

Child and Adolescent Psychiatry

Description:

Pediatric patients with psychiatric disorders can have widely varied presentations and management plans. This rotation is meant to introduce the pediatric resident to the initial evaluation and management of children and adolescents with psychiatric disorders.

Note:

The goals and objectives described in detail below are not meant to be completed in a single one month block rotation but are meant to be cumulative, culminating in a thorough and complete child and adolescent experience at the end of residency.

Primary Goals for this Rotation

GOAL: Prevention (Dev-Beh). Understand the role of the pediatrician in the prevention of developmental and behavioral problems in children.

Describe the common prenatal influences that impair typical development.

Describe the common postnatal influences that impair typical development.

Describe the common environmental, social and family influences that promote optimal development and behavior of a child.

Describe the common environmental, social and family influences that interfere with the typical development and behavior of a child.

Refer patients at risk to appropriate early intervention services and specialists.

Advocate for patients with special developmental, behavioral, and educational needs.

GOAL: Normal vs. Abnormal (Dev-Beh). Develop a working knowledge of typical development and behavior for children and families and apply this knowledge in the clinical setting to differentiate normal from abnormal states.

Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.

Identify major theories of development.

Discuss how different developmental domains interact and influence one another at different stages of development.

Counsel families on the variations within typical development.

Identify "red flags" of abnormal development.

Describe a child's typical progress in each of the following developmental domains,

identify signs of abnormal development, and provide parents with counseling concerning:

1. Cognitive skills
2. Fine and gross motor skills
3. Receptive and expressive language
4. Social/emotional development
5. Self-help and adaptive behaviors

For the common domains of child behavior:

1. Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.
2. Identify major theories of behavioral development.
3. Discuss how different developmental and behavioral domains interact and influence one another at different stages.
4. Counsel families on the variations within typical behavior.
5. Diagnose "red flags" of abnormal behavior.

Describe a child's typical progress in each of the following behavioral domains, identify signs of abnormal development, and provide parents with counseling concerning:

1. Attachment (bonding)
2. Autonomy
3. Elimination
4. Eating
5. Sexuality
6. Sleep
7. Temperament

Counsel parents about typical parenting issues (related to child development, behavior, health and safety, family adjustment).

Diagnose and manage specific pediatric behavioral, developmental and medical problems using knowledge and insight about family development and family systems theory.

Recognize and differentiate between developmentally-appropriate coping strategies used by children and their families to contend with illness and medical interventions, and common ineffective coping strategies, including non-compliance.

Use standardized, validated and accurate developmental and behavioral screening instruments, plus skills in interview, exam and medical knowledge to identify patterns of atypical development, such as:

1. ADHD home and school questionnaires (e.g., Vanderbilt, Connors)
2. Behavioral screening questionnaire (e.g., Eyberg Child Behavior Inventory, Pediatric Symptom Check List, PEDS, ASQ-SE)
3. Developmental screening tools reliant on parental report (e.g., ASQ, PEDS, CDIs)
4. Developmental screening tools requiring direct elicitation and measurement of children's behavior (e.g. Brigance, Battelle, Bayley Infant Neurodevelopmental Screener, SWILS)
5. Hearing screening (general, pure tone audiometry, otoacoustic emissions)

6. Language screening
7. Home and parent risk assessment tools to screen for social concerns, e.g., alcohol abuse, domestic violence, depression (e.g., Family Psychosocial Screen, Edinburgh Depression Inventory)

Select, perform and/or interpret appropriate clinical tests to establish a medical etiology of identified developmental and/or behavioral problems, such as:

1. Blood tests to rule out organic or genetic conditions (such as thyroid function, lead screen, genetic testing, metabolic screening)
2. Neuroimaging studies and others (such as head MRI)

Demonstrate familiarity with commonly used clinical and psychoeducational testing used by specialists to evaluate and monitor children with developmental and behavioral problems.

1. Identify common measures of intelligence used with infants, preschool and school age children (e.g., WPPSI, WISC-III, K-ABC).
2. Recognize common diagnostic measures of achievement, speech-language, and adaptive behavior (e.g., WRAT-R, Vineland Adaptive Behavior Scales, Preschool Language Scale-IV).
3. Understand the meaning of quotients and percentiles, the range of possible scores, common averages and standard deviations.
4. Know the scores typically observed in children with specific developmental conditions such as mental retardation, learning disabilities, giftedness, etc.

GOAL: Anticipatory Guidance (Dev-Beh). Provide appropriate anticipatory guidance related to common developmental and behavioral issues.

Provide anticipatory guidance to parents about expected behaviors or milestones at a child's next developmental level.

Provide anticipatory guidance to families about developmental aspects of injury prevention, common behaviors (i.e., feeding), discipline, and child's approach to the physical exam and interview.

Provide anticipatory guidance, developmental promotion, and counseling for the following issues and problems:

1. Adoption
2. Children at risk due to poverty, abuse or neglect, etc.
3. Behavioral management and positive disciplinary techniques
4. Normal independence seeking and limit testing behaviors
5. Positive attention
6. Warnings and punishment
7. Day care
8. Death of a family member
9. Developmental disabilities, including transition needs from infancy through adolescence and young adulthood
10. Divorce
11. Early intervention programs
12. Eating problems
13. Exposure to violence
14. Gifted children
15. Habits (thumb sucking and nail biting)
16. Typical sleep patterns
17. Parenting in a variety of settings, such as adoptive, foster, single parents, step or "blended" families, etc.
18. Peer relationships and social skills
19. Resiliency
20. School success and failure
21. Self-esteem
22. Sexuality (typical patterns of sexual behavior, masturbation, sexual preference, sexually transmitted diseases, birth control)
23. Sibling rivalry
24. Sleep problems
25. Substance abuse
26. Television, video, computer and media
27. Toilet training
28. Preschool and kindergarten readiness
29. Study skills and home work assistance
30. Promoting speech and language development
31. Literacy promotion
32. Separation issues
33. Bullying

GOAL: Undifferentiated Signs and Symptoms (Dev-Beh). Evaluate and manage common developmental-behavioral signs and symptoms in infants, children, and adolescents.

For developmental-behavioral signs and symptoms in infants, children, and adolescents:

Perform an appropriate problem-oriented interview and physical examination.

Obtain additional information from other related sources (e.g., day care, school).

Formulate a differential diagnosis, including typical variants where appropriate.

Use structured screening instruments as appropriate.

Formulate and carry out a plan for evaluation.

Develop a management plan with the patient and family.

Demonstrate effective communication to insure accurate history-taking, patient and family understanding, mutual decision-making, and adherence to therapy.

Provide appropriate follow-up, including case management, when multiple disciplines are involved.

Evaluate and manage the following developmental-behavioral signs and symptoms, provide appropriate counseling to parents or patients, and identify appropriate referral resources:

1. Inattention
2. Hyperactivity
3. Delay in a single developmental domain
4. Delay in multiple developmental domains
5. Sleep disturbances
6. Elimination disturbances
7. Feeding disturbances
8. Poor academic performance
9. Loss of developmental milestones
10. Regression of behavioral self-control
11. Excessive out-of-control behaviors (e.g., anger outbursts)
12. Abrupt change in eating, sleeping, and/or socialization
13. Anxiety
14. Depressed affect
15. Grief
16. Sexual orientation issues
17. Gender identity issues
18. Somatic complaints
19. Obsessive-compulsive symptoms
20. Separation anxiety
21. Tics
22. Somatic complaints
23. Violence
24. Excessive concerns about body image

GOAL: Common Conditions Not Referred (Dev-Beh). Recognize and manage common developmental and behavioral conditions that generally do not require referral.

For the common developmental-behavioral problems commonly observed in infants, children, and adolescents:

Describe diagnostic criteria, applying DSM-PC codes that determine variation, problem, or condition.

Discuss environmental and biologic risk factors.

Explain alternative or co-morbid conditions.

Describe natural history and common variations.

Implement assessment appropriate to the primary care setting, including input from home, school and other environments as necessary.

Implement individualized case management.

Counsel parents in age-appropriate intervention.

Describe indications for referral to other professionals for evaluation or treatment.

Execute appropriate referrals to mental health and other professionals and other community resources.

Recognize and manage, and counsel parents and patients concerning the following common developmental and behavioral problems that do not generally require referral:

1. Adjustment reactions
2. Attention deficit hyperactivity disorder, uncomplicated
3. Breath-holding spells
4. Physiologic crying in infancy and colic
5. Oppositional behavior
6. Difficulties with parenting and discipline
7. Encopresis
8. Enuresis
9. Failure to thrive
10. Fears and anxiety
11. Habits (nail biting, hair twirling, etc.)
12. School avoidance/refusal
13. Sleep-wake cycle disturbances
14. Stress reactions
15. Temper tantrums
16. Head banging
17. Simple motor tic
18. Typical separation anxiety
19. Functional pain
20. Mild depression

GOAL: Pediatric Competencies in Brief. Demonstrate high standards of professional competence while working with patients under the care of a subspecialist.

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.

Gather essential and accurate information using the following clinical skills: medical interviewing, physical examination, diagnostic studies and developmental assessments.

Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment, using clinical problem-solving skills, recognizing the limits of one's knowledge and expertise, gathering appropriate information and using colleagues and consultants appropriately.

Develop and carry out patient care plans, using principles of evidence-based decision-making and appropriate prioritization, and taking into account the needs, beliefs and resources of patient and family.

Effectively use common therapies within the scope of general pediatric practice, including a variety of prescription and non-prescription medications, intravenous fluids, and inhalation treatments, as well as special diets and nutritional supplements. Be familiar with therapies commonly used by subspecialists and other professionals who care for children.

Prescribe and perform competently all medical procedures considered essential for the scope of general pediatric practice; be familiar with those procedures commonly used by subspecialists and other professionals who care for children.

Counsel patients and families in a supportive manner so they can understand their illness or injury and its treatment, share in decision-making, make informed consent and participate actively in the care plan.

Provide effective preventive health care and anticipatory guidance to patients and families.

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.

Demonstrate that you know or can efficiently access the knowledge base needed for effective patient care.

Critically evaluate current medical information and scientific evidence and modify your knowledge base accordingly.

Recognize the limits of one's knowledge and expertise by seeking information needed to answer clinical questions and using consultants and referrals appropriately. Use this process to guide life-long learning plans.

Apply current medical information and scientific evidence effectively to patient care (e.g., use an open-minded, analytical approach, sound clinical judgment, and appropriate attention to priorities).

Competency 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.

Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

Develop effective approaches for teaching students, colleagues, other professionals and lay groups.

Work effectively as a member or leader of a health care team, and collaborate productively with professional organizations.

Serve as a consultant on pediatric matters to other physicians and health professionals.

Maintain comprehensive, timely and legible medical records.

Competency 4. Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

Use scientific methods and evidence to investigate, evaluate and improve one's own patient care practice; continually strive to integrate best evidence into one's daily practice of medicine.

Systematically assess the health care needs of one's practice population, and use this information to direct population-based problem-solving, with special attention to preventable morbidity and risk.

Demonstrate willingness and capability to be a life-long learner by pursuing answers to clinical questions, using journal articles, texts, information resources, patients, colleagues and formal teaching conferences.

Be prepared to alter one's practice of medicine over time in response to new discoveries and advances in epidemiology and clinical care.

Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g., use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

Competency 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

Demonstrate commitment, responsibility, and accountability for patient care, including continuity of care.

Be honest and use integrity in your professional duties.

Consistently use compassion and empathy in one's role as a physician.

Maintain professional boundaries in one's dealings with patients, family, staff, and professional colleagues.

Place the needs of patients and society over your own self-interest.

Demonstrate sensitivity and responsiveness to patients' and colleagues' gender, age, culture, disabilities, ethnicity, and sexual orientation.

Meet high standards of legal and ethical behavior.

Develop a healthy lifestyle, fostering behaviors that help balance personal goals and professional responsibilities. Recognize and respond to personal stress and fatigue that might interfere with professional duties.

Competency 6. Systems-Based Practice. Understand how to practice quality health care and advocate for patients within the context of the health care system.

Know how types of medical practice and delivery systems differ from one another with respect to how they control health care costs, allocate resources, and assure quality.

Practice cost-effective health care and resource allocation that does not compromise quality of care.

Advocate for patients in one's practice by helping them with system complexities and identifying resources to meet their needs.

Work with health care managers and providers to assess, coordinate, and improve patient care, consistently advocating for high quality.

Advocate for the promotion of health and the prevention of disease and injury in populations.

Acknowledge medical errors and develop practice systems to prevent them.

Rotation Specific Competencies

Patient Care:

1. Understands and weighs alternatives for diagnosis and treatment
2. Elicits subtle findings on physical examination including a thorough psychiatric history
3. Obtains a precise, logical, and efficient history
4. Is able to manage multiple problems at once
5. Develops and carries out management plans
6. Competently understands/performs/interprets procedures:
 _____ ADHD Questionnaires: Interpretation
 _____ Psychoeducational Testing: Types, Indications, and Interpretation

Medical Knowledge:

1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
2. Applies the basic science, clinical, epidemiologic, and social-behavioral knowledge to the care of the patient

Interpersonal Skills and Communication:

1. Creates and sustains therapeutic and ethically sound relationships with patients and families
2. Provides education and counseling to patients, families, and colleagues
3. Works effectively as a member of the health care team

Practice-based Learning and Improvement:

1. Undertakes self-evaluation with insight and initiative
2. Facilitates the learning of students and other health care professionals

Professionalism:

1. Is honest, reliable, cooperative, and accepts responsibility
2. Shows regard for opinions and skills of colleagues
3. Is responsive to needs of patients and society, which supersedes self-interest

Systems Based Practice:

1. Applies knowledge of how to partner with health care providers to assess, coordinate and improve patient care
2. Advocates for high quality patient care and assists patients in dealing with system complexity

References:

1. American Board of Pediatrics, Content Specification, 2007
2. Ambulatory Pediatric Association
3. Association of Pediatric Program Directors
4. Pediatric RRC, January 2006