Ambulatory Pediatric Goals and Objectives  
PGY – 3

Rotation Description
During this rotation, PGY 3 residents will become proficient in addressing the biomedical and psychosocial health issues of pediatric patients. Pediatric health care addresses the unique, multidisciplinary aspects of issues affecting children. In providing a wide range of medical services, the family medicine resident will provide preventive and wellness care, diagnose general medical illnesses and disease processes unique to kids. They will develop the procedural skills to manage common pediatric disorders seen in primary care. PGY 3 residents will complete 2 block rotations in Pediatrics.

Goals and Objectives:

Patient Care
1. Cares for acutely ill patients presenting with common pediatric conditions in urgent and emergent situations in all settings
   a. Appropriately manages upper respiratory infections, including otitis media and pharyngitis, urinary tract infections, cellulitis, acute gastroenteritis, asthma exacerbation, dehydration, rashes, seizures and pink eye.
   b. Identifies patients presenting with acute abdomen and respiratory failure.
2. Cares for patients with chronic pediatric conditions seen in primary care
   a. Become proficient in the examination of routine newborn and well child care, including screening, growth and development, immunizations, and anticipatory guidance.
   b. Provide age appropriate counseling and age appropriate anticipatory guidance.
   c. Develop proficiency in caring for common developmental, behavioral, and psychosocial pediatric problems such as child abuse, including referral to appropriate agencies and community support services.
3. Obtains complete histories, interprets vital signs, perform appropriate physical examinations, develops an appropriate DDx in pediatric patients with common symptoms and effectively presents findings to a pediatrician.
4. Partners with patients family’s, and community to improve health through disease prevention and health promotion
   a. Demonstrates awareness of recommendations for health maintenance and screening guidelines developed by USPSTF, AAP and AAFP.
   b. Arranges a multidisciplinary approach and coordinates patient care with other health care team members

Medical Knowledge
1. Has sufficient medical knowledge to practice pediatrics in a primary care setting as a FM resident.
   a. Appropriately uses, performs and interprets diagnostic tests and procedures.
2. Applies critical thinking skills in pediatric care
a. Understands the differential diagnosis, diagnostic approach (including history, physical exam, laboratory and imaging assessments, and clinical reasoning) and management of patients with common diagnosis.

3. Understands the psychosocial impact of chronic pediatric disorders on patients and family.

**Interpersonal and Communication Skills**

1. Develops meaningful, therapeutic relationships with patients and their family
   a. Creates a non-judgemental and safe environment
   b. Respects the health care decisions made by parents that may impact the pediatric patient

2. Demonstrates effective communication with patients and their family
   a. Participates in family meeting to discuss patients condition, prognosis and treatment plan
   b. Engages patient’s family perspective in shared decision making

3. Effectively communicates and works collaboratively with all staff, including resident physicians, attending physicians, specialists and clinic personnel in a way that fosters mutual respect and effective patient care.
   a. Maintains accurate medical records regarding patient encounters including procedures and consults.

**Practice-Based Learning and Improvement**

1. Locates, appraises, and assimilates evidence from scientific studies related to the patients’ health problems
   a. Utilizes the best evidence in caring for patients with or at risk for various pediatric conditions.
   b. Critically evaluates information from others, including colleagues, experts, pharmacists, and patient’s family
   c. Formulates a searchable question from a clinical scenario
   d. Learns how to critically evaluate literature about current pediatric care.

2. Demonstrates self-directed learning
   a. Uses information technology to manage and retrieve information about pediatrics and supports own education.
   b. Uses feedback to improve learning and performance
   c. Applies medical knowledge learned in diagnostics lab and peds clinic to their own continuity patients and disseminates the learned information to others to facilitate learning.

3. Improves systems in which the physician provides care
   a. Able to implement changes in patient care based on new information obtained from attending rounds, clinical experience, review of the literature, office experience and other sources.
Professionalism
1. Completes a process of professionalization
   a. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with patients.
   b. Dress appropriately and maintain good personal hygiene in accordance with clinic policy
2. Maintains emotional, physical, and mental health; and pursues continual personal and professional growth
   a. Maintain patient privacy adhering to standards set forth by HIPAA.
   b. Recognizes fatigue, sleep deprivation and impairment
3. Demonstrates professional conduct, accountability and good work habits
   a. Recognizes the importance of timeliness, efficiency, and punctuality.
   b. Recognize his or her own practice limitations and seeks consultation with other health care professionals and resources when necessary to provide optimal patient care
4. Demonstrates humanism and cultural proficiency
   a. Recognizes impact of culture on health and health behaviors
   b. Consistently demonstrates compassion, respect and empathy.
   c. Shows sensitivity and responsiveness to patients’ and families’ culture, race, gender, sexual orientation, age, socioeconomic status and physical or mental disabilities.

Systems-Based Practice
1. Emphasizes patient safety for patients with common pediatric disorders
   a. Verifies patient identification with at least 2 identifiers
   b. Recognizes the mechanisms that result in medical errors
2. Provides cost-conscious medical care
   a. Demonstrates an awareness of and responsiveness to the larger context and system of health care
   b. Gains an understanding of procedure coding and basic insurance reimbursement for pediatric care.
   c. Able to call effectively on other resources to provide optimal care to patients with pediatric conditions.
3. Coordinates team based care
   a. Appropriately utilizes consultation and referrals to specialists in the management and co-management of pediatric conditions or concerns.
   b. Is aware of the hand-off process for transitions of care

Syllabus:
I. Ambulatory Pediatrics
   A. Well newborn and child care
      a. Recommended schedule and content of examinations from birth to adolescence
      b. Anticipatory guidance appropriate to age and developmental stage
         i. Circumcision
ii. Feeding options and variations
iii. Temperament and behavior
iv. Colic
v. Developmental stages and milestones
vi. Developmental screening tests
vii. Family and social relationships
viii. Effective parenting
ix. School readiness (including school failure, bullying, and peer pressure)
x. Sleep problems
xi. Physical activity and exercise
xii. Use of over-the-counter (OTC) medications and complementary and alternative medicine (CAM)
xiii. Drug usage (OTC, prescribed, or illicit) in lactation
xiv. Failure to thrive
xv. Obesity
c. Adolescent screening for risk-taking behaviors, sexual activity, and psychiatric disorders
d. Sexual development and Tanner staging
  i. Reproductive health maintenance and health promotion

B. Prevention and screening
a. Injury prevention
   i. Motorized vehicles and unmotorized vehicles (e.g., bicycles, skates, skateboards)
   ii. Drowning, Choking and asphyxiation
   iii. Poisoning and toxin exposures
   iv. Firearms
   v. Falls
   vi. Burns and fire safety
b. Child abuse
  c. Immunizations
d. Screening
   i. Anemia, Lead and Fluoride
   ii. High-risk children (e.g., lipids, tuberculosis [TB], other infectious diseases)
   iii. Hypertension
   iv. Vision and Hearing
   v. Other environmental health issues: actinic damage, media exposure, violence

C. Psychological disorders
a. Recognize families with high risk for parent-child interaction problems, dysfunction, or psychiatric problems
b. Evaluation, treatment, and referral for:
   i. Somatic symptom disorder and related disorders
   ii. Sleep-wake disorders
   iii. Psychiatric disorders
iv. Neurodevelopmental disorders
   1). Intellectual developmental disorder
   2). Attention-deficit/hyperactivity disorder (ADHD)
   3). Tic disorders
   4). Learning disorders
   5). Autism spectrum disorder

D. Social and ethical issues
   a. Adoption
   b. Divorce, separation, and death
   c. Impact of family violence and drug/alcohol abuse
   d. Child abuse
   e. Non-traditional families

E. Genetics
   a. Common chromosomal abnormalities
   b. Screening issues (including ethical, legal, and social implications)
   c. Appropriate referral for necessary genetic diagnosis and counseling

F. Diagnosis, management, and appropriate referral of medical problems in infants and children
   a. Allergic/immunologic
      i. Asthma
      ii. Atopy and eczema
      iii. Allergic rhinitis
      iv. Anaphylaxis
      v. Immunodeficiency
   b. Inflammatory
      i. Arthritides including juvenile idiopathic arthritis (formerly juvenile rheumatoid arthritis)
      ii. Vasculitis syndromes
         1). Kawasaki disease
         2). Henoch-Schönlein purpura
         3). Wegener granulomatosis
      iii. Rheumatic fever
      iv. Systemic lupus erythematosus (SLE)
      v. Juvenile dermatomyositis
   c. Renal and urologic
      i. Glomerulonephritis
      ii. Hematuria and proteinuria
      iii. Urinary tract infections, including pyelonephritis
      iv. Vaginitis
      v. Vesicoureteral reflux
      vi. Hypospadias, urethral prolapse, labial adhesions
      vii. Enuresis
viii. Undescended testis
ix. Hydrocele
x. Phimosis and foreskin adhesions
xi. Nephrolithiasis
xii. Electrolyte and acid-base imbalance (mild)

d. Endocrine/metabolic and nutritional problems
i. Thyroid disorders
ii. Diabetes (type 1 and type 2)
iii. Dyslipidemia (familial or acquired)
iv. Adrenal disorders

e. Neurologic problems
i. Seizure disorders (including non-epileptic seizures)
ii. Headache
iii. Syncope
iv. Psychomotor delay and cerebral palsy
v. Altered mental status
vi. Ataxia
vii. Traumatic brain injury, including concussion
viii. Macrocephaly and microcephaly

f. Common skin problems
i. Atopic, contact, and other dermatitides
ii. Psoriasis
iii. Viral and other exanthems
iv. Verruca vulgaris
v. Nevi
vi. Bites and stings
vii. Bacterial and fungal infections
viii. Parasites (lice, scabies, and bed bugs)
ix. Diaper rash
x. Acne
xi. Urticaria
xii. Erythema multiforme
xiii. Burns
xiv. Hair loss

g. Musculoskeletal problems
i. Clubfoot
ii. Pes planus and pes cavus
iii. Developmental dysplasia of the hip
iv. Genu valgum and genu varum
v. Rotational problems and gait abnormalities
  1). In- and out-toe ing
  2). Metatarsus adductus
  3). Medial tibial torsion
  4). Femoral anteversion
vi. Scoliosis (idiopathic or acquired)
vii. Aseptic necrosis of the femoral head (Legg-Calvé-Perthes disease)
viii. Slipped capital femoral epiphysis
ix. Nursemaid’s elbow
x. Other common sprains, dislocations, and fractures
xi. Limping differential by age group
xii. Apophysitis (Osgood-Schlatter disease and Sever disease)
xiii. Preparticipation physical evaluation

h. Gastrointestinal problems
i. Gastroenteritis (viral, bacterial, and parasitic)
ii. Dysphagia
iii. Chronic diarrhea
iv. Constipation and encopresis
v. Hepatitis
vi. Gastroesophageal reflux
vii. Ulcers
viii. Food intolerance and malabsorption, protein-calorie malnutrition
ix. Pyloric stenosis
x. Intussusception
xi. Volvulus
xii. Meckel diverticulum
xiii. Recurrent and chronic abdominal pain
xiv. Hernia
xv. Inflammatory bowel disease (Crohn disease, ulcerative colitis)
xvi. Irritable bowel syndrome
xvii. Celiac disease
xviii. Appendicitis
xix. Pancreatitis
xx. Cholecystitis
xxi. Bilious emesis
xxii. Hematemesis
xxiii. Hematochezia
xxiv. Jaundice in the non-neonate

i. Cardiovascular problems
i. Congenital heart disease and valvular disease
ii. Acquired heart disease
iii. Evaluation of heart murmurs
iv. Syncope
v. Innocent and pathologic murmurs

j. Respiratory tract problems
i. Viral upper respiratory tract infections
ii. Reactive airway disease and asthma
iii. Cystic fibrosis
iv. Bronchiolitis
v. Foreign body aspiration
vi. Viral or bacterial pneumonia
vii. Pertussis
viii. Tonsillitis, pharyngitis, sinusitis
ix. Epiglottitis
x. Croup
xi. Epistaxis
xii. Bacterial tracheitis
xiii. Snoring
xiv. Obstructive sleep apnea
xv. Apparent life-threatening events (ALTEs), blue spells
xvi. Sudden infant death syndrome (SIDS)

k. Ear problems
   i. Otitis media (acute and with effusion)
   ii. Otitis externa
   iii. Hearing loss
   iv. Wax and foreign body in ear canal

l. Eye problems
   i. Amblyopia
   ii. Strabismus
   iii. Lacrimal duct stenosis (dacryocystitis)
   iv. Decreased visual acuity
   v. Conjunctivitis
   vi. Other causes of red eye
   vii. Congenital cataracts
   viii. Coloboma
   ix. Hordeolum and chalazion
   x. Periorbital and orbital cellulitis

m. Mouth problems
   i. Cleft lip and palate, including feeding strategies
   ii. Dental caries and abscess
   iii. Tooth eruption (normal and abnormal variants)
   iv. Aphthous stomatitis
   v. Common infections (e.g., thrush, cold sores, herpangina)
   vi. Developmental oral lesions (e.g., geographic tongue)

n. Lymphatic problems
   i. Reactive lymphadenopathy
   ii. Cervical adenitis

o. Childhood malignancies
   i. Lymphoma
   ii. Neuroblastoma
   iii. Wilms tumor
   iv. Leukemia
   v. Retinoblastoma
   vi. Central nervous system (CNS) tumors

p. Hematologic problems
i. Anemias
ii. Hemoglobinopathies, including thalassemia and sickle cell
iii. Thrombocytopenia
iv. Bleeding diathesis
v. Thrombophilias

Assessment:
1. Assessment by the Pediatrician on a daily basis through direct observation
2. Formal evaluation at the completion of the rotation by the Pediatrician

Reading Assignments

### Block/Week Schedule: Pediatric Rotation Community Clinic (Peds R) – PGY3

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### Block/Week Schedule: Pediatric Rotation RCRMC (Peds C) – PGY3

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