related to this subspecialty area and modify your knowledge base accordingly.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	MK	23	1
2.3 : Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.										
2.3.1 : Provide effective patient education, including reassurance, for a condition(s) common to this subspecialty area.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	COM	7	1
2.3.2 : Communicate effectively with primary care and other physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	COM	11	1



of patients (e.g., following up on lab results, writing comprehensive notes, and seeking answers to patient care questions).										
2.5.2 : Demonstrate a commitment to carrying out professional responsibilities.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	PRO	17	1
2.5.3 :Adhere to ethical and legal principles, and be sensitive to diversity.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	PRO	19 & 20	1
2.6 : Competency 6: Systems-based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.										
2.6.1 : Identify key aspects of health care systems as they apply to specialty care, including the referral process, and differentiate between consultation and referral.	Y	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	SBP	16	1
2.6.2 : Demonstrate sensitivity to the costs of clinical care in this subspecialty setting, and take steps to minimize costs without compromising quality	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	SBP	3	1
2.6.3 : Recognize and advocate for families who need assistance to deal with systems complexities, such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	SBP	5	1
2.6.4 : Recognize one's limits and those of the system; take steps to avoid medical errors.	N	Robert A. Christenson, M.D.	Specialty Clinic	A	Robert A. Christenson, M.D.	Specialty Clinic	A	SBP	22	1



## Legend

<p><b>Teaching Methods</b></p> <ul style="list-style-type: none"> <li>A. Clinical encounter</li> <li>B. Lecture</li> <li>C. Seminar or a small group</li> <li>D. Assigned reading</li> <li>E. Case conference</li> <li>F. Morning report</li> <li>G. Grand rounds</li> <li>H. Presentation</li> <li>I. AV media module</li> <li>J. Web-based module</li> <li>K. Journal reading/presenting</li> <li>L. M&amp;M conference</li> <li>M. Portfolio</li> <li>N. Quality improvement activity</li> <li>O. Supervised activity</li> </ul>	<p><b>RRC Domains</b></p> <p>PC – Patient Care            MK – Medical Knowledge            PBLI – Practice-based Learning and Improvement            COM – Interpersonal Skills and Communication            PRO – Professionalism            SBP – Systems-based Practice</p>				
<p><b>Evaluation Methods</b></p> <ul style="list-style-type: none"> <li>a. Global rating</li> <li>b. Direct observation with checklist</li> <li>c. Consensus opinion/multiple raters</li> <li>d. 360 rating</li> <li>e. Written examination</li> <li>f. Patient survey</li> <li>g. Case/procedure log</li> <li>h. Conference attendance log</li> <li>i. EBM activity log</li> <li>j. QI activity assessment</li> <li>k. Systems error activity/discussion</li> <li>l. Self assessment</li> <li>m. Individual learning plan</li> <li>n. Critical incident discussion</li> </ul>	<p><b>Basic Clinical and Professional Skills</b></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <ol style="list-style-type: none"> <li>1. Perform an appropriate clinical exam</li> <li>2. Appropriately use diagnostic studies, procedures and labs</li> <li>3. Apply sound decision-making and clinical judgment</li> <li>4. Use medications and therapies safely and effectively</li> <li>5. Manage and advocate for the whole patient</li> <li>6. Skillfully and empathically manage patient’s acute or terminal illness, or death.</li> <li>7. Effectively and empathically communicate with patients and families.</li> <li>8. Effective data gathering from history and interview.</li> <li>9. Promotion of patient education and counseling.</li> <li>10. Effective use of telephone communications.</li> <li>11. Professional communication and collaboration in healthcare teams.</li> <li>12. Maintain accurate, legible, timely and legally appropriate medical records when caring for patients.</li> </ol> </td> <td style="vertical-align: top; width: 33%;"> <ol style="list-style-type: none"> <li>13. Effective teaching of students, colleagues, other professionals and lay groups.</li> <li>14. Develop and demonstrate effective leadership and collaboration skills.</li> <li>15. Function as a consultant to other physicians and health professionals</li> <li>16. Use consultations and referrals effectively</li> <li>17. Develop responsible and productive work habits and professional responsibility.</li> <li>18. Develop personal responsibility and balance personal and professional interests.</li> <li>19. Understand basic principles in medical ethics and identify issues.</li> <li>20. Understand legal issues in pediatric practice</li> <li>21. Develop skills in life-long learning and self-assessment.</li> <li>22. Responsible use of information technology in decision-making and patient management.</li> <li>23. Critically read and apply scientific evidence/research to patient care.</li> <li>24. Formulate career plans.</li> </ol> </td> <td style="width: 33%;"></td> </tr> </table>		<ol style="list-style-type: none"> <li>1. Perform an appropriate clinical exam</li> <li>2. Appropriately use diagnostic studies, procedures and labs</li> <li>3. Apply sound decision-making and clinical judgment</li> <li>4. Use medications and therapies safely and effectively</li> <li>5. Manage and advocate for the whole patient</li> <li>6. Skillfully and empathically manage patient’s acute or terminal illness, or death.</li> <li>7. Effectively and empathically communicate with patients and families.</li> <li>8. Effective data gathering from history and interview.</li> <li>9. Promotion of patient education and counseling.</li> <li>10. Effective use of telephone communications.</li> <li>11. Professional communication and collaboration in healthcare teams.</li> <li>12. Maintain accurate, legible, timely and legally appropriate medical records when caring for patients.</li> </ol>	<ol style="list-style-type: none"> <li>13. Effective teaching of students, colleagues, other professionals and lay groups.</li> <li>14. Develop and demonstrate effective leadership and collaboration skills.</li> <li>15. Function as a consultant to other physicians and health professionals</li> <li>16. Use consultations and referrals effectively</li> <li>17. Develop responsible and productive work habits and professional responsibility.</li> <li>18. Develop personal responsibility and balance personal and professional interests.</li> <li>19. Understand basic principles in medical ethics and identify issues.</li> <li>20. Understand legal issues in pediatric practice</li> <li>21. Develop skills in life-long learning and self-assessment.</li> <li>22. Responsible use of information technology in decision-making and patient management.</li> <li>23. Critically read and apply scientific evidence/research to patient care.</li> <li>24. Formulate career plans.</li> </ol>	
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