

Children’s Hospital & Research Center Oakland Outpatient Pediatrics Continuity Clinic and CAP* (*Community, Advocacy, Primary Care)	
Philosophy/Level specific expectations: Each training level (PL 1,2,3) is expected to focus on the medical knowledge and patient care goals as listed below, becoming increasing proficient and ultimately an independent functioning pediatrician upon graduation. PL-1’s are exposed to our rich community and its resources that are available to our patients. They are also given basic training in advocacy on all different levels. PL-2’s continue to learn about the community resources and, if desired, develop their own advocacy project to be involved with. While in direct patient care, they are able start to independently use the community resources to aid in their care of their patients. PL-3’s competently deliver patient care while communicating and utilizing community resources that may benefit their patients with the goal of delivering excellent patient care. PL-3’s also will serve as supervisors (“pre”attendings) to PL-1’s in the outpatient setting.	
Primary Goals for this Rotation	
3.2 GOAL: 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	PC, MK, PBL, ICS, PL
3.2.1 : Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, GAPS).	
3.2.2 : Perform a family centered health supervision interview. Define family and identify significant family members and other significant caretakers and what role they play in the child's life. Identify patient and family concerns. Discuss health goals for the visit with the patient and family. Prioritize agenda for the visit with the patient and family. Elicit age-appropriate information regarding health, nutrition, activities, and health risks	
3.2.3 : Perform age-appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring. Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).	

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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.	
3.2.4 : Critically observe interactions between the parent and the infant, child, or adolescent.	
3.2.5 : Perform physical exam with special focus on age-dependent concerns and patient or family concerns.	
3.2.6 : Order or perform and interpret additional age-appropriate screening procedure, using nationally-recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns).	
3.2.7 : 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).	
3.2.8 : Perform age-appropriate immunizations using nationally-recognized periodicity schedules.	
3.2.9 : Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and the child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS). Address topics including:	
3.2.9.1 :Promotion of healthy habits (e.g., physical activity, reading, etc.)	
3.2.9.2 :Injury and illness prevention	
3.2.9.3 :Nutrition	
3.2.9.4 :Oral health	
3.2.9.5 :Age-appropriate medical care	
3.2.9.6 :Promotion of social competence	
3.2.9.7 :Promotion of positive interactions between the parent and infant/child/adolescent	
3.2.9.8 :Promotion of constructive family communication, relationships and parental health	
3.2.9.9 :Promotion of community interactions	
3.2.9.10 :Promotion of responsibility (adolescence)	
3.2.9.11 :Promotion of school achievement (middle childhood, adolescence)	
3.2.9.12 :Sexuality (infancy, early and middle childhood, adolescence)	
3.2.9.13 :Prevention of substance use/abuse (middle childhood, adolescence)	
3.2.9.14 :Physical activity and sports	
3.2.9.15 :Interpretation of screening procedures	
3.2.9.16 :Prevention of violence	

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3.2.10 : Work collaboratively with professionals in the medical, mental-health, educational and community system to optimize preventive health services for children.	+SBP
3.2.11 : Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision (e.g., share tasks with office staff; develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books, videos; develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).	
3.2.12 : Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families.	+SBP
3.4 GOAL: Common Signs and Symptoms (Continuity Clinic and Primary Care). Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.	MK, PC, PBL
<p>3.4.1 : Evaluate and manage the following signs and symptoms that present in the context of health care promotion:</p> <ol style="list-style-type: none"> 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, breast drainage, 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 2. General: Acute life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain, dental caries, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, variations in appetite, variations in toilet training, overactivity, somatic complaints, poor school performance, attention problems, fatigue, masturbation, anxiety, violence 3. Cardiorespiratory: Apnea, chest pain, cough cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, inadequate respiratory effort, respiratory failure, rhythm disturbance, shortness of breath, stridor, syncope, tachypnea, wheezing 4. Dermatologic: Congenital nevus and other birth marks, ecchymoses, edema, paleness, petechiae, pigmentary changes, purpura, rashes, urticaria, vascular lesions, foul smelling umbilical cord 	

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<ol style="list-style-type: none"> 5. EENT: Acute visual changes; dysconjugate gaze; conjunctival injection; ear or eye discharge; ear, throat, eye pain, edema, epistaxis; nasal foreign body; hoarseness; stridor 6. Endocrine: growth disturbance, short stature, heat or cold intolerance, normal and abnormal timing of pubertal changes, polydipsia, polyuria 7. GI/Nutrition/Fluids: Abdominal pain, mass or distention; ascites; constipation; dehydration; diarrhea; dysphagia; encopresis; hematemesis; inadequate intake of calories or fluid; jaundice; melena; obesity; rectal bleeding; regurgitation; vomiting 8. Genitourinary/Renal: Change in urine color, dysuria, edema, enuresis, frequency, hematuria, oliguria, pain referable to the urinary tract, scrotal mass, pain or edema, trauma to urinary tract or external genitalia, undescended testicle, enuresis 9. 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 10. Hematologic/Oncologic: Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor 11. Musculoskeletal: Malpositioning of feet, malpositioning of legs, hip clicks, abnormal gait, abnormal spine curvature, arthritis or arthralgia, bone and soft tissue trauma, limb or joint pain, limp, variations in alignment (e.g., intoeing) 12. Neurologic: Delays in developmental milestones, ataxia, change in sensorium, diplopia, headache, head trauma, hearing concerns, gait disturbance, hypotonia, lethargy, seizure, tremor, vertigo, visual disturbance, weakness 13. Psychiatric/Psychosocial: Acute psychosis, anxiety, behavioral concerns; conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect 	
<p>3.5 GOAL: Common Conditions (Continuity Clinic and Primary Care). Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient Department.</p>	<p>MK, PC, PBL, ICS, PL, SBP</p>
<p>3.5.1 : Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.</p> <ol style="list-style-type: none"> 1. Infancy: Breast feeding, bottle feeding, colic, congenital hip 	

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<p>dislocation, constipation, strabismus, colic, parent-infant interactional issues, sleep problems, child care decisions, separation protest, stranger anxiety, failure to thrive, recurrent respiratory and ear infections, positional foot deformities, rashes, teething, injury prevention and safety</p> <ol style="list-style-type: none"> 2. General: Colic, failure to thrive, fever, overweight, iron deficiency, lead exposure, strabismus, hearing problems, child care decisions, well-child and well adolescent care (including anticipatory guidance), parental issues (financial stress, divorce, depression, tobacco, alcohol or substance abuse, domestic violence, inadequate support networks) 3. Allergy/Immunology: Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria 4. Cardiovascular: Bacterial endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever 5. Dermatology: abscess, acne, atopic dermatitis, cellulitis and superficial skin infections, impetigo, molluscum, tinea infections, viral exanthems, verruca vulgaris, other common rashes of childhood and adolescence 6. Endocrine/Metabolic: Diabetes mellitus, diabetes insipidus, evaluation for possible hypothyroidism, growth failure or delay, gynecomastia, hyperthyroidism, precocious or delayed puberty 7. GI/Nutritional: Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, obesity, pancreatitis 8. GU/Renal: Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schonlein purpura, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis 9. Gynecologic: Genital trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body 10. Hematology/Oncology: Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia 	
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<p>11. 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), sinusitis, upper respiratory tract infections, viral illness, recurrent infections</p> <p>12. Musculoskeletal: Apophysitides, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion</p> <p>13. Pharmacology/Toxicology: Common drug poisoning or overdose, ingestion avoidance (precautions)</p> <p>14. Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse</p> <p>15. Pulmonary: Asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI</p> <p>16. Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)</p>	
<p>3.6 GOAL: Diagnostic Testing (Continuity Clinic and Primary Care). Utilize common diagnostic tests and imaging studies appropriately in the outpatient department.</p>	<p>MK, PC, PBL</p>
<p>3.6.1 : Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to:</p>	
<p>3.6.1.1 :Explain the indications for and limitations of each study.</p>	
<p>3.6.1.2 :Know or be able to locate age-appropriate normal ranges (lab studies).</p>	
<p>3.6.1.3 :Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios and receiver operating characteristic curves, to assess test utility in clinical settings.</p>	
<p>3.6.1.4 :Recognize cost and utilization issues.</p>	
<p>3.6.1.5 :Interpret the results in the context of the specific patient.</p>	
<p>3.6.1.6 :Discuss therapeutic options for correction of abnormalities.</p>	
<p>3.6.2 : Use appropriately the common laboratory studies in the Continuity Clinic and Outpatient setting:</p>	

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<ol style="list-style-type: none"> 1. CBC with differential, platelet count, RBC indices 2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate 3. Hemaglobin A1C 4. Cholesterol 5. Renal function tests 6. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin) 7. Serologic tests for infection (e.g., hepatitis, HIV) 8. CRP, ESR 9. Routine screening tests (e.g., neonatal screens, lead) 10. Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms 11. Tests for ova and parasites 12. Thyroid function tests 13. Culture for bacterial, viral, and fungal pathogens, including stool culture 14. Urinalysis 15. Gram stain 16. Developmental, behavioral and depression screening tests 	
<p>3.6.3 : Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in Continuity Clinic or the Outpatient Pediatric Clinic:</p> <ol style="list-style-type: none"> 1. Plain radiographs of the chest, extremities, abdomen, skull, sinuses 2. CT, MRI, angiography, ultrasound, nuclear scans (interpretation not expected) and contrast studies when indicated 3. Bone age films 	

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4. Electrocardiogram and echocardiogram	
3.7 GOAL: Monitoring and Therapeutic Modalities (Continuity Clinic and Primary Care). Understand how to use physiologic monitoring and special technology in the Continuity Clinic and Primary Care Pediatric Outpatient Department, including issues specific to care of the chronically ill child.	PC, MK, PBL
<p>3.7.1 : Demonstrate understanding of the monitoring techniques and special treatments commonly used in the Continuity Clinic and Pediatric Outpatient Department:</p> <ol style="list-style-type: none"> 1. Discuss indications, contraindications and complications. 2. Demonstrate proper use of technique or treatment for children of varying ages. 3. Interpret results of monitoring based on method used, age and clinical situation. 	
<p>3.7.2 : Appropriately use the monitoring techniques commonly used in the Continuity Clinic and Pediatric Outpatient Department:</p> <ol style="list-style-type: none"> 1. Cardiac monitoring 2. Pulse oximetry 3. Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit 	
<p>3.7.3 : Use appropriately or be familiar with the following treatments and techniques in the Continuity Clinic and Pediatric Outpatient Department:</p> <ol style="list-style-type: none"> 1. Universal precautions 2. Hand washing between patients 3. Isolation techniques 4. Administration of nebulized medication 5. Injury, wound and burn care 6. Oxygen delivery systems 7. Intramuscular, subcutaneous and intradermal injections 	

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3.7.4 : Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.	
3.7.5 : Demonstrate skills for assessing and managing pain. 1. Use age-appropriate pain scales in assessment. 2. Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.	
3.8 GOAL: Pediatric Competencies in Brief (Continuity Clinic/Outpatient): Demonstrate high standards of professional competence while working with patients in the continuity and outpatient setting.	
3.8.1 : Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.	
3.8.1.1 :Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.	
3.8.1.2 :Provide sensitive support to patients and their families in the outpatient setting.	
3.8.1.3 :Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.	
3.8.2 : Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.	
3.8.2.1 :Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.	
3.8.2.2 :Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.	
3.8.3 : Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.	
3.8.3.1 :Provide effective patient education, including reassurance, for conditions common to the outpatient setting.	
3.8.3.2 :Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.	
3.8.3.3 :Develop effective strategies for teaching students, colleagues and other professionals.	

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3.8.3.4 :Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.	
3.8.4 : Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.	
3.8.4.1 :Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.	
3.8.4.2 :Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.	
3.8.4.3 :Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.	
3.8.5 : Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.	
3.8.5.1 :Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).	
3.8.5.2 :Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.	
3.8.5.3 :Adhere to ethical and legal principles and be sensitive to diversity.	
3.8.6 : Competency 6: Systems-Based Practice. Understand how to practice high quality health care and advocate for patients within the context of the health care system.	
3.8.6.1 :Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.	
3.8.6.2 :Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.	
3.8.6.3 :Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.	
3.8.6.4 :Recognize one's limits and those of the system; take steps to avoid medical errors.	
Procedures	
7.1. GOAL: Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.	PC, MK, PBL

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Breast pump use	
Medication/Vaccine delivery: IM/SC/ID	
Medication delivery: inhaled	
PPD: placement	
Pulmonary function tests: spirometry	
Abscess: I & D of superficial abscesses	
Abscess: aspiration	
Bladder: catheterization	
Conjunctival swab	
Ear: cerumen removal	
Eye: eyelid eversion	
Eye: patch	
Eye: fluorescein eye exam	
Foreign body removal (simple): nose	
Foreign body removal (simple): ear	
Foreign body removal (simple): subcutaneous	
Pulse oximeter: placement	
Rectal swab	
Reduction of nursemaid elbow	
Skin scraping	
Sterile technique	
Suctioning: nares	
Suctioning: oral pharynx	
Throat swab	
Tooth: temporary reinsertion	
Urethral swab	
Venipuncture	
Wood's lamp examination of skin	
7.2. GOAL: Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.	PC, MK, PBL
ADHD home and school questionnaires	
Behavioral screening questionnaire	
Developmental screening test	
Hearing screening	
PPD: interpretation	
Tympanometry evaluation: interpretation	
Vision screening	

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PPD: interpretation	
Monitoring interpretation: pulse oximetry	
Radiologic interpretation: abdominal X-ray	
Radiologic interpretation: chest X-ray	
Radiologic interpretation: extremity X-ray	
Radiologic interpretation: sinus films	
Tympanometry evaluation: interpretation	
Source	
Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb . [Accessed 04/25/2008]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.	

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Community and Legislative Advocacy Curriculum Summary

Children's Hospital & Research Center at Oakland

Community Pediatrics

Educational Topic Objectives	Activities	Goals	
Child Abuse	<ul style="list-style-type: none"> • Center for Child Protection clinic 	<ul style="list-style-type: none"> • Become familiar with and knowledgeable of suspected abuse in patients. • Understand the role of a physician in cases of suspected or document abuse; and will acquire skills in screening and reporting. 	<ul style="list-style-type: none"> • Perform a child abuse physical assesment.
Community Based Primary Care	<ul style="list-style-type: none"> • Asian Health Services • La Clinica de la Raza • Silva Clinic • PMD clinics 	<ul style="list-style-type: none"> • Know the local resources outside of the hospital for primary care services for children. 	<ul style="list-style-type: none"> • Visit at least two of the local community based clinics.
Consultants to Schools	<ul style="list-style-type: none"> • Mills Laboratory Preschool • Montessori Preschool • Monteverde Private Preschool • Head Start 	<ul style="list-style-type: none"> • Understand how to partner effectively with school nursing and school based clinics. • Learn the different models 	<ul style="list-style-type: none"> • Know the developmental milestones of children 0-5 • Give advise to parents about early childhood education.

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	<ul style="list-style-type: none"> Preschool Lincoln Residential Center elementary school education Building Blocks Therapeutic Preschool school education 	<ul style="list-style-type: none"> of early childhood education. Learn how to effectively teach children of different ages. 	<ul style="list-style-type: none"> Give health ed talk to children in preschool, elementary school and high school.
Culturally Effective Care	<ul style="list-style-type: none"> El Grupo mothers group International Clinic SouthEast Asian Clinic 	<ul style="list-style-type: none"> Learn how culture and language impact the health of a child. 	<ul style="list-style-type: none"> Give a parenting talk to Latino mothers. Do an exam with an interpreter in with cultural humility.
Disease and Injury Prevention	<ul style="list-style-type: none"> Home Safety visit Fussy Babies Program Healthy Hearts obesity clinic Asthma Clinic 	<ul style="list-style-type: none"> Understand impact that an unsafe home has on child wellbeing. Know how to advise parents about safety. Understand the obesity epidemic. Understand the asthma epidemic. 	<ul style="list-style-type: none"> Take a safety inventory of a patient home. Perform spirometry. Give a community talk on obesity prevention.
Environmental Health	<ul style="list-style-type: none"> Environmental neighborhood tours Environmental home assessments 	<ul style="list-style-type: none"> Understand the impact of environmental toxins on childhood health 	<ul style="list-style-type: none"> Take an environmental inventory in a patient home. Do a neighborhood tour of a patient.
Government Agencies	<ul style="list-style-type: none"> CCS Regional Center WIC Juvenile Hall 	<ul style="list-style-type: none"> Understand the referral process and eligibility for government agencies. Know the follow 	<ul style="list-style-type: none"> Ascertain family needs and refer for government assistance when appropriate. Be familiar with

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		up services available after juvenile incarceration.	the locations and contact information of the local government agencies.
Mental Health Services	<ul style="list-style-type: none"> • Mobile Response Mental Health Van • Willow Rock Crisis Center • Parent Infant Program 	<ul style="list-style-type: none"> • Know the local referral process of a child with a mental health crisis • Know the local follow-up services in place for children with mental health issues. 	<ul style="list-style-type: none"> • Direct a 5150 from clinic
Parenting Resources	<ul style="list-style-type: none"> • Bananas • Tulip Grove 	<ul style="list-style-type: none"> • Learn the local parenting support resources 	<ul style="list-style-type: none"> • Refer a patient family for support services
Home Visits	<ul style="list-style-type: none"> • Neonatal follow up • Healthy Homes public health department visit • Visiting home nurses • Fussy Babies Program 	<ul style="list-style-type: none"> • Understand how the home dynamics influence health. • Understand how unsafe and unhealthy housing detrimentally affects health. • Learn the local resources available for at risk families of newborns 	<ul style="list-style-type: none"> • Complete a home safety assessment • Complete an environmental safety assessment • Discuss colic and child abuse prevention strategies during a well newborn visit.
Underserved	<ul style="list-style-type: none"> • Kerry's Kids homeless shelters • Encore Medical clinic and homeless outreach • Rotacare free clinic 	<ul style="list-style-type: none"> • Learn about how homelessness impacts health • Learn how to obtain financial assistance and insurance for families. 	<ul style="list-style-type: none"> • Ask patients about living situations to assess risk for homelessness. • Fill out a medical application.

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	<ul style="list-style-type: none"> • Financial services 		
Other	<ul style="list-style-type: none"> • George Mark Palliative Care Center 	Learn about services available to terminally ill children and their families	<ul style="list-style-type: none"> • Discuss end of life care and services with a family

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Legislative Advocacy in Pediatrics

Educational Topic Objectives

Activities

Goals

Government Relations	<ul style="list-style-type: none"> • Meet with GR staff to discuss policy issues related to Children’s Hospital • Accompany GR staff to State policy meetings 	Learn about the legislative process and pediatrician’s role in policy creation and change.	<ul style="list-style-type: none"> • Prepare a talking point summary on a bill to use in discussion with a State representative.
Media Relations	<ul style="list-style-type: none"> • Meet with MR staff to understand logistics of hospital-media communication • Media communication training 	Learn how to communicate effectively and professionally with media around children’s health issues.	<ul style="list-style-type: none"> • Speak to a reporter as a representative of Children’s Hospital & Research Center at Oakland on a child health issue.
Legislative Advocacy	<ul style="list-style-type: none"> • Rotation director • Children’s Defense Fund • AAP legislative training 	<ul style="list-style-type: none"> • Become empowered to advocate politically for the health and wellbeing of children. • Learn how to be an effective partner with legislative advocacy groups. 	<ul style="list-style-type: none"> • Be able to delineate the levels of government and how a bill becomes a law. • Write letter to representative or op-ed piece. • Write summary paper on legislative piece

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