

## CONTINUITY EXPERIENCE GOALS AND OBJECTIVES 2<sup>nd</sup> year residents

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### Goals:

1. Understand basic concepts about the process of providing health supervision care at office visits; demonstrate this understanding during actual visits with patients receiving continuing care.
2. Understand the generalist approach to common office-based pediatric issues including anticipatory guidance issues from birth through young adulthood, developmental and behavioral issues, immunization practices and health promotion, as well as care of children with chronic conditions, children with special needs and common office problems.

**Competency Tools:** A review of a topic or literature and patient surveys.

### Learning Objectives:

1. Explain the main goals for health supervision visits at each age group, from the perspective of the parents, the child, and the practice.
2. Identify recommended periodicity schedules (e.g., AAP, Bright Futures, and GAPS) for routine health supervision visits; discuss the rationale behind these.
3. Identify recommended guideline (e.g., AAP, Bright Futures, and GAPS) for visit content and discuss the rationale behind these.
4. At each visit, identify priorities and adjust the content accordingly, in order to best meet the needs of the child and family, based on:
  - a. Parental concerns and needs.
  - b. Child's health status and developmental level
  - c. Family function and social supports
  - d. Environmental and social risks
  - e. Culture and ethnic beliefs
  - f. Community and public health resources available for screening, prevention and health promotion.
5. Identify practical office strategies to accomplish these goals (e.g., share tasks with office staff, use structured records, time saving computers, questionnaires, and handouts/videos).
6. Recognize financial and health service barriers to provision of health supervision care and discuss strategies to overcome these for specific families.
7. Recognize language, cultural, and other social barriers to provision of health supervision care and discuss strategies to overcome these for specific families.
8. When providing care to children with chronic disease or disability, demonstrate a willingness to attend to health supervision issues.

**Curriculum Content:**

Units are presented weekly to each continuity practice. Units are designed with goals and learning objectives, and a quiz to stimulate a need to read and gain information. They are presented in an interactive format to encourage group participation, especially from upper level residents and those with children. Group participation makes the sessions less dogmatic and enables an exchange of information in a manner which is best used.

The curriculum is used at all of the continuity sites.

Topics covered in the curriculum are listed below. The first 16 weeks are devoted to a “crash” course in child care primarily for interns, although everyone benefits from this experience.

1. Care of children birth through adolescents (16 units)
2. Health screening
3. Immunizations
4. Injury Prevention
5. Nutrition
6. Development
7. Behavior
8. Dental health
9. Enuresis
10. Encopresis
11. Discipline
12. Obesity
13. Failure to thrive
14. Temper tantrums
15. ADD and ADHD
16. Over the counter medications
17. Lead poisoning
18. Toilet training
19. Telephone management
20. Contraception
21. Preparticipation sports physical exams
22. Breast feeding
23. Common skin problems
24. Billing and coding
25. Sleep problems
26. Common orthopedic problems
27. Developmental disabilities
28. Community resources
29. Caring for chronic diseases
30. Asthma and reactive airway disease
31. Prenatal visit

**Skills Acquisition:**

1. Demonstrate a positive attitude about working together for more effective delivery of health supervision care with:
  - a. Parents and child
  - b. Office staff and primary care team
  - c. Consultants
  - d. Community resources (for health, education, and human services).
2. Perform standard and complex tasks related to:

- a. Assessment for risks and strengths (history, examination, and screening procedures).
  - b. Health promotion (anticipatory care) and disease prevention (health education, immunizations).
  - c. Management of common problems that present at such visits.
3. Patient surveys will be used to assess competence.

**Reading Materials:**

1. Guidelines for Health Supervision III, American Academy of Pediatrics
2. Bright Futures: Guidelines for health supervision of infants, children, and adolescents, Maternal and Child Health Bureau.
3. Caring for your baby and young child-birth to age 5. Shelov, Hannemann and the American Academy of Pediatrics.
4. Handouts relevant to the practice of pediatrics and applicable to the curriculum described above (created by the resident).

**Rotation Requirements:**

1. Residents will attend ½ day per week in a continuity experience either in the Pediatric Group Practice (PGP), the St. Bernard Health Unit, the Lion's Faculty Practice or for medicine pediatric residents the Daughter's of Charity Practice.
2. Residents will participate in the didactic part of the curriculum for 30 minutes prior to the continuity session. Conferences will be presented by faculty and by senior residents during their month as teaching resident.
3. Residents will be expected to remain at the practice site until all patients have checked in and been seen.
4. Residents will be expected to build their practices from patients inherited from graduating residents, from patients seen in the pediatric emergency room, cared for in the NICU, on the ward and in the tern nursery.
5. Residents will be expected to see 6-8 patients as a second year
6. Patient panels for residents should total 50 at the end of the internship year and 100 by the end of the second and third years.
7. Excused absences include illness, rotations where the distance is too great to commute, maternity leave, attendance at one meeting per year and board review for PL3s, and vacation. All other absences are not excused unless cleared with the faculty.