Continuity Clinic & Ambulatory	Objectives by Competency and Level of Training			Assessment Methods
Goals & Objectives	PL-1 PL-2 PL-3			
GOAL 1: 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.		Patient Care 1. Perform age-appropriate surveillance, developmental developmental screening, school performance monitoring and job performance monitoring and job performance monitoring • Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.) • Identify patient and parental concerns regarding development, school, and/or work • Perform standardized, validated, accurate developmental screening tests for infants and children until school age	Patient Care 1. Order or 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, identified risk for lead exposure) 2. Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines, promotting: • Social competence • Positive interactions between the parent and infant/child/adolescent • Constructive family communication, relationships and parental health • Community interactions • School achievement • Issues of Sexuality • Prevention of substance use/abuse • Prevention of substance use/abuse • Prevention of health supervision care (e.g.,	Global Evaluation Direct Observation Eval of small group discussions' Cont Clinic case logs 360º eval Global Eval
		health, educational and community system to optimize preventive health services for children 2. Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision	financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families. 2. Identify key aspects of health care systems as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.	
GOAL 2: Evaluate and manage common signs, symptoms and conditions associated with the practice of pediatrics in the Continuity Clinic and	Patient Care: 1. Obtain accurate, relevant history efficiently,	Patient Care: 1. Obtain relevant historical subtleties	Patient Care: 1. Role model gathering subtle and reliable	Global Evaluation
Ambulatory setting. 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, 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, Breast feeding, bottle feeding, colic, congenital hip dislocation, constipation, strabismus, colic, parent-infant interactional issues, sleep problems, child care decisions, separation protest, stranger anxiety, teething, injury prevention and safety 2. General: Acute life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain,	demonstrating a developmentally appropriate and prioritized approach.	1. Obtain relevant instorical subtleties that inform and prioritize differential diagnoses and diagnostic information 2. Accurately track changes in PE over time 3. Demonstrate and teach developmentally appropriate PE techniques to junior members of team 4. Develop a prioritized differential diagnosis and diagnostic and therapeutic plan 5. Initiate management and stabilize patients with emergent medical conditions.	1. Noie model gathering subtle and reirable information from patient and family 2. Routinely identify subtle or unusual PE findings, demonstrating an understanding of how they influence clinical decision making 3. Modify differential diagnosis and therapy based upon clinical course 4. Recognize disease patterns which deviate from common patterns and require complex decision making 5. Independently manage patient with a broad spectrum of clinical disorders encountered in ambulatory general pediatrics	Direct Observation Eval of small group discussions' Cont Clinic case logs
obesity, dental caries, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, variations in appetite, variations in	Medical Knowledge: Demonstrate sufficient knowledge to diagnose	Medical Knowledge: Demonstrate sufficient knowledge to	Medical Knowledge: Demonstrate sufficient knowledge to	Direct Observation
toilet training, overactivity, somatic complaints, poor school performance, attention problems, masturbation, anxiety, violence, iron deficiency, lead exposure, strabismus, hearing problems, child care decisions, well-child and well adolescent care (including anticipatory)	and treat common conditions that present in the continuity of care setting	diagnose and treat undifferentiated or emergent medical conditions Interpersonal Skills & Communication	evaluate complex or rare conditions and multiple co-existent conditions Interpersonal Skills &Communication	In-Training Exam 360° Feedback
guidance), parental issues (financial stress, divorce, depression, tobacco, alcohol or substance abuse, domestic violence, inadequate support networks) 3. <u>Allergy/Immunology:</u> Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria 4. <u>Cardiorespiratory:</u> Apnea, chest pain, cough cyanosis, dyspnea, heart murmur, hypertension, respiratory failure, shortness of breath, stridor, syncope, tachypnea, wheezing, asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI 5. <u>Dermatologic:</u> Congenital nevus and other birth marks, ecchymoses, petechiae, pigmentary changes, purpura, urticaria, vascular lesions, abscess, acne, atopic dermatitis, cellulitis, superficial skin infections, impetigo, molluscum, tinea infections, exanthems, verruca vulgaris, other common rashes of childhood and adolescence 6. <u>ERNT:</u> Acute visual changes; dysconjugate gaze; conjunctival injection;	Provide effective patient education, including reassurance, for condition(s) commonly seen in the continuity clinic. Participate and communicate effectively as part of an interdisciplinary team Maintain accurate, legible, timely and legally		Develop effective strategies for teaching students, colleagues, other professionals and laypersons Role model effective communication skills in challenging situations	Direct Observation
ear or eye discharge; ear, throat, eye pain, edema, epistaxis; nasal foreign body; hoarseness; stridor 7. Endocrine; growth disturbance, short stature, heat or cold intolerance, normal and abnormal timing of pubertal changes, polydipsia, polyuria, evaluation for possible hypothyroidism, gynecomastia, hyperthyroidism, precocious or delayed puberty 8. Gi/Nutrition/Fluids: Abdominal pain, mass or distention; constipation; dehydration; diarrhea; dysphagia; encopresis; inadequate intake of calories or fluid; jaundice; obesity; rectal bleeding; regurgitation;	PBLI 1. Identify clinical questions as they emerge in patient care activities 2. Welcome and/or seek feedback from all members of the healthcare team and responds productively	PBU 1. Precisely articulate clinical question 2. Access relevant medical literature 3. Reflects upon feedback in developing plans for self improvement 4. Integrate teaching, feedback and evaluation with supervision of interns and students	PBLI 1. Appraise the validity, results and applicability of medical evidence 2. Take a leadership role in educating interns and students	EBM evaluation instruments Mentored Self- Reflection 360º Feedback
vomiting, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, obesity 9. <u>Genitourinary/Renal</u> : Dysuria, edema, enuresis, frequency, hematuria, oliguria, pain referable to the urinary tract, scrotal mass, trauma to urinary tract or external genitalia, undescended testicle, Electroyle and acid-base disturbances (mild), glomerulonephritis, proteinuria, UTI/pyelonephritis 10.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, genital	Professionalism 1. Demonstrate personal accountability to the well being of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions). 2. Demonstrate compassion and respect to patients 3. Respond promptly and appropriately to clinical responsibilities	feedback to colleagues 2. Provide leadership for a team that respects patient dignity, confidentiality, and is patient- centered.	Professionalism Effectively advocate for patient needs	Direct Observation
hepatosplenomegaly, lymphadenopathy, masses, pallor, anemia, hemoglobinopathies, 12. <u>Musculoskeletal</u> : Malpositioning of feet, malpositioning of legs, hip clicks, abnormal gait, abnormal spine curvature, arthritis or arthralgia,	Medical knowledge: 1. Demonstrate an understanding of the common diagnostic tests and imaging studies use in the inpatient setting 2. Know or be able to locate age-appropriate normal ranges 3. Interpret test results in the context of the specific patient 4. Discuss therapeutic options for correction of abnormalities. 5. Make appropriate clinical decisions based upon the results	limitations of each study	Medical knowledge: Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results, likelihood ratios, and receiver operating characteristic curves, to assess the utility of tests in various clinical settings	Direct Observation In-training exam
disturbance, weakness, seizures (evaluation and adjustment of medications), 14. Psychiatric/Psychosocial: Acute psychosis, anxiety, behavioral concerns; conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect, discipline issues, temper tantrums, biting, developmental delay, ADHD, learning disabilities, substance abuse 15. 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), sinustits, upper respiratory tract infections, viral illness, recurrent infections 16.Pharmacology/Toxicology; Common drug poisoning or overdose, ingestion avoidance (precautions) 17. Surgeny: Initial evaluation of patients requiring urgent referral, preand post-op evaluation of surgical patients		Systems-Based Practice Recognize cost and utilization issues.		