

Ambulatory Rotation (KHC/Lied Clinic)
Competency Based Goals and Objectives

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. 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).
2. Perform a family centered health supervision interview.
3. Perform age appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring (e.g. ASQ survey).
4. Critically observe interactions between the parent and the infant, child, or adolescent.
5. Perform physical exam with special focus on age-dependent concerns and patient or family concerns.
6. Order or perform and interpret additional age-appropriate screening procedures, 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).
7. Perform age appropriate immunizations using nationally recognized periodicity schedules.
8. Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, *Bright Futures*, *GAPS*).
9. Evaluate and manage the following signs and symptoms that present in the context of an visit to the ambulatory clinic.
 - ◆ **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
 - ◆ **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.
 - ◆ **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.
 - ◆ **Dermatologic:** Congenital nevus and other birth marks, ecchymoses, edema, paleness, petechiae, pigmentary changes, purpura, rashes, urticaria, vascular lesions, foul smelling umbilical cord.
 - ◆ **EENT:** Acute visual changes; dysconjugate gaze; conjunctival injection; ear or eye discharge; ear, throat, eye pain, edema, epistaxis; nasal foreign body; hoarseness; stridor.
 - ◆ **Endocrine:** growth disturbance, short stature, heat or cold intolerance, normal and abnormal timing of pubertal changes, polydipsia, polyuria.

- ◆ **GI/Nutrition/Fluids:** Abdominal pain, mass or distention; ascites; constipation; dehydration; diarrhea; dysphagia; encopresis; hematemesis; inadequate intake of calories or fluid; jaundice; melena; rectal bleeding; regurgitation; vomiting.
 - ◆ **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.
 - ◆ **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.
 - ◆ **Hematologic/Oncologic:** Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor.
 - ◆ **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).
 - ◆ **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.
 - ◆ **Psychiatric/Psychosocial:** Acute psychosis, anxiety, behavioral concerns; conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect.
10. Evaluate and manage the common conditions and situations presenting in the context of the ambulatory clinic:
- ◆ **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
 - ◆ **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)
 - ◆ **Allergy/Immunology:** Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria.
 - ◆ **Cardiovascular:** Bacterial endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever.
 - ◆ **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.
 - ◆ **Endocrine/Metabolic:** Diabetes mellitus, diabetes insipidus, evaluation for possible hypothyroidism, growth failure or delay, gynecomastia, hyperthyroidism, precocious or delayed puberty.
 - ◆ **GI/Nutritional:** Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, pancreatitis.
 - ◆ **GU/Renal:** Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schonlein purpura, HUS, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis.
 - ◆ **Gynecologic:** Genital trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body.

- ◆ **Hematology/Oncology:** Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia.
 - ◆ **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.
 - ◆ **Musculoskeletal:** Apophysitides, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion.
 - ◆ **Pharmacology/Toxicology:** Common drug poisoning or overdose, ingestion avoidance (precautions).
 - ◆ **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.
 - ◆ **Pulmonary:** Asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI.
 - ◆ **Surgery:** Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.).
11. Utilize common diagnostic tests and imaging studies appropriately in the outpatient department.
 12. Use appropriately the common laboratory studies in the Outpatient setting:
 - ◆ CBC with differential, platelet count, RBC indices.
 - ◆ Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate.
 - ◆ Renal function tests.
 - ◆ Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin).
 - ◆ Serologic tests for infection (e.g., hepatitis, HIV).
 - ◆ CRP, ESR.
 - ◆ Routine screening tests (e.g., neonatal screens, lead).
 - ◆ Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms.
 - ◆ Tests for ova and parasites
 - ◆ Thyroid function tests.
 - ◆ Culture for bacterial, viral, and fungal pathogens, including stool culture.
 - ◆ Urinalysis.
 - ◆ Gram stain.
 - ◆ Developmental and behavioral screening tests.
 13. Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in the Outpatient Pediatric Clinic:
 - ◆ Plain radiographs of the chest, extremities, abdomen, skull, sinuses.
 - ◆ CT, MRI, angiography, ultrasound, nuclear scans (interpretation not expected) and contrast studies when indicated.
 - ◆ Bone age films
 - ◆ Appropriately order and use the electrocardiogram and echocardiogram.
 - ◆ Skin test for tuberculosis
 14. Use appropriately or be familiar with the following treatments and techniques in the Pediatric Outpatient Department:
 - ◆ Administration of nebulized medication.

- ◆ Injury, wound and burn care.
 - ◆ Oxygen delivery systems.
 - ◆ Intramuscular, subcutaneous and intradermal injections.
15. Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.
 16. Demonstrate the skills for utilizing Reach and Read guidelines during well child exams and educating parents on the benefits of the program for the patient.
 17. Demonstrate skills for assessing and managing pain.

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. Understand basic concepts about the process of providing health supervision care and implement these concepts at office visits
2. Know recommended guidelines (e.g., AAP, *Bright Futures*, and *GAPS*) for visit content and discuss the rationale for these.
3. Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting.
4. Demonstrate a commitment to acquiring the base of knowledge needed for care of children in the continuity and general ambulatory setting.

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

1. Provide sensitive support to patients and their families in the outpatient setting.
2. Develop effective teaching strategies for teaching students, colleagues, other professionals and lay-persons.
3. Maintain accurate, legible, timely, and legally appropriate medical records in the Pediatric Outpatient Clinics.

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. Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem solving.
2. Know and/or access medical information efficiently, evaluate it critically, and apply it to outpatient care appropriately.
3. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment.
4. Use scientific methods and evidence to investigate, evaluate, and improve one's patient care practice in the outpatient setting.

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

1. Demonstrate practical office strategies that allow provision of comprehensive and efficient health care (e.g., share tasks with office staff; develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books; develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).
2. Maintain standards of professional performance while working in the continuity and outpatient setting
3. Communicate and work effectively with health professionals, specialists and providers who refer patients to you, both as the primary provider and as the consulting pediatrician.
4. Demonstrate a commitment to carrying out professional responsibilities, adhering to ethical and legal principles, and remaining sensitive to diversity while providing care in the outpatient setting.
5. Recognize the limits of one's knowledge and expertise and take steps to avoid medical error.

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

1. Discuss logistical barriers to the provision of health care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families.
2. Discuss language, cultural, and other social (e.g., age) barriers to provision of health care and describe strategies to overcome these for specific families.
3. Recognize cost and utilization issues of diagnostic tests.
4. Understand key aspects of outpatient health care systems, including cost control, billing, and reimbursement in the outpatient setting.
5. When providing care in the outpatient setting, consider cost and resource allocation without compromising quality of care.