



ADOLESCENT MEDICINE ROTATION - Goals and Objectives

The Adolescent Medicine Program is an integral part of the LSU Pediatrics Residency Training Program. Upper level residents spend four weeks on the Adolescent Medicine Rotation. The rotation combines evidence based and public health focused clinical, didactic and experiential learning modalities. These experiences provide flexible but structured exposure to dealing with health care issues of the adolescent and young adult.

Rotation Goals and Objectives for Residents

(please complete at end of rotation)

Exposure Level:

0= No exposure 1= Reading 2= Didactic/Discussion 3= Patient Care/Experience

Knowledge:

Goal 1. Know the normal and abnormal aspects of physical growth/development during adolescence.

Objectives:	Level of Exposure
▪ Describe the physiology of hormonal changes that trigger the onset of puberty, understanding age-related changes in normal laboratory values (FSH, LH, prolactin)	
▪ Discuss the timing of the growth spurt and its relationship to the development of secondary sexual characteristics	
▪ Describe the characteristics of the Tanner stages or Sexual Maturity Rating scale (SMR)	
▪ Describe typical pubertal progression and spectrum of normal variations	
Resources: Neinstein Chapter 1, MedScape- http://www.medscape.com/viewarticle/468259	

Goal 2. Be familiar with the psychosocial, cognitive and developmental maturation of adolescents.

Objectives:	Level of Exposure
▪ Describe the importance of peer groups, family members, and intimate relationships in early, mid and late adolescence	
▪ Explain the influence of knowledge, emotional state, peer group, and family/cultural factors in the ability to move from concrete to abstract thinking	
▪ Describe the process of identity formation in early, mid, and late adolescence	
▪ Explain the role of peer group on risk-taking behaviors and self-image	
▪ Describe the importance of self-image relative to Tanner staging, body image, group approval, handicaps, and school performance in the overall social adaptation of the adolescent	
Resources: Neinstein Chapters 1, 2, 76, 77, 78, and 81 MedScape- http://www.medscape.com/viewarticle/430530	

Goal 3. Understand school related issues/behaviors in the adolescent age group.

Objectives:	Level of Exposure
▪ Identify risk factors for school problems such as learning disabilities, ADHD, substance abuse, psychopathology, lack of parental involvement, cultural barriers, homelessness and chronic illness	
▪ Discuss the transitional issues from elementary to middle school, middle school to high school, and high school to college	
▪ Explain the causes and appropriate interventions for school avoidance and truancy, and approach to bullying behavior	
Resources: Neinstein Chapters 81, 2	

Goal 4. Understand adolescent health issues as related to activities and sports.

Objectives:	Level of Exposure
▪ Describe how the spectrum of musculoskeletal injuries differs between the skeletally immature versus mature adolescent athlete and the relationship between risk of physical injury and growth	
▪ Explain the effects of exercise on the menstrual cycle	
▪ Describe the female athlete triad of eating disorder, amenorrhea, and stress fractures	
▪ Describe the environmental morbidities associated with sports (i.e. dehydration, hyponatremia, heat exhaustion, heat stroke, etc.)	
▪ Discuss the most common causes of sudden death on the athletic field (i.e. anomalous coronary arteries, aortic stenosis, hypertrophic	

cardiomyopathy, Marfan's syndrome, prolonged QTc syndrome, etc.)	
▪ Identify performance enhancing drugs, their illicit use, their effects, and their detection	
Resources: Neinstein Chapters 17, 19 and 14, 15	

Goal 5. Build on your knowledge of anticipatory guidance provided in childhood by knowing the content of anticipatory guidance that is appropriate to the adolescent age group.

Objectives:			
▪ Demonstrate knowledge of the content of anticipatory guidance for each of the following topics:			
	Level of Exposure		Level of Exposure
Abortion		HIV	
Abuse		Media exposure/"Gaming"	
Conflict resolution		Pregnancy	
Contraception (birth control pills, condoms, depo-provera, diaphragm, Intravaginal Nuva-Ring, Transdermal Patch, emergency contraception, IUDs, Norplant, rhythm method)		Sexuality	
Depression		Sexual victimization (abuse, assault, date rape, exploitation, survival sex)	
Development: Physical, Sexual, and Psychological- and Normal Variants		STDs	
Diet: Including Obesity and Eating Disorders		Substance abuse (alcohol, cigarettes, recreational drugs)	
Driving		Suicidal ideation/suicide attempt	
Firearm access			
Resources: Neinstein Chapters 4, and 76			
MedScape- CME Binge Drinking http://www.medscape.com/viewprogram/4172 CME Tobacco Cessation http://www.medscape.com/viewprogram/3607 CME Emergency Contraception- http://www.medscape.com/viewarticle/496889 http://www.medscape.com/viewarticle/472822 CME Depot –Bone Loss http://www.medscape.com/viewarticle/499043			

Goal 6. Understand the legal and ethical issues involved in the delivery of health care to adolescents focusing particular attention on issues of consent and confidentiality.

Objectives:	Level of Exposure
▪ Describe the concepts of emancipated minor and the mature minor	
▪ Describe parental notification laws for abortion in the state (and how to find updated information)	
▪ Identify the limits of confidentiality for physicians in the state (i.e. abuse, mental health, at risk to self/others, HIV, STDs, and where to find updated information)	
▪ Describe confidentiality issues with billing, chart documentation, and parental access to charts	
▪ Discuss the need for adolescent consent in cases where parents demand specific tests (urine screening) or specific treatment (hormonal contraception)	
▪ Discuss the issues of consent and confidentiality for adolescents who are incompetent or unable to consent (mental retardation, intoxication)	
▪ Describe state consent laws concerning the care of adolescents, and where to locate updated information.	
Resources: Neinstein Chapter 7, www.guttmacher.org http://biotech.law.lsu.edu/la/consent/la_consent.htm#minor_consent http://biotech.law.lsu.edu/la/consent/la_consent.htm	

Goal 7. Build on your knowledge of childhood immunizations by knowing the indications for immunizations in the adolescent age group.

Objectives:			
▪ Discuss the indications for, side effects of, and contraindications of each of the following vaccines:			
	Level of Exposure		Level of Exposure
Hepatitis B and A		Pneumococcal	
Influenza		Td and new dTP	
Meningococcal (Menactra)		Varicella	
Resources: Neinstein Chapter 4 (pg. 110), and www.cdc.gov http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5351-Immunizationa1.htm			

Goal 8. Know the standard laboratory procedures for adolescent health screening.

Objectives:			
▪ Explain the principles of and need for each of the following procedures:			
	Level of Exposure		Level of Exposure
Cholesterol and lipid profile		PPD	
Hematocrit/hemoglobin		Hcg or Pregnancy test (serum & urine)	
PAP Testing		STI screening	
Resources: Neinstein Chapter 4, MedScape			
PAP Testing- http://www.medscape.com/viewarticle/493298			

Goal 9. Understand key strategies for scheduling and organizing health maintenance visits specific to adolescents focusing particular attention on issues of consent and confidentiality.

Objectives:	Level of Exposure
▪ Describe the specific considerations in documentation and record release for the adolescent patient	
▪ Describe access issues: concerns with confidentiality, paying for services, transportation, and clinic hours versus school hours	
Resources: Neinstein Chapter 7	

Knowledge/Skills:

Goal 1. Provide care from diagnosis, to management, to follow up, for adolescent patients with common conditions that generally do not require referral.

Objectives:			
▪ Identify, diagnose, and manage the following conditions:			
	Level of Exposure		Level of Exposure
Cardiovascular		Musculoskeletal	
mild hypertension		Patellar Malalignment Syndrome	
Genitourinary/Sexual Health		costochondritis	
amenorrhea (primary, secondary)		mild scoliosis	
cervicitis, PID, urethritis, vulvovaginitis		Osgood-Schlatter	
Dysfunctional Uterine Bleeding (DUB) Dysmenorrhea		Neurologic migraine headaches	
premature adrenarche, thelarche		tension headaches	
puberty (delayed, precocious)		Skin	
UTI Females and Males		Acne	
Pap Testing and HPV Females and Males		Eczema	
		Tinea versicolor	
Resources: Medscape- Gonorrhea http://www.medscape.com/viewarticle/506904 Chlamydia- http://www.medscape.com/viewarticle/495275 DUB- http://www.medscape.com/viewarticle/456474 CME PAP Testing - http://www.medscape.com/viewarticle/493298 Dysmenorrhea- http://www.medscape.com/viewarticle/509614			

Goal 2. Know how to triage and provide initial care to adolescent patients who generally require referral.

Objectives:			
▪ Identify and provide initial management for each of the following conditions:			
	Level of Exposure		Level of Exposure
ENT		torsion (ovarian, testicular)	
dental disease		HIV disease	
hearing loss		Musculoskeletal	
obstructive sleep apnea		mod/severe scoliosis	
Cardiovascular		Psychiatric	

arrhythmias		Bipolar, psychosis	
pathologic murmurs		significant depression	
mitral valve prolapse		suicidality/homicidality	
Genitourinary		significant impulsivity	
pregnancy		substance abuse	
testicular mass		Visual acuity problems	
Resources: Medscape CME SSRIs http://www.medscape.com/viewprogram/3813			

Skills:

Goal 1. Be able to perform a complete history in an adolescent patient.

Objectives:	Level of Exposure
<ul style="list-style-type: none"> Describe the need for discussion of specific issues with teen and parent during the first visit which includes: confidentiality (including limits to confidentiality such as sexual victimization, suicidality, homicidality), consent for services, teen privacy, and the importance of parent support and involvement 	
<ul style="list-style-type: none"> Discuss the benefits of interviewing the parent and adolescent separately as well as together 	
<ul style="list-style-type: none"> Obtain a broad psychosocial history using an organized interview technique: (HEADSS guidelines: health, home, education, activities, diet, drugs, sexual activity, and suicide risk) 	
<ul style="list-style-type: none"> Obtain past medical and family history from the parents and elicit their specific concerns 	
<ul style="list-style-type: none"> Address the following specific issues as part of routine adolescent history: career goals, depression, diet (binge eating, body image, risks for anemia, osteoporosis, & obesity), employment history, hobbies, medical history, menstrual history for females, physical fitness, relationships, school performance, self-esteem, sexual activity (abuse, gender preference, age of first intercourse, # partners & frequency, contraception/STD prevention), sleep history, substance use/dealing, trouble with the law and violence (victim/witness) 	
Resources: Neinstein Chapter 3. MedScape-Adol. Interview http://www.medscape.com/viewarticle/425417 CME Obesity- http://www.medscape.com/viewprogram/2656	

Goal 2. Be able to perform a complete physical examination in an adolescent patient.

Objectives:	Level of Exposure
<ul style="list-style-type: none"> Perform and interpret a complete physical examination in an adolescent with specific attention to the following: <ul style="list-style-type: none"> Tanner staging Breast examination Thyroid examination Spine examination Male GU, including penis and testicular examination Growth evaluation 	

Goal 3. Be able to perform a pelvic exam in an adolescent patient.

Objectives:			
<ul style="list-style-type: none"> State guidelines for timing, be able to explain components to patient, and demonstrate competence in each of the following procedures: 			
	Level of Exposure		Level of Exposure
Bimanual exam: <ul style="list-style-type: none"> vaginal wall cervical motion tenderness uterine size/tenderness adnexal tenderness/mass 		Speculum exam: <ul style="list-style-type: none"> appropriate speculum choice cervix-lesions-friability nabothian cysts ulcers/warts 	
External exam <ul style="list-style-type: none"> inguinalanal inspection/palpation perineum/inspection vulvar lesions clitoral size hymenal configuration injury etc. 		Techniques for collection of samples: <ul style="list-style-type: none"> KOH pap smear STD tests wet prep 	
Resources: Neinstein Chapters, 48, 53, 54, 55, 56 etc.			

Evidence Based Learning, Advocacy, and Public Health

Goal 1. Be able to search, synthesize and present recent literature and data on an adolescent health issue.

Objectives:	Level of Exposure
▪ Develop and present a 30-45 minute oral presentation on an adolescent health topic of your choice to faculty and residents	
▪ Prepare a single page “5-minute Consult” style information sheet addressing an adolescent health issue (to be used as a resident/faculty reference in a clinical setting)	
Resources: Pub Med, the Newspaper, Google, Up to Date and MD Consult, Faculty and textbooks.	

Goal 1. Be able to discuss and address (advocate for) a public health issue affecting adolescents in the City/Parish, State or Nation.

Objectives:	Level of Exposure
▪ Contact a local, State, or Federal advocate (Representative, Senator, community leader etc.) and discuss your perspective as a physician on an adolescent public health issue. (This may be done by letter, email, or other approved method. Keep a copy of the correspondence for review)	

<p>▪ Prepare a Public Health Recommendation in 2 pages or less in the following format:</p> <p>-Identify the Problem (Chlamydia infections among 15-19year old African American Women in the City of New Orleans)</p> <p>-Identify Key Determinants (measurement) of the problem (for example- more Chlamydia cases identified in UH ER in 2005 compared to prior years for this population. More cases of Chlamydia in this age group diagnosed at City STD Clinic and school health clinics etc.)</p> <p>Discuss strengths and shortfalls of these measurement methods (Using cases from ER may reflect a change in screening not increased rates in population etc.)</p> <p>-Identify Key Stakeholders (eg. 15-19 yo African American Girls in New Orleans, City Health Dept, Pediatricians, ER Staff(PID), Parents, Community Leaders including cultural and religious leaders, State Health Dept., The State and representatives, LSU S.O.M., condom manufacturers, etc.)</p> <p>-Identify 3 or more strategies for change or resolution and discuss in terms of effects on key determinants and stakeholders (eg. Option 1. Could give out Doxycycline to all 14-19 year old women in Orleans Public and Private schools but would have to negotiate with State, City, Parents, school board, religious leaders, and angry politicians. Also the persons diagnosed or infected with Chlamydia may not attend school regularly. Option 2 etc.)</p> <p>-Make a recommendation based upon the above discussions and defend it.</p> <p>(This may satisfy objective #1 if thoughtfully produced, reviewed and sent to an advocate)</p>	
<p>Resources: Pub Med, the Newspaper, Google, Up to Date and MD Consult, Faculty and textbooks.</p>	

RESIDENT EVALUATION:

LSU School of Medicine, New Orleans

Adolescent Medicine Rotation

Resident: _____

Evaluator: _____

Date of rotation/experience: _____

Level of competence:

1=not observed 2=below expected level 3=at expected level 4=above expected level
5= well above expected level

Evaluation/Level of Competence	Assessment Methods Used to Determine Level of Competence <i>(Enter method(s) used from list below)</i>	Goal/Competency
Knowledge:		
		Discusses the normal and abnormal aspects of physical growth/development during adolescence.
		Understands the psychosocial, cognitive and developmental maturation of adolescents.
		Demonstrates an understanding of school related issues/behaviors in the adolescent age group.
		Understands adolescent health maintenance as it relates to activities and sports.
		Demonstrates knowledge of the content of anticipatory guidance and prevention appropriate to the adolescent age group.
		Explains the legal and ethical issues involved in the delivery of health care to adolescents.
		Demonstrates knowledge of the indications for immunizations in the adolescent age group.
		Explains the standard laboratory procedures for adolescent health screening.
		Describes key strategies for scheduling and organizing health maintenance visits specific

		to adolescents focusing particular attention on issues of consent and confidentiality.
Knowledge/Skills:		
		Provides care to adolescent patients with common conditions that generally do not require referral.
		Triages and provides initial care to adolescent patients who generally require referral.
Skills:		
		Demonstrates competence in performing a complete history in an adolescent patient.
		Demonstrates competence in performing a complete physical examination including GU exam of an adolescent.
		Demonstrates competence in performing a pelvic exam.
Evidence Based Learning and Public Health		
		Is able to search, synthesize and present recent literature and data on adolescent health issues
		Demonstrates ability to address a public health issue affecting adolescents
		Completed 3 assignments: -Adolescent Topic Presentation -Advocacy Assignment -Public Health Recommendation

Potential assessment methods:

CBM= Case Based Model
 CSR= Chart Stimulated Recall
 CLP= Checklist of live/recorded performance
 DO= Direct Observation of benchmark
 GR= Global Rating of Live/Recorded performance
 OSCE= Observed structured clinical examination
 PL= Procedure log
 PS= Patient/ Parent survey
 RR= Record Review
 S/M= Simulations and models
 SO= Standardized Oral Exam
 SP= Standardized patient exam
 SW= Standardized Written