

Outpatient Pediatrics, Continuity Clinic, and Office Based Rotations

Description of Rotation:

Residents on the outpatient rotation will examine and evaluate patients presenting with acute or chronic conditions. Their findings, impressions, and plans will be presented to an attending physician. The attending physician will examine all patients presented by PL-1 residents in their first six months of training. As residents gain more knowledge and experience, they will be given more autonomy.

Residents will see their own private patients in their continuity clinic. Each resident will have their continuity clinic one half day per week. This will allow residents to follow patients longitudinally throughout their three years of residency training. These patients may be acquired through the newborn nursery, the emergency room, the inpatient service, or the general pediatric clinic.

Responsibilities:

Residents will arrive in the clinic at 8 am. They are expected to stay until all patient care and follow-up activities are completed for the day. They will be respectful to the patients, staff, and each other. They are required to attend the resident lecture series. Residents will notify the clinic director and the scheduling clerk if they are going to be absent. In case of vacation or CME, notification of clinic cancellation should occur as early as possible to allow for rescheduling of patients.

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 outpatient experience at the end of residency.

Primary Goals for this Rotation

GOAL: 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.

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).

Perform a family centered health supervision interview.

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

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

1. Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).
2. Identify patient and parental concerns regarding development, school, and/or work.
3. Perform standardized, validated, accurate developmental screening tests for infants and children until school age.

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

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

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).

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, risk for lead exposure).

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

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:

1. Promotion of healthy habits (e.g., physical activity, reading, etc.)
2. Injury and illness prevention
3. Nutrition
4. Oral health
5. Age-appropriate medical care
6. Promotion of social competence
7. Promotion of positive interactions between the parent and infant/child/adolescent
8. Promotion of constructive family communication, relationships and parental health
9. Promotion of community interactions
10. Promotion of responsibility (adolescence)
11. Promotion of school achievement (middle childhood, adolescence)
12. Sexuality (infancy, early and middle childhood, adolescence)
13. Prevention of substance use/abuse (middle childhood, adolescence)
14. Physical activity and sports

15. Interpretation of screening procedures

16. Prevention of violence

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

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).

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: Common Signs and Symptoms. Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Pediatric Outpatient Department.

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

1. Infancy: malpositioning of feet, hip clicks, skin rashes, birthmarks, jitteriness, hiccups, sneezes, wheezing, heart murmur, vaginal bleeding and/or discharge, foul smelling umbilical cord with/without discharge; undescended testicle, breast tissue, breast drainage, malpositioning of feet, malrotation of lower extremities, 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
2. General: Acute life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain, dental caries, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, variations in appetite, variations in toilet training, overactivity, somatic complaints, poor school performance, attention problems, fatigue, masturbation, anxiety, violence
3. Cardiorespiratory: Apnea, chest pain, cough cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, inadequate respiratory effort, respiratory failure, rhythm disturbance, shortness of breath, stridor, syncope, tachypnea, wheezing
4. Dermatologic: Congenital nevus and other birth marks, ecchymoses, edema, paleness, petechiae, pigmentary changes, purpura, rashes, urticaria, vascular lesions, foul smelling umbilical cord
5. EENT: Acute visual changes; dysconjugate gaze; conjunctival injection; ear or eye discharge; ear, throat, eye pain, edema, epistaxis; nasal foreign body; hoarseness; stridor
6. Endocrine: growth disturbance, short stature, heat or cold intolerance, normal and abnormal timing of pubertal changes, polydipsia, polyuria
7. GI/Nutrition/Fluids: Abdominal pain, mass or distention; ascites; constipation; dehydration; diarrhea; dysphagia; encopresis; hematemesis; inadequate intake of calories or fluid; jaundice; melena; obesity; rectal bleeding; regurgitation; vomiting
8. Genitourinary/Renal: Change in urine color, dysuria, edema, enuresis, frequency, hematuria, oliguria, pain referable to the urinary tract, scrotal mass, pain or edema, trauma to urinary tract or external genitalia, undescended testicle, enuresis
9. GYN: Asymmetry of breast development, abnormal vaginal bleeding, pelvic or genital pain, vaginal discharge or odor; vulvar trauma or erythema, delayed onset of menses, missed or irregular periods
10. Hematologic/Oncologic: Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor

11. 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)
12. Neurologic: Delays in developmental milestones, ataxia, change in sensorium, diplopia, headache, head trauma, hearing concerns, gait disturbance, hypotonia, lethargy, seizure, tremor, vertigo, visual disturbance, weakness
13. Psychiatric/Psychosocial: Acute psychosis, anxiety, behavioral concerns; conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect

GOAL: Common Conditions. Recognize and manage common childhood conditions presenting to the Continuity Clinic and Pediatric Outpatient Department.

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

1. Infancy: Breast feeding, bottle feeding, colic, congenital hip dislocation, constipation, strabismus, colic, 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
2. General: Colic, failure to thrive, fever, overweight, iron deficiency, lead exposure, strabismus, 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)
3. Allergy/Immunology: Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria
4. Cardiovascular: Bacterial endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever
5. 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
6. Endocrine/Metabolic: Diabetes mellitus, diabetes insipidus, evaluation for possible hypothyroidism, growth failure or delay, gynecomastia, hyperthyroidism, precocious or delayed puberty
7. GI/Nutritional: Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, obesity, pancreatitis
8. GU/Renal: Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schonlein purpura, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis
9. Gynecologic: Genital trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body
10. Hematology/Oncology: Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia
11. Infectious Disease: Cellulitis, cervical adenitis, dental abscess with complications, initial evaluation and follow-up of serious, deep tissue infections, laryngotracheobronchitis, otitis media, periorbital and orbital cellulitis, pharyngitis, pneumonia (viral or bacterial), sinusitis, upper respiratory tract infections, viral illness, recurrent infections
12. Musculoskeletal: Apophysitides, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion
13. Pharmacology/Toxicology: Common drug poisoning or overdose, ingestion avoidance (precautions)
14. 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

15. Pulmonary: Asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI
16. Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)

GOAL: Diagnostic Testing. Utilize common diagnostic tests and imaging studies appropriately in the outpatient department.

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).
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.

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

1. CBC with differential, platelet count, RBC indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Hemoglobin A1C
4. Cholesterol
5. Renal function tests
6. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin)
7. Serologic tests for infection (e.g., hepatitis, HIV)
8. CRP, ESR
9. Routine screening tests (e.g., neonatal screens, lead)
10. Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms
11. Tests for ova and parasites
12. Thyroid function tests
13. Culture for bacterial, viral, and fungal pathogens, including stool culture
14. Urinalysis
15. Gram stain
16. Developmental, behavioral and depression screening tests

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

1. Plain radiographs of the chest, extremities, abdomen, skull, sinuses
2. CT, MRI, angiography, ultrasound, nuclear scans (interpretation not expected) and contrast studies when indicated
3. Bone age films
4. Electrocardiogram and echocardiogram

5. Skin test for tuberculosis

GOAL: Monitoring and Therapeutic Modalities. Understand how to use physiologic monitoring and special technology in the Continuity Clinic and Pediatric Outpatient Department, including issues specific to care of the chronically ill child.

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

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

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

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

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

1. Universal precautions
2. Hand washing between patients
3. Isolation techniques
4. Administration of nebulized medication
5. Injury, wound and burn care
6. Oxygen delivery systems
7. Intramuscular, subcutaneous and intradermal injections

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

Demonstrate skills for assessing and managing pain.

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

GOAL: Pediatric Competencies in Brief (Continuity Clinic/Outpatient): Demonstrate high standards of professional competence while working with patients in the continuity and outpatient setting. [For details see Pediatric Competencies.]

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.

1. Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.

2. Provide sensitive support to patients and their families in the outpatient

setting.
3. Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.
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.
1. Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.
2. Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.
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.
1. Provide effective patient education, including reassurance, for conditions common to the outpatient setting.
2. Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.
3. Develop effective strategies for teaching students, colleagues and other professionals.
4. Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.
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.
1. Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.
2. Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.
3. Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.
Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.
1. Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).
2. Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

3. Adhere to ethical and legal principles and be sensitive to diversity.
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.
1. Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.
2. Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.
3. Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
4. Recognize one's limits and those of the system; take steps to avoid medical errors.

Outpatient – Office Based

Third Year Residents rotating in an office based experience will be responsible for the above goals and objectives. In addition, this private practice or rural community outpatient experience is provided to allow the resident the opportunity to develop additional skills, including:

1. Approach/triage/evaluation/management and follow-up of general pediatric patients in a rural or private practice setting with limited resources.
2. Develop some basic knowledge about practice management including billing, scheduling, and systems based practices.

Level Specific Competencies

First Year (PL-1)

Patient Care:

1. Prioritizes a patient's problems
2. Prioritizes a day of work
3. Gathers essential/accurate information via interviews and physical exams in a manner that is respectful of patients and families
4. Provides services that are aimed at preventing disease or maintaining health
5. Competently understands/performs/interprets procedures:

_____ ADHD questionnaires	_____ Hearing Screening
_____ Developmental Screening	_____ Language Screening
_____ Tympanometry	_____ Vision Screening
_____ Throat Swab	_____ Peak Flow Meters
_____ Injections (IM, SC, ID)	_____ Cerumen Removal
_____ Tanner Staging	

Medical Knowledge:

1. Uses written and electronic references and literature to learn about patient diseases
2. Demonstrates knowledge of basic and clinical sciences
3. Applies knowledge to therapy

Interpersonal Skills and Communication:

1. Writes pertinent and organized notes
2. Uses effective listening, narrative, and non-verbal skills to elicit and provide information
3. Works effectively as a member of the health care team

Practice-based Learning and Improvement:

1. Understands his or her limitations of knowledge
2. Asks for help when needed
3. Is self motivated to acquire knowledge
4. Accepts feedback and develops self-improvement plans

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 supercede self-interest
4. Demonstrates sensitivity to patient culture, gender, age, preferences, and disabilities
5. Acknowledges errors and works to minimize them

Systems Based Practice:

1. Is a patient advocate
2. Advocates for high quality patient care and assists patients in dealing with system complexity

Second Year (PL-2)

Patient Care:

1. Understands and weighs alternatives for diagnosis and treatment
2. Elicits subtle findings on physical examination
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	_____ Hearing Screening
_____ Developmental Screening	_____ Language Screening
_____ Tympanometry	_____ Vision Screening
_____ Throat Swab	_____ Peak Flow Meters
_____ Injections (IM, SC, ID)	_____ Cerumen Removal
_____ Tanner Staging	_____ I & D of Abscess
_____ Freeze Skin Lesions	
_____ Wound Care & Suturing	

Medical Knowledge:

1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
2. Applies the basic, clinical, epidemiologic, and social-behavioral science 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 that learning of students and other health care professionals

Professionalism:

- 1. Displays initiative and leadership
- 2. Is able to delegate responsibility to others
- 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. Uses systematic approach to reduce errors

Third Year (PL-3)

Patient Care:

- 1. Makes informed decisions about diagnosis and therapy after analyzing clinical data
- 2. Includes the family when making medical decisions
- 3. Obtains a precise, logical, and efficient history
- 4. Reasons well in ambiguous situations
- 5. Spends time appropriate to the complexity of the problem
- 6. Competently understands/performs/interprets procedures:

_____ ADHD questionnaires	_____ Hearing Screening
_____ Developmental Screening	_____ Language Screening
_____ Tympanometry	_____ Vision Screening
_____ Throat Swab	_____ Peak Flow Meters
_____ Injections (IM, SC, ID)	_____ Cerumen Removal
_____ Tanner Staging	_____ I & D of Abscess
_____ Freeze Skin Lesions	
_____ Wound Care & Suturing	
_____ Sexual Abuse Exams	
_____ Foreign Body Removal (nose or ear)	
_____ Gynecologic Exams (pre & post pubertal)	

Medical Knowledge:

- 1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
- 2. Demonstrates an investigatory and analytic approach to clinical situations

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. Analyzes personal practice patterns and looks to improve
- 2. Compares personal practice patterns to larger populations
- 3. Facilitates the learning of students and other health care professionals

Professionalism:

1. Demonstrates commitment to on-going professional development
2. Is effective as a consultant
3. Is responsive to needs of patients and society, which supersedes self-interest

Systems Based Practice:

1. Demonstrates ability to adapt to change
2. Provides cost effective care
3. Practices effective allocation of health care resources that does not compromise the quality of care

References:

1. American Board of Pediatrics, Content Specification, 2012
2. Ambulatory Pediatric Association
3. Association of Pediatric Program Directors
4. Pediatric RRC, January 2006