



COMSEP

Better Health for All Patients
Through Pediatric Education

2019 COMSEP CURRICULUM REVISION

COMSEP Curriculum Revision Action Team Toolkit

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2019 COMSEP Curriculum Revision

Background

The COMSEP General Pediatric Clerkship Curriculum was first published in 1995, with modifications in 2002 and again in 2005. Since the last revision in 2005, the national educational landscape has changed significantly, with greater focus on anchoring objectives to core competencies, restructuring of clinical teaching and clerkship experiences, and earlier introduction of patient contact now common across medical schools. The focus of education has moved more towards outcomes, with national standards such as milestones and now entrustable professional activities (EPA's) anchoring curriculum development and assessment of postgraduate (and to a limited extent undergraduate) learners. The approach to patient care is changing, reflecting a more quality outcomes approach with better integration of health care teams and systems.

In order to develop the next generation of physicians to care for pediatric patients, comprehensive updating of the COMSEP General Pediatric Clerkship Curriculum was needed. The Curriculum Revision Action Team was created to lead this effort.

The vision through which the curriculum revision process was undertaken was to provide a basis for an international standard of high quality education for medical students in pediatrics. Through this vision, five guiding principles were written, discussed, and revised to inform the mission of the curriculum revision:

1. Skills, attitudes, and knowledge required to train ALL physicians to safely care for children
2. Flexible to meet different educational environments
3. Follow well-established curriculum development principles
4. Usable by both the educator and the student (both teacher-centric and student-centric)
5. Align with international education standards

Perspectives

In order to inform the updating of the COMSEP Curriculum, the following perspectives were elicited throughout the curriculum revision process:

- **COMSEP membership**

- **2011 general survey** – annual survey asked “To what degree do you base your current clerkship curriculum on the 2005 COMSEP clerkship curriculum?” The majority of respondents reported portions, but not all aspects, of the curriculum were incorporated into their clerkships. 59.7% of survey respondents answered “yes” to the question “Should the Curriculum Task Force consider restructuring the COMSEP clerkship curriculum to mirror the six ACGME core competencies?” Although these responses were six years old at the time of the start of the current curriculum revision process, it is apparent that COMSEP membership felt the clerkship curriculum should be revised, as evidenced by the majority of clerkship directors only using portions of the existing curriculum.
- **2017 curriculum survey** – General membership was invited to answer brief survey on the curriculum. Primary results included 27.54% responded “Very Useful,” 21.74% responded “Mostly Useful,” 31.88% responded “Somewhat Useful,” and 10.14% responded “Not Useful” when asked to “Rate the utility of the COMSEP curriculum in its current form to you as an educator.” The second question asked respondents to provide details as to why the COMSEP curriculum is useful or not useful, with space for free text responses; 64 responses were recorded. Although many respondents felt it was helpful to have an agreed upon national curriculum to serve as a base by which individual clerkship curricula could be constructed, many felt the current iteration is too long/comprehensive, inflexible in light of the changing educational landscape, lacks links to strategies for implementation and assessment of curricular elements, and is difficult to navigate, suggesting its organization could be improved upon. A third question investigated how membership felt the COMSEP curriculum could be adapted to better address current educational needs, with responses including structural revision of the existing curriculum, better mapping to assessment methods including competencies, milestones, and entrustable professional activities, improvement in the electronic platform in which the curriculum is housed, and easier to use organization
- **2016 COMSEP Webinar** – Curriculum Revision Action Team conducted webinar for general member to introduce revised concept for restructuring the curriculum into a focused and flexible approach, with 4 Clinical Domains for application of the objectives. Feedback was positive regarding the restructuring, with suggestion to consolidate 4 Clinical Domains into 3.

- **2017 COMSEP Meeting Focus Groups** – During the spring meeting, members reviewed the existing curricular topics and provided feedback and additional suggestions for which to include in the revised curriculum.
- **2018 COMSEP Meeting Focus Group** – During the spring meeting, Curriculum Revision Action Team met with focus group of members to obtain feedback on the objectives. Focus group identified gaps and feedback was incorporated.
- **2018 curriculum survey** – General membership was invited to provide feedback on the proposed curriculum revision mid-way through the revision. Feedback was positive, supporting the need for a focused and flexible approach. Members were often split evenly regarding level of detail or appropriateness of objectives for a Clerkship student (ie, too easy or too hard of an objective for a Clerkship student), reinforcing the need for a flexible approach. Members requested improved mapping across the curriculum, as well as continued need for upgraded tech platform
- **ACE Survey**
 - Spring 2018 survey sent to ACE members – Twenty responses respondents identified key skills and attributes needed to effectively care for children. Primary skills were in physical exam skills, recognizing pertinent physical exam findings, history-taking,
- **Pediatric Program Directors Survey**
 - Fall 2018 survey sent to APPD members – Nearly 60 respondents identified key skills and attributes needed to effectively care for children. Primary skills were in recognizing sick vs. not sick, history-taking, physical exam skills, and communication skills.
- **Family Survey**
 - Fall 2018 survey sent to Family Voices and other Family Advisory Councils – Nearly 200 respondents provided perspectives on the key skills and attributes needed to effectively care for children. Primary skills were in areas of teaching compassion, respect for parents as partners, and listening skills.

Methods

- The entire existing COMSEP Curriculum was reviewed in detail with consideration of the perspectives outlined previously.
- Professionalism Basics – Professional Basics are foundational skills, attitudes, and knowledge that all medical students possess on entry into clinical rotations. It is an assumption that all students possess these specialty-agnostic professional basics, even at an entry level, prior to the start of their pediatrics rotation. These were developed and reviewed by consensus among our group, as well as with input from the Pre-Clerkship group.
- The existing curricular topics were reviewed at the COMSEP 2017 meetings and revised.
- From the revised list of curricular topics, three key themes emerged under which the existing topics and related objectives could be framed.
 - Care of the Well Child
 - Care of the Acutely Ill Child
 - Care of the Chronically Ill Child

	Foundational	Well Child	Acutely Ill	Chronic Conditions
Fluids and Electrolytes	X		X	
Therapeutics	X		X	X
Pediatric Emergencies	X		X	
Newborn Care	X	X	X	
Growth and Nutrition	X	X		X
Development	X	X		X
Behavior		X		
Adolescents	X	X		
Prevention	X	X		
Advocacy	X	X	X	
Interprofessional Care	X		X	X
Cultural Competency	X			

- All objectives were reviewed and either maintained, edited, or eliminated based on their alignment with perspectives and expectations
 - Five overall Clerkship Course Goals were identified
 - Three levels of specificity emerged from the revised objectives
 - **Foundational Objectives** – Objectives that all programs should include, regardless of length or structure. Each foundational objective maps to one of the five Clerkship Goals. The foundational objectives reflect general principles and may be applied in a variety of settings
 - **Clinical Domain Objectives** -To assist educators in more easily applying the COMSEP curriculum into their clerkship, we organized more specific versions of the foundational objectives within three clinical contexts: Care of the Acutely Ill Child, Care of the Chronically Ill Child, and Care of the Well Child. Each of these objectives is mapped to corresponding foundational goals and objectives. Given the heterogeneity of clerkship lengths, formats, and clinical setting availability, we further categorized the Clinical Domain Objectives into Core vs. Supplementary.
 - **Core Objectives** – Core objectives reflect objectives that programs should include in the given Clinical Domain, and are aligned with a more general foundational objective. The core objectives offer different ways to satisfy the foundational objective.
 - **Supplementary Objectives** – Supplementary objectives reflect more advanced learning that may be used at the discretion of programs. For example, they may be suitable for programs with longer duration, more availability of clinical experiences, or more advanced students in the Clerkships. They are not meant to serve as 4th year learning objectives, but may be used as a resource in developing 4th year curricula.
 - Instructional and assessment strategies are not included within the Curriculum Toolkit at this time. Members are invited and encouraged to develop Action Teams, as overseen by the Curriculum Steering Committee and Executive Committee, of which the Curriculum Revision Action Team has membership.
 - Common condition tables are currently being revised by the Curriculum Revision Action Team. They will be vetted by members prior to finalization.
 - Technology platform is being explored by the Curriculum Revision Action Team, in association with Degnon. The aim is for a searchable, cross-referenced platform that will allow members to find and select objectives to develop their own program specific curriculum.
 - The final curriculum will also be mapped to the EPAs, to assist programs in aligning with LCME and institutional needs. This is in process.

2019 COMSEP Clerkship Curriculum

Mission statement:

- “After completion of the pediatric clerkship, learners will have the basic skills, attitudes and knowledge to safely and compassionately care for children.”

Guiding Principles:

- Flexible to meet different educational environments.
- Follow established curricular development principles.
- Usable by both educator and student.
- Align with international educational standards.

Professional Basics and Professionalism Attributes

Background and Definition: Professional Basics are foundational skills, attitudes, and knowledge that all medical students possess on entry into clinical rotations. It is an assumption that all students possess these specialty-agnostic professional basics, even at an entry level, prior to the start of their pediatrics rotation. Professionalism attributes are the foundational characteristics that underlie identity formation in the developing physician.

Professional basics and attributes of professionalism are taught formally in preclinical medical school curricula (lectures, panel discussions, small-group discussions, introductory bedside diagnosis courses, etc.) and informally through role modeling during clinical experiences in the preclinical years. Additionally, constructivist learning theory espouses that students’ professional basics also draw from their values, upbringing, and experiences prior to entering medical school.

Professional Basics

At the start of the pediatric clerkship, all medical students should be able to:

1. **Gather patient-related information:** Students should begin to gather information needed in the diagnosis and management of a patient (through interview of patient/family, performing a physical exam and conducting EMR/chart review), though may not yet be proficient in filtering this information or identifying key contributing factors. (PC1, PC4, PC5, K/S, R)
2. **Communicate effectively with their preceptor:** Students should begin to relay information obtained from their history and physical examination in a relatively organized fashion to supervisors. Students may need guidance adapting the H&P structure for a pediatric patient, or understanding the unique features related to information needed to care for children (e.g. birth history, immunizations, developmental history, etc.) (ICS3, K/S, R)
3. **Applying medical knowledge in patient care:** Students should be able to recall core principles (pathophysiology, anatomy, etc.), and begin to describe the clinical manifestations of common diseases seen in the pediatric population. (MK1, K, R)
4. **Clinical reasoning:** Students should be able to identify major pediatric clinical problems and begin to generate a prioritized list of differential diagnoses for a patient's chief complaint. (PC6, K/S, R/I)
5. **Identify appropriate treatment approaches:** Students should be able to identify basic management and treatment options for common pediatric conditions and diseases. (PC7, K/S, I/M)

Professionalism Attributes

1. Professional interactions:

- a) Communicates honestly, respectfully and directly with patients, families, peers and other healthcare professionals.
- b) Always approaches the role of medical student with honor and integrity.
- c) Communicates with patients and family members in a compassionate and culturally sensitive manner. (P1, P2, PPD5, A)

2. Professional behavior:

- a) **Truthfulness and respect:** Displays honest behavior, reports only data that they gathered or collected and appropriately attributes information sought elsewhere, including data from the EHR/chart. Demonstrates respect for patients and caregivers and others' opinions. (ICS3, P3, PPD5, S/A, PROF1)
- b) **Conscientiousness/Preparation:** Completes requirements and participates in discussions. Demonstrates reliability in completing assigned patient care related tasks. (PPD5, K/S/A, PROF2)

- c) **Self-directed learning:** Seeks outside resources and begins to evaluate and assimilate information from primary and evidence-based resources related to patient and population-based problems. (MK1, MK2, K)
- 3. **Professional discernment:** Demonstrates an awareness of limitations in skills/attitudes/knowledge, seeks out help when needed. (PBLI1, PBLI3, PPD1, S/A)
- 4. **Professional ethics:** Demonstrates an understanding and application of ethical principles, including the concepts of autonomy, beneficence, non-maleficence, and justice to clinical medicine (P2, K/A).

References

1. *COMSEP Curriculum (section on Professional Conduct and Attitudes)*
2. Baernstein A, Amies Oelschlager AME, Chang TA, Wenrich MD. *Learning professionalism: perspectives of preclinical medical students. Academic Medicine 84(5). May 2009, 574-81.*
3. *Written objectives and course descriptions for “Applied Clinical Skills” and “Bedside Diagnosis” courses in the SLUSOM course catalog*
4. *OHSU SOM Medical Student Clinical Assessment form*
5. *The Pediatric Milestones Project, joint initiative of the ABP and ACMGE 2012*

Clinical Domain Objectives Mapped to Foundational Goals and Objectives

Mission Statement: After completion of the pediatric clerkship, learners will have the basic skills, attitudes and knowledge to safely and compassionately care for children.

Course Goals and Foundational Objectives: By the end of the pediatric clerkship a student will...

1. Demonstrate a humanistic approach to patient care
 - a. Recognize the role of culture, values, beliefs, and social determinants of health in influencing health and illness
 - b. Engage effectively with children across the age and developmental spectrum
 - c. Demonstrate respect for the contributions of caregivers

2. Develop communication skills that will facilitate effective clinical interactions with patients and families
 - a. Obtain a developmentally appropriate history pertinent to the needs of patients and families
 - b. Interview an adolescent patient using a standard structured interview technique to address sensitive issues that affect health and safety

3. Perform an age and developmentally appropriate physical exam pertinent to the needs of the patient and family
 - a. Perform a comprehensive newborn physical exam
 - b. Demonstrate a child-centered approach to the physical exam
 - c. Assess growth in children, including height/length, weight, head circumference and body mass index using standard or condition-specific growth charts

4. Integrate clinical information from the history, physical exam and other available data to develop an assessment and plan for a pediatric patient
 - a. Compare and contrast signs and symptoms of an acutely ill child requiring emergent care versus a stable child, based on history and physical exam findings
 - b. Obtain historical and physical exam information necessary to assess the hydration status of a child
 - c. Demonstrate how to calculate weight based dosing
 - d. Assess the behavioral and developmental status of a pediatric patient

- e. Identify that there are different nutritional needs based on age and health status
- f. Demonstrate knowledge necessary for the diagnosis and initial management of common pediatric complaints
- g. List characteristics of the history and physical examination that should trigger concern for possible adverse childhood experiences, including physical, sexual, and psychological abuse and neglect

5. Describe the physician's role in the interdisciplinary care for patients and families

- a. Recognize the role of the health care team in advocating for the health, well-being, and safety for children including principles of prevention
- b. Engage effectively with members of the health care team in the provision of patient care

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
ACUTELY ILL CHILD																	
Fluid and electrolytes																	
-Calculate intravenous or oral maintenance fluids for a child,										X	X						
-Calculate IV fluid orders for a child requiring acute fluid resuscitation.										X	X						

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
Therapeutic																	
-Describe the appropriate use of medications for common pediatric conditions											X			X			
Common acute illness in children																	
- Obtain a history pertinent to the presenting concerns		X	X	X	X				X	X		X				X	
- Perform a physical examination and interpret pertinent findings		X				X	X		X	X						X	
-Interpret common laboratory tests														X			
-Generate an age-appropriate differential diagnosis														X			
-Describe an initial diagnostic and therapeutic plan for children with common pediatric concerns											X			X			
Pediatric emergencies																	
-Describe the clinical manifestations and initial									X	X		X		X	X		

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
management of emergent pediatric conditions such as: <ul style="list-style-type: none"> • sepsis • shock • respiratory distress/failure • altered mental status • status epilepticus • acute abdomen • trauma 																	
-Discuss presentations concerning for child maltreatment, and the physician's role in reporting to Child Welfare.	X														X	X	
Newborn care																	
-List the differential diagnosis and identify the clinical and laboratory features of an acutely ill infant for common problems that may occur						X			X	X				X			
-Propose the management of the acutely ill infant with conditions such as: <ul style="list-style-type: none"> • jaundice 											X			X			

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
<ul style="list-style-type: none"> • respiratory distress • concern for serious bacterial infection (sepsis, meningitis, bacteremia, UTI) • shock • poor feeding 																	
CHRONICALLY ILL CHILD																	
Growth and Nutrition																	
-Obtain a dietary history in children of different ages with chronic conditions, including type of feeding, amount, frequency, restrictions, and supplements.				X	X								X				
Therapeutics																	
-Demonstrate the appropriate use of medications for common chronic pediatric conditions											X			X			

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
Common Chronic Illnesses																	
-Describe the clinical features associated with common pediatric chronic medical conditions												X		X			
-Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.	X		X									X	X				
-Identify basic management strategies for common chronic illnesses seen in children	X		X								X		X	X		X	
-Describe the role of the multidisciplinary team in the care of children with chronic illnesses	X		X													X	X
WELL CHILD																	
Growth and Nutrition																	

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
-Obtain a dietary history in children of different ages including amount, frequency, restrictions, and supplements. <ul style="list-style-type: none"> • Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron) • Toddler/school age: well-balanced diet, milk, juice, soda, fast foods, meal patterns, dietary supplements (MVI, fluoride) • Adolescents: well-balanced diet, meal patterns, nutritional supplementations, milk, juice, soda, snacking, fad diets, eating disorders 				X	X								X				
-Identify abnormal growth patterns on standard growth charts								X									

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
Development																	
-Describe the major developmental domains (e.g. gross motor, fine motor, language, and social development) and how development is routinely assessed		X		X			X					X					
-Recognize developmental delays based on history, physical exam, and results of screening tools		X		X			X					X		X			
Behavior																	
-Describe the range of typical behavior across the developmental spectrum		X										X					
-Recognize the clinical manifestations of common pediatric behavioral and developmental conditions including anxiety, depression, ADHD, autism, and concerns for self-harm	X			X	X									X	X		
Adolescence																	
-Interview an adolescent patient using a standard	X	X			X												X

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
structured interview technique to address sensitive issues that affect health and safety.																	
-Describe the unique features of the physician-patient relationship during adolescence		X			X												X
Prevention																	
-Describe the rationale behind the pediatric immunization guidelines and the vaccine preventable diseases they aim to prevent.	X													X			X
-Describe age-appropriate anticipatory guidance for injury prevention across the developmental spectrum	X		X	X	X												X
-Recognize the use of screening tools in the assessment of growth, development, behavior,	X		X	X	X			X				X			X		X

	Humanistic Approach			Communication Skills		Physical Exam			Clinical Integration							Advocacy and Team	
	a	b	c	a	b	a	b	c	a	b	c	d	e	f	g	a	b
social determinants of health, and family violence																	
Newborn																	
-Describe the common concerns to be reviewed during well newborn visits, including newborn feeding, sleep, safety, and parental self-care	X		X	X									X				X
-Obtain a dietary history for a newborn/infant- including type of feeds, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron).				X				X					X				
-Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.	X		X										X				X

Appendix A
Clinical Domain Objectives
Core and Supplemental

Care of the Acutely Ill child

Fluid and Electrolyte Management

1. CORE
 - a. Calculate intravenous or oral maintenance fluids for a child, considering daily water and electrolyte requirements.
 - b. Assist in the writing of IV fluid orders for a child requiring acute fluid resuscitation.
2. Supplemental
 - a. Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration and such conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, severe acidosis, and alkalosis.
 - b. Describe the additional fluid and nutritional needs or restrictions in children with emergent conditions

Therapeutics

1. CORE
 - a. Describe the appropriate use of medications for common pediatric conditions (see Common Illnesses table).
2. Supplemental
 - a. Describe and practice the principles of antibiotic stewardship.
 - b. Describe the ways medication errors are systematically prevented.

Common Acute illness in Children

1. CORE
 - a. Obtain a history pertinent to the presenting concerns
 - b. Perform a physical examination and interpret pertinent findings (Common Physical Exam Findings)
 - c. Interpret common laboratory tests (Common laboratory findings)
 - d. Generate an age-appropriate differential diagnosis

- e. Describe an initial diagnostic and therapeutic plan for children with common pediatric concerns (see Common Illnesses table)

Pediatric Emergencies

1. CORE

- a. Describe the clinical manifestations and initial management of emergent pediatric conditions such as:
 - i. sepsis
 - ii. shock
 - iii. respiratory distress/failure
 - iv. altered mental status
 - v. status epilepticus
 - vi. acute abdomen
 - vii. Trauma
- b. Discuss presentations concerning for child maltreatment, and the physician's role in reporting to Child Welfare.

2. Supplemental

- a. Describe the presentation and management of accidental and intentional ingestions
- b. Describe the role of the physician in the interdisciplinary evaluation of children who may be maltreated.

Newborn Care

1. CORE

- a. List the differential diagnosis and identify the clinical and laboratory features of an acutely ill infant for common problems that may occur (see common illnesses table).
- b. Propose the evaluation and management of the acutely ill infant with conditions such as:
 - i. jaundice
 - ii. respiratory distress
 - iii. concern for serious bacterial infection (sepsis, meningitis, bacteremia, UTI)
 - iv. shock
 - v. poor feeding

2. Supplemental

- a. Assess gestational age using standardized tools
- b. Discuss some of the clinical conditions and challenges associated with prematurity

Care of Chronically Ill Children

Growth and Nutrition

1. CORE
 - a. Obtain a dietary history in children of different ages with chronic conditions, including type of feeding, amount, frequency, restrictions, and supplements.
2. Supplemental
 - a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietary restrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.

Therapeutics

1. CORE
 - a. Demonstrate the appropriate use of medications for common chronic pediatric conditions (see Common Illness table).
2. Supplemental
 - a. Practice principles of antibiotic stewardship.
 - b. Describe the ways medication errors are systemically prevented.

Common Chronic Illnesses

1. CORE
 - a. Describe the clinical features associated with common pediatric chronic medical conditions (see chronic illnesses table).
 - b. Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.
 - c. Identify basic management strategies for common chronic illnesses seen in children (see Common Illness table)
 - d. Describe the role of the multidisciplinary team in the care of children with chronic illnesses
2. Supplemental
 - a. Attend an interdisciplinary family meetings regarding the care of a child with chronic conditions
 - b. Describe the importance of transitions of care and care coordination for children with chronic conditions

Care of the Well Child

Growth and Nutrition

1. CORE

- a. Obtain a dietary history in children of different ages including amount, frequency, restrictions, and supplements.
 - i. Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron)
 - ii. Toddler/school age: well-balanced diet, milk, juice, soda, fast foods, meal patterns, dietary supplements (MVI, fluoride)
 - iii. Adolescents: well-balanced diet, meal patterns, nutritional supplementations, milk, juice, soda, snacking, fad diets, eating disorders
- b. Identify abnormal growth patterns on standard growth charts

2. Supplemental

- a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietary restrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.
- b. Develop an initial evaluation and management plan for the child with an abnormal growth pattern

Development

1. CORE

- a. Describe the major developmental domains (e.g. gross motor, fine motor, language, and social development) and how development is routinely assessed.
- b. Recognize developmental delays based on history, physical exam, and results of screening tools

2. Supplemental

- a. Describe the initial evaluation of children with developmental concerns.

Behavior

1. CORE

- a. Describe the range of typical behavior across the developmental spectrum.
 - b. Recognize the clinical manifestations of common pediatric behavioral and developmental conditions including anxiety, depression, ADHD, autism, and concerns for self-harm
- Supplemental
- c. Provide developmentally appropriate counseling regarding the management of common parental concerns such as discipline, toilet training, and daily routines.
 - d. Provide initial management suggestions for children with common pediatric mental health conditions including anxiety, depression, and concerns for self-harm.

Adolescence

1. CORE

- a. Interview an adolescent patient using a standard structured interview technique to address sensitive issues that affect health and safety.
- b. Describe the unique features of the physician-patient relationship during adolescence

2. Supplemental

- a. Counsel adolescents regarding high risk behaviors, sexual activity/orientation, violence, eating disorders, substance use, and bullying.

Prevention

1. CORE

- a. Describe the rationale behind the pediatric immunization guidelines and the vaccine preventable diseases they aim to prevent.
- b. Describe age-appropriate anticipatory guidance for injury prevention across the developmental spectrum.
- c. Recognize the use of screening tools in the assessment of growth, development, behavior, social determinants of health, and family violence.

2. Supplemental

- a. Be able to identify resources for catch-up immunization schedules in under-immunized children.
- b. Recognize the scenarios in which certain immunizations may be contraindicated (e.g. live virus vaccines in immunocompromised)

Newborn

1. CORE

- a. Describe the common concerns to be reviewed during well newborn visits, including newborn feeding, sleep, safety, and parental self-care
- b. Obtain a dietary history for a newborn/infant- including type of feeds, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron).
- c. Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.

2. Supplemental

- a. Discuss ongoing health maintenance strategies for former premature infants
- b. Describe the initial counseling of parents with common newborn concerns such as colic, feeding, stooling patterns, etc.