Goals and Objectives Evaluation Table

Rotation: Infectious Diseases (ID)

Goal: Immunodeficiency. Understand the role of the general pediatrician in the assessment and management of patients with											
immunodeficiency.	nmunodeficiency.										
Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY	
5	Yes/No	Who	Where	Method	Who	Where	Method				
5.12.1 : Identify the signs and											
symptoms of immunodeficiency											
diseases, and differentiate											
immunodeficiency from other											
causes of acute and chronic disease											
as well as primary from secondary											
immunodeficiency disorders											
5 12 2 · Organize immunodeficiency											
diseases into five nathonbysiologic											
categories (antibody cellular-											
mediated combined complement											
nhagocytic) and distinguish etiologic											
types (e.g. genetic post-infectious											
nost-chemotherany)											
5 12 3 : Discuss the indications											
clinical significance and limitations											
of diagnostic tests and procedures											
to assess immune function											
Interpret the results of tests of: CBC											
(especially evaluation for age-											
appropriate ALC and ANC).											
lymphocyte (T, B, NK cell) number											
and function, immunoglobulin											
levels, antibody function, mitogen											
and antigen assay for lymphocyte											
function, DTH skin testing,											
complement levels, and neutrophil											
assays, as well as laboratory											
evaluations for secondary immune											
disorders, such as HIV and CF.											
5.12.4 : Demonstrate the initial											
approach to evaluation, treatment											
and referral for a child with											
suspected immunodeficiency.											
5.12.5 : Discuss treatment options											
available for patients with primary											
immunodeficiency disorders and the											

potential harm of blood transfusions and vaccines in these patients.					
5.12.6 : Under supervision of an					
immunologist, develop a treatment					
plan for a child with					
immunodeficiency, including					
pharmacologic management,					
precautions, and immunizations.					

Goal: Prevention, Counseling and Screening (Infectious Disease). Understand the role of the pediatrician in preventing infectious diseases, and in counseling and screening individuals at risk for these diseases.

Object	ives	Priority		Teaching			Evaluation		Domain	Skills	PGY
		Yes/No	Who	Where	Method	Who	Where	Method			
5.54.1 : Provide routine counseling about infectious disease prevention to all parents and patients, addressing:											
1. 2.	Common infectious diseases of childhood. Routine immunization for										
	childhood infections and illnesses.										
3.	The role of hand hygiene in preventing the spread of infectious diseases.										
4.	Behaviors that reduce risk of infectious disease transmission and acquisition (e.g., breastfeeding, avoidance of exposure to										
5.	environmental tobacco smoke, avoidance of crowded settings such as daycare, schools, institutions) Behaviors that may spread										
	practices, needle sharing and pregnancy										

5.54.2	: Provide counseling to					
parents	and patients with specific					
infectio	ous diseases about:					
1.	HIV testing, transmission					
	and follow-up					
2.	TB exposure, expected					
	course, treatment and					
	transmission					
3.	Hepatitis B expected course,					
	treatment and transmission					
5.54.3	: Provide routine and					
approp	riate screening for infectious					
disease	e processes.					
1.	Screen for tuberculosis in					
	high-risk populations and as					
	schools require.					
2.	Screen for hepatitis,					
	parasites, and other disease					
	processes in new					
	immigrants as appropriate.					
3.	Counsel and screen					
	pregnant women and					
	screen newborns for HIV.					
4.	Screen sexually abused					
	children for sexually					
	transmitted diseases					
	(STDs), such as gonococcal,					
	chlamydia, human					
	immunodeficiency virus,					
	hepatitis B, and syphilis.					
5.	Screen sexually active					
	adolescents for STDs at					
_	health visits.					
6.	Take measures to prevent					
_	Group B strep in newborns					
7.	List situations in which					
	screening is not appropriate					
	but may be requested (e.g.,					

suspected exposure to bacterial meningitis).					
5.54.4 : Educate daycare organizations and providers about policies and methods that decrease the spread of infection in child care settings, and about unnecessary exclusion policies.					
5.54.5 : Discuss with parents how the overuse of antibiotics has contributed to the development of antibiotic-resistant strains of common pathogens, and help them to understand when withholding antibiotic treatment is safe and effective.					

Goal: Normal Vs. Abnormal (Infectious Disease). Differentiate between normal and pathologic states related to infectious disease.											
Objectives	Priority		Teaching			Evaluation		Domain	Skills	PGY	
	Yes/No	Who	Where	Method	Who	Where	Method				
5.55.1 : Describe normal variability in body temperature, the factors that regulate body temperature, and use of body temperature to identify infection. Include factors that influence normal core body temperature.											
5.55.2 : Explain to parents the significance and appropriate response to fever in children of various ages.											
5.55.3 : Compare and contrast different methods used to obtain body temperature, including type of thermometer (glass, digital, infrared radiation, skin strip) and measurement sites (axillary, oral, rectal, tympanic, skin).											
5.55.4 : Explain the symptoms and physical findings that suggest the presence of an infectious disease.											
5.55.5 : Take an exposure history that provides clues to a specific											

diagnosis (include questions about ill contacts, travel, pets or other animal exposures, occupation, insect bites and diet).					
5.55.6 : Explain the difference between a descriptive diagnosis based on the anatomic syndrome involved (e.g., exudative pharyngitis) and an etiologic diagnosis (e.g., Group A streptococcal infection) and the diagnostic studies appropriate for each type.					
5.55.7 : Interpret clinical and laboratory tests to identify infectious diseases.					

armintana that may indicate an infactiona diagona nuccess	
symptoms that may indicate an infectious disease process.	

Vac/Ma		Teaching			Evaluation			SKIIIS	101
i es/ino	Who	Where	Method	Who	Where	Method			

13. Sinus pain					
14. Tooth pain					
15. Facial swelling					
16. Stridor					
17. Shortness of breath					
18. Vomiting					
19. Diarrhea					
20. Abdominal pain					
21. Jaundice					
22. Dysuria/urinary frequency					
23. Hematuria					
24. Penile or vaginal discharge					
25. Painful or swollen joints					
26. Limb pain					
27. Limp					
28. Skin rash, erythema, or					
discoloration					
29. Adenopathy					
30. Hepatomegaly					
31. Splenomegaly					
32. Apparent life threatening					
event					
33. Stiff neck					
34. Hematochezia					
35. Seizures					
36. Umbilical drainage					
37. Chest pain					

Goal: Common Conditions Not Referred (Infectious Disease). Diagnose and manage infectious disease conditions that do not require referral.

Objectives	Priority	Teaching				Evaluation	Domain	Skills	PGY	
	Yes/No	Who	Where	Method	Who	Where	Method			
5.57.1 : Diagnose, explain and manage the following infectious diseases:										
 Upper respiratory: common cold, pharyngitis, otitis media and externa, sinusitis and facial cellulitis Oral/pharyngeal: herpetic 										
gingivostomatitis, herpangina, oral thrush										

	(candida), parotitis,						
	parapharyngeal and						
	odontogenic infections and						
	enteroviral enanthems						
З	Middle airway: croup						
5.	syndrome pertussis						
Λ	lower airway, proumonia						
4.	Collamy dial my conlacma						
	(Chiamyulai, mycopiasina,						
	bacteriai, virai), bronchiolitis						
	and latent tuberculosis						
_	infection						
5.	GI tract: esophagitis,						
	enteritides (bacterial, viral,						
	parasitic, antibiotic						
	associated colitis), hepatitis						
	(A, E, G), Helicobacter						
	pylori						
6.	Renal: urinary tract						
	infections, differentiating						
	between pyelonephritis and						
	cystitis						
7.	Genital: urethritis, vaginitis,						
	epididymitis, orchitis,						
	cervicitis and uncomplicated						
	pelvic inflammatory disease						
8.	CNS: aseptic meningitis,						
	post-varicella encephalitis,						
	and acute cerebellar ataxia						
	associated with varicella						
9.	Skin: bacterial (impetigo.						
	cellulitis furuncles						
	carbuncles)						
	dermatophytes candidal						
	dermatitis infestations						
	(scapies and lice) and viral						
	(common warts venereal						
	warts molluscum						
	contagiosum and bernes						
	simpley virus)						
10	Eves: conjunctivitis						
10.	blenharitis hordeolum (sty)						
	and presental (periorbital)						
11	Conullus Daracitos: ninworms						
11.	Tavasites. pilliwolilis,						
	i uxucara canis, ascariasis,						
	nookworm and giardia		1				

12. Systemic: viral exanthems										
(measles, varicella, herpes										
simplex virus, parvovirus,										
rubella, human herpes virus										
6), zoonoses (cat scratch										
disease), and viruses										
(infectious mononucleosis										
syndrome with either										
Epstein-Barr virus,										
Cytomegalovirus, or										
toxoplasma, respiratory										
syncytial virus disease,										
influenza, enterovirus,										
adenovirus)										
13. Perinatal: focal infections of										
the scalp, mastitis,										
omphalitis, Group B strep										
and candidal infections										
14. Infants/toddlers: potential										
occult bacteremia										
15. Adolescents: sexually										
transmitted diseases (see										
genital infections)										
16. Fever without localizing										
signs in various age groups										
Enver in patient with underlying										
disease (e.g., in a patient with										
congonital boart dispaso)										
Cool: Conditions Conorally Def	annad (Inf	actions Dis	aaga) Daaag	nizo ond ir	itiata thaman	win notiont	with info	tions disco	a andition	a
Goal: Conditions Generally Kell	erreu (IIII	ectious Dis	ease). Recog	mze and fr	nuate merap	by in patients	s with infec	cuous uisea	se conultion	15
that require consultation or refer	rrai.									

	1										
Object	ives	Priority		Teaching			Evaluation		Domain	Skills	PGY
		Yes/No	Who	Where	Method	Who	Where	Method			
Identify and ref disease	y, explain, initially manage, fer the following infectious es:										
1.	Upper respiratory: mastoiditis										
2.	Oral/pharyngeal: peritonsillar, retropharyngeal and dental abscesses										
3.	Middle airway: epiglottitis, bacterial tracheitis,										

	pertussis (symptoms						
	requiring further evaluation						
	and/or admission)					1	
4	Lower airway: fundal						
	proumonia covoro or						
	pheumonia, severe of						
	complicated pneumonia,						
	parapneumonic errusion,						
_	empyema and lung abscess						
5.	Heart: endocarditis,						
	thrombophlebitis,						
	pericarditis, myocarditis,						
	mediastinitis and acute						
	rheumatic fever						
6.	GI tract: hepatic abcess,						
	cholangitis/cholecystitis,						
	chronic henatitis B C and						
	D hemolytic uremic						
	syndrome nancreatitis						
	appendicitic participation						
	appendicitis, peritonitis and						
-	abscess						
7.	Renai and perinephric						
~	abscesses						
8.	Genital: complicated PID						
_	and tubo-ovarian abscess						
9.	Musculoskeletal:						
	osteomyelitis, septic						
	arthritis, discitis and						
	pyomyositis						
10.	CNS: complicated bacterial						
	meningitis, brain abscess,						
	epidural, subdural and						
	paraspinal abscesses.						
	encephalitis, transverse						
	mvelitis peripheral						
	neuronathies (dinhtheria						
	hotulism tetanus) acute						
	corobollar ataxia pot						
	cerebellar ataxia not						
	associated with varicella						
	and Guillain-Barre, acute						
	disseminated						
	encephalomyelitis (ADEM),						
	and partially treated					1	
	meningitis					1	
11.	Soft tissue: staphylococcal					1	
	scalded skin, toxic					1	
	epidermal necrolysis,					1	

facciitic						
12 Every exhibition colludities						
12. Eyes: orbital cellulius,						
keratitis and						
endophthalmitis						
13. Systemic:						
zoonoses/arthropod borne						
disease (brucella,						
leptospirosis, cat scratch,						
Ehrlichia, tularemia, Lyme,						
Rocky Mountain spotted						
fever) and Kawasaki disease						
14 Intrauterine infections						
CMV rubella parvovirus						
B19 synhilis						
toxonlasmosis hernes						
simpley virus (HSV) and						
varicella						
15 Other: propatal exposure to						
13. Other: prenatal exposure to						
initiational instance of finite and						
acquired immunodeficiency						
syndrome, tuberculosis,						
systemic fungal infections,						
disseminated gonococcal						
infection, endotoxin shock,						
toxic shock, fever of						
unknown origin, fever and						
neutropenia, fever in						
immunocompromised						
patients						
16. Immunocompromised						
hosts: acquired						
immunodeficiency						
syndrome, chemotherapy,						
steroid suppression, primary						
immunodeficiency and						
organ or stem cell						
transplant recipient						
17 Nowborn, parinatal hornes						
17. New Donn. permatal nerpes,						
perinatal systemic rungal,						
varicella and enteroviral						
sepsis						
5.58.2 : Identify the role and						
general scope of practice of						

infectious diseases; recognize					
situations where children benefit					
from the skills of specialists trained					
in the care of children; and work					
effectively with these professionals					
to care for children with infectious					
diseases.					

GOAL: Human Immunodeficiency Virus (HIV). Recognize, screen for, refer and co-manage patients with HIV.

Objectives	Priority		Teaching		-	Evaluation		Domain	Skills	PGY
	Yes/No	Who	Where	Method	Who	Where	Method			
5.59.1 : Describe the										
pathophysiology, natural history,										
presenting signs and symptoms,										
and associated opportunistic										
infections in patients with HIV.										
5.59.2 : Identify the risk factors for										
perinatal transmission of HIV, tests										
for screening and confirmatory										
diagnosis, and indications for										
referral, including asymptomatic HIV										
infected patients.										
5.59.3 : Describe risk factors and										
symptoms that should prompt										
testing for HIV infection in										
neonates, children and adolescents.										
5.59.4 : Review HIV infection, the										
related risks of opportunistic										
infections, the use of laboratory										
parameters (e.g., CD4 counts and										
viral load measures) to monitor										
clinical course, general treatment										
modalities (including										
chemoprophylaxis), and the										
common complications and toxicities										
of anti-HIV medications.										
5.59.5 : Identify the indicators for										
referral of the patient to an										
infectious disease specialist.										
5.59.6 : Demonstrate the ability to										
obtain proper informed consent for										
HIV testing, including legal										

requirements in one's locale.										
GOAL: Use of Antibiotics. Use	antibiotic	s annronri	ately in man	aging infecti	ons in child	ren.	11			
Objectives	Priority	ority Teaching Evaluation				Domain	Skills	PGV		
objectives		Who	Whore	Mathad	Who	Whore	Mathad		D KIII5	101
F CO 1 · When envire few mediateic	103/10	VV IIO	vv liete	Ivicuiou	VV IIO	where	wieulou			
5.60.1 : when caring for pediatric										
determine when and whether drug										
therapy should be instituted										
therapy should be instituted.										
5 60 2 : For common infections										
demonstrate the ability to select an										
appropriate antibiotic dose and										
route based on antimicrobial										
mechanism of action spectrum of										
activity adverse effects drug										
interactions drug penetration and										
relative costs.										
5.60.3 : For certain common										
infections, such as otitis media and										
sinusitis, describe the circumstances										
when withholding antibiotic										
treatment may be safe and										
effective, what precautions should										
be used when withholding drug										
therapy, and strategies for										
achieving parental acceptance of										
withholding/delaying antibiotics.										
5.60.4 : Correctly prescribe										
antimicrobials based upon										
knowledge of local										
susceptibility/resistance patterns for										
common pathogens.										
5.60.5 : Review the role and										
thought process of the specialist										
when dealing with patients who										
have complex or life threatening										
illnesses, such as the use of static										
vs. bactericidal drugs, drug										
combinations and synergies, and										
monitoring patients for toxicity and										
efficacy.										
5.60.6 : Develop familiarity with										
several reliable resources for										
information on common antibiotics,										
resistance patterns and new										

treatments for infectious diseases, and consistently use current information when prescribing antibiotics.					
Radiologic interpretation:					
abdominal X-ray					
Radiologic interpretation:					
cervical spine X-ray					
Radiologic interpretation: chest					
X-ray					
Radiologic interpretation: CT of					
head					
Radiologic interpretation:					
extremity X-ray					
Radiologic interpretation: GI					
contrast study					
Radiologic interpretation: lateral					
neck X-ray					
Radiologic interpretation: MRI					
of head					
Radiologic interpretation: renal					
ultrasound					
Radiologic interpretation:					
skeletal X-ray (incl. abuse)					
Radiologic interpretation: skull					
film for fracture					

Source

Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 04/19/2007]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

Legend

Teaching Methods	RRC Domains
A. Clinical encounter	PC – Patient Care
B. Lecture	MK – Medical Knowledge
C. Seminar or a small group	PBLI – Practice-based Learning and Improvement
D. Assigned reading	COM – Interpersonal Skills and Communication
E. Case conference	PRO – Professionalism
F. Morning report	SBP – Systems-based Practice
G. Grand rounds	
H. Presentation	
I. AV media module	
J. Web-based module	
K. Journal reading/presenting	
L. M&M conference	
M. Portfolio	
N. Quality improvement activity	

O. Supervised activity		
 O. Supervised activity Evaluation Methods a. Global rating b. Direct observation with checklist c. Consensus opinion/multiple raters d. 360 rating e. Written examination f. Patient survey g. Case/procedure log h. Conference attendance log i. EBM activity log j. QI activity assessment 	 Basic Clinical and Professional Skills Perform an appropriate clinical exam Appropriately use diagnostic studies, procedures and labs Apply sound decision-making and clinical judgment Use medications and therapies safely and effectively Manage and advocate for the whole patient Skillfully and empathically manage patient's acute or terminal illness, or death. Effectively and empathically communicate with patients and families. Effective data gathering from history and 	 Effective teaching of students, colleagues, other professionals and lay groups. Develop and demonstrate effective leadership and collaboration skills. Function as a consultant to other physicians and health professionals Use consultations and referrals effectively Develop responsible and productive work habits and professional responsibility. Develop personal responsibility and balance personal and professional interests. Understand basic principles in medical ethics and identify issues.
 k. Systems error activity/discussion l. Self assessment m. Individual learning plan n. Critical incident discussion 	 Promotion of patient education and counseling. Effective use of telephone communications. Professional communication and collaboration in healthcare teams. Maintain accurate, legible, timely and legally appropriate medical records when caring for patients. 	 20. Understand legal issues in pediatric practice 21. Develop skills in life-long learning and self- assessment. 22. Responsible use of information technology in decision-making and patient management. 23. Critically read and apply scientific evidence/research to patient care. 24. Formulate career plans.