Residency Curriculum Guidelines
Care of Children

Goals:

The following applies to the care of children from birth through adolescence:

- Introduce the resident physician to the medical care of children, including the diagnosis and management of common illnesses, recognition of their complications and appropriate consultations and referral practices.
- Teach the resident physician the principles of health promotion, and disease prevention in children.
- Teach the resident physician management of injuries from accidents, abuse, and/or neglect in children.
- Ensure the resident physician has a thorough working knowledge of the stages of normal physical growth and development patterns.
- Teach the resident physician to recognize and manage abnormal physical growth and development patterns.
- Ensure the resident physician has a thorough working knowledge of the stages of normal psychological growth, behavior and development patterns.
- Teach the resident physician to recognize and manage abnormal psychological growth and development patterns.
- Teach the resident physician the referral and consultative process and recognize appropriate medical conditions and circumstances which require a team care approach to comprehensive care.
- Teach the resident physician skills that will enable him/her to listen carefully, communicate clearly, demonstrate sensitivity and empathy and assure confidentiality to children and/or their parents.
- Regarding care of children, to ensure the resident physician is prepared to be the sole provider of care for common problems, share care with another provider for moderately complex problems or coordinate care between him/herself and other consultants for very complex problems.

Objectives:

<u>Patient Care</u>

1. Conduct age appropriate screening evaluations with accurate assessments and plans
2. Determine and administer age appropriate diagnostic procedures and treatment modalities
3. Provide guidance to children and their families regarding healthy lifestyle
4. Provide care to children with special needs, including congenital abnormalities, handicapping conditions and/or chronic illnesses

5. Diagnose and coordinate care for simple to moderately complex behavior problems
6. Diagnose and coordinate care for developmental delays
7. Address life adjustment issues for children including, but not limited to new sibling, school entry, etc
8. Conduct pre-participation sports physicals with accurate assessments and plans

Medical Knowledge

1. Recognize complaints and symptoms of common childhood conditions
2. Recognize normal behaviors associated with different stages of development
3. Provide age appropriate anticipatory guidance
4. Provide age appropriate health maintenance and screening guidelines as per AAFP (vision, hearing, scoliosis, dental hygiene, anemia, cholesterol, blood pressure, etc)
5. Demonstrate knowledge of immunization recommendations for each age including recommended immunization practices, contradictions for specific vaccines, appropriate use of special vaccines and use of electronic data for updates
6. Demonstrate knowledge of signs, symptoms, diagnostic work-up and management of child maltreatment, including physical, sexual or emotional abuse and child neglect

Interpersonal and Communication Skills

1. Demonstrate caring communication skills with both children and with their family members, understanding the importance of gathering input from parents or family member regarding their child's well-being
2. Understand psychosocial, developmental and financial impact of chronic illness on child and family and demonstrate communicate skills which reflect this understanding

Systems-Based Practice

1. Demonstrate integration of care with consultants and other care providers in care of seriously ill child
2. Act as an advocate for the family in team care situation
3. Refer and coordinate the care of complex cases
4. Utilize available community resources to foster a team approach to restore and maintain psychological health during childhood and beyond
5. Provide case management and interaction with consultants in caring for children with chronic illness. Understanding the value of multidisciplinary teams in some chronic conditions
6. Interact with daycare and schools to coordinate care when needed.

Methods

- Residents will take PALS Course
- Residents will receive didactic sessions at FPC and Pediatrics
- Residents will care for pediatric patients with both acute and chronic medical issues at the outpatient Family Practice Center
- Residents will care for pediatric patients with both acute and chronic medical issues at the outpatient general and subspecialty Pediatrics Clinics
- Residents will care for pediatric patients on inpatient Maternal/Child Family Medicine Inpatient Service
- Residents will care for pediatric patients on inpatient Department of Pediatrics service

Evaluation/Assessment

- Direct Observations by Family Medicine faculty using simulated pediatric cases as well as standardized patients
- Direct Observations by Family Medicine faculty using CEX tool
- Observations by Family Medicine faculty using AVR's
- Summation evaluations at end of 4 week rotations of outpatient and inpatient Pediatrics by Pediatric Faculty and Upper level residents
- Summation evaluations at end of 4 week rotations of Maternal Child Health Family Medicine Service by Family Medicine Faculty and upper level residents
- Medical knowledge assessments embedded in IMR online pediatric curriculum modules as well as end of year overall knowledge assessments and final exam.
- In-service Training Exam
- Procedure log

Milestones Assessed:

Patient Care: 1, 2, 3, 4, 5
Medical Knowledge 1, 2
Professionalism 1, 2, 3
Systems Based Practice 1
Practice Based Learning and Improvement 1, 2
Communication 1, 2, 3, 4

Resources/References

1. Recommended Curriculum Guidelines for Family Practice Residents, Care of Infants and Children. www.aafp.org/x16524.xml
2. General Pediatrics Curriculum of CMC Department of Pediatrics
3. Family Practice Comprehensive Information on "I" Drive
4. AAFP – Clinical Recommendation for Immunizations. Recommended Childhood & Adolescent Immunization Schedule US. www.aafp.org
5. Behrman RE, Kliegman RM, Jensen AB, eds. Nelson textbook of pediatrics. 19th ed. Philadelphia: Saunders, 2011

6. Nasir LS, Nasir A. Healthy Child Care: Conception to Age Two Years, AAFP Home Study Self-Assessment,, AAFP, Leawood, KS. 246:1999.
7. Nasir LS, Nasir A. Healthy Child Care: Age Two Years to Adolescence. AAFP Home Study Self-Assessment,, AAFP, Leawood, KS. 248:2000
8. Knapp JF, Johnson P, Johnson T, Schremmer RD. Children's Office Emergencies AAFP Home Study Self-Assessment,, AAFP, Leawood, KS. 269:2001.
9. Disraeli PH, Pon T, Musser BJ, Shakil A. Behavioral Problems in Children. AAFP Home Study Self-Assessment,, AAFP, Leawood, KS. 257:2000
10. Poole SR, Morrison JD, Adolf A, Reed FM. Pediatric training in family practice: a core curriculum. J Fam Pract 1982; 15(6):1145-56
11. Wolraich ML: eds. The classification of child and adolescent mental diagnosis in primary care diagnostic and statistical manual for primary care (DSM-PC), child and adolescent version. Elk GroveVillage, Ill., 1996 American Academy of Pediatrics. – still the latest edition
12. Bright Futures – Guidelines for Health Supervision of Infants, Children and Adolescents and Pocket Guide. Guidelines provided for 29 recommended health visits (newborn through 21) available on the American Academy of Pediatrics website http://brightfutures.aap.org
13. The Harriet Lane Handbook – The John Hopkins Hospital – A manual for Pediatric House Officers
14. Red Book – 2012 Report of the Committee on Infectious Diseases AAP – 29th Edition
15. Mecklenburg County Medical Society – Child Developmental & Behavioral Resource Guide, . http://www.meckmed.org/ServicesGuide.asp