Adolescent Medicine
Goals and Objectives

The rotation in adolescent medicine is intended to develop the resident’s clinical skills, and exposure to health issues specific to this age group. Experience in Adolescent Medicine must enable the residents to recognize normal and abnormal growth and development in adolescent patients; recognize abnormal behaviour, provide screening, immunization and prevention counselling.

PART I: PATIENT CARE AND MEDICAL KNOWLEDGE

Goal: Understand the process and content of an effective history and physical examination, including issues related to confidentiality and privacy.

Objectives:
1. Obtain and interpret a detailed history from the adolescent assessing current health concerns, social history, and behaviors that may affect health.
2. Obtain and interpret a history from the adolescent's parent(s) including: concerns about the adolescent's health, past medical history, family history, social history, needs for anticipatory guidance, etc.
3. Demonstrate how to approach and perform the physical examination of male and female adolescents and young adults.
4. Manage these common conditions appropriately:
   · Variations of timing of puberty, menarche, growth
   · Gynecomastia in adolescent male
   · Acne
   · Dysmenorrhea, pregnancy issues and contraception
   · obesity
5. Obtain a nutritional history to assess dietary patterns; assess risk for obesity, poor nutrition, and eating disorders
6. Use screening tools to evaluate growth and measure weight and height; plot on standardized growth charts; calculate the body mass index (BMI).

7. Identify the adolescent's concerns regarding appearance, self-esteem, and ability to handle stress.

8. Counsel adolescents about physical and emotional changes, which are part of normal adolescent.


10. Perform and interpret screening physical examinations for problems such as:
   - Cardiovascular disease or risk (hypertension, mitral valve prolapse, cardiac arrhythmia, obesity).
   - Dental and periodontal disease.
   - Musculoskeletal problems (e.g., Osgood Schlatter disease, scoliosis, injury, sports fitness).
   - Sexual maturity rating/Tanner staging (pubic hair, genital development, breast development).
   - Skin problems (acne, melanoma, etc.).
   - Sexually transmitted diseases (pelvic exam, male reproductive health screening).

11. Understand health supervision for adolescents related to immunizations
    - Describe the routine immunizations needed in this age period and their rationale.
    - Describe risk factors and indications for special vaccines in this age group (e.g., influenza).
    - Identify adolescents with medical conditions requiring special immunizations (e.g., teens with respiratory or cardiac conditions needing influenza vaccine).
    - Provide routine immunizations and related counseling on contraindications, common side effects, and informed consent.

12. Understand health supervision for adolescents related to healthy physical activity
    - Describe the importance of including regular physical activity into the routines of adolescents and young adults.
− Counsel adolescents on the importance of warm-up activities and physical conditioning before engaging in sports or other physical activities.
− Counsel adolescents on the importance of participating in physical activities either daily, or nearly every day, and the psychological benefits of regular physical activity (enjoyment, social experience, time alone, opportunity for family activity and stress control.
− Manage these common problems:
  · Minor injuries from physical activity.
  · Menstrual irregularities due to physical activity.
  · Athletes who significantly alter their diets during training.

13. Understand health supervision for adolescents related to adolescent injuries

14. List and explain the four major risk factors associated with injuries to adolescents (use of substances, failure to use safety devices, access to firearms and participation in sports).

15. Understand health supervision for adolescents related to sexual issues.
− Obtain and interpret a sexual history including such topics as menstrual history, nocturnal emissions, sexual activity, STD’S, AIDS, contraception, homosexuality, abstinence, pregnancy, and safe sex.
− Recognize pregnancy.
− Perform and interpret an examination for sexual maturity rating, using standard descriptions for rating.
− Perform and interpret an examination for STD’S, cervical dysplasia, pregnancy, IEV if indicated.
− providing demonstrations and instruction on:
  · Using condoms
  · Contraception(s)
  · Prevention of disease transmission

16. Understand health supervision for adolescents related to tobacco and substance abuse
− Obtain and interpret a history to assess risk factors for substance abuse, including
  1. Family factors (e.g., alcoholism and other drug use in parents or siblings, inconsistent parental discipline)
2. Peer factors (e.g., friends who smoke, drink, or use other drugs)
3. Personal factors (e.g., low self esteem, poor social skills, school problems, early antisocial behavior, lack of bonding to usual social groups).
   - Gather information about the adolescent's attitudes about and use of alcohol and other drugs.
   - Obtain and interpret a history looking for systemic complaints associated with substance abuse
   - Discuss physical exam findings usually found in adolescents with substance abuse

17. Perform and interpret screening for depression and risk of suicide

PART II: INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: Understand and demonstrate effective communication and interpersonal skills with parents, patients and professional associates.

OBJECTIVES:

1. Create and sustain a therapeutic and ethically sound relationship with patients and their family throughout the encounter.
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.
3. Understand how to provide sensitive support to patients and families in the management of adolescents.
4. Use consultants appropriately and communicate effectively with them.
5. Communicate effectively in writing and by phone with referring and primary physician as indicated.
6. Consistently maintain accurate, timely and legally appropriate medical records.

PART III: PROFESSIONALISM

GOAL: Understand and demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

OBJECTIVES:
1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession and a commitment to excellence and on-going professional development.

2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and clinical practices.

3. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.

4. Discuss consent to the involvement of parents in providing care to adolescents.

PART IV: TEACHING METHODS:

1. Bedside, one-on-one teaching by adolescent department staff which includes attending staff and hospital based pediatricians.

2. Core curriculum adolescent topics will be given as part of the housestaff lecture series.
Community and Child Advocacy Experiences
Goals and Objectives

Goal: Understand key principles about disease prevention, health promotion, and child advocacy at the community level, focusing on school health (day care, public schools) and experiences at local and state public health departments.

PART I: PATIENT CARE AND MEDICAL KNOWLEDGE

Objectives: The community experience for all residents will allow them the opportunity to develop an understanding of the following

1. Foster the role of teachers and pediatricians as "team members" in working with school health-related issues
2. Serve as an educational resource to teachers, students, and parents on specific health issues, school problems, preventive medicine, and science curriculum
3. Improve residents' ability to recognize, understand and treat problems that negatively affect school performance (i.e., attention deficit disorder, learning disabilities, behavior problems)
4. Facilitate residents' appreciation of normal child development, as expressed in a day care and school setting
5. Familiarize residents with pertinent principles of education for students with special needs (i.e. Individual Education Plan, special education, school management system, mainstreaming, retention)
6. Enhance residents' appreciation of how children spend most of their day; what they learn; what happens in a regular classroom
7. Observe how chronic illness can affect school performance
8. Familiarize the residents with the usefulness and limitations of specific psychometric tests used by schools
9. Develop an appreciation of the impact of cultural differences on school performance
PART II: COMMUNICATION SKILLS:

1. Develop residents' ability to effectively communicate with children of different ages
2. Improve residents' ability to counsel parents in a sensitive, meaningful fashion
3. Attend parent conferences in order to gain insight into issues of relevance to parents and to observe communication skills of teachers, with parent permission
4. Provide an opportunity for residents to mentor students about the health profession

PART III: SYSTEM BASED LEARNING

The experience in community clinic should allow the resident to be actively participating in:

1. Population screening (criteria for selecting diseases and tests for screening, effect of disease prevalence on screening decisions and outcomes, costs of screening to health system and patient)
2. Community-based prevention and health promotion (e.g., prevention at the primary, secondary and tertiary levels; using multifaceted approaches such as health education, organizational and behavioral change, modification of environment, legislation)
3. Providing intervention for services such as:
   · Birth defects and newborn screening
   · Immunizations
   · Well baby clinics
   · Family planning services
   · Nutrition programs
   · Injuries
   · Lead poisoning
   · Environmental safety
   · STD programs - contact investigation
   · Public health nursing and case management
   · Dental disease
   · Outbreaks
4. Participate in a county health department project which addresses an important health problem for children and report on one's experience.
PART III: PROFESSIONALISM

GOAL: Understand and demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

OBJECTIVES:

5. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession and a commitment to excellence and on-going professional development

6. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and clinical practices

7. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.

8. Discuss consent to the involvement of parents in providing care to the patient.

PART IV: TEACHING METHODS:

3. Bedside, one-on-one teaching by OPD staff which includes attending staff and hospital based pediatricians.

4. Core curriculum topics will be given as part of the house staff lecture series.
Pediatric Residency Program
American University of Beirut

Out patient department
Continuity clinic
Goals and Objectives

The rotation in continuity clinic is intended to develop the resident’s clinical skills, and exposure to health issues specific to this age group. Experience in continuity clinic will allow them the opportunity to develop an understanding of and appreciation for the longitudinal nature of general pediatric care. It must enable the residents to recognize normal and abnormal growth and development; provide screening, immunization and prevention counselling.

The residents will have a one half-day session per week for a minimum of 36 clinic weeks per year throughout the 3 years of their training.

PART I: PATIENT CARE AND MEDICAL KNOWLEDGE

Goal: Understand the process and content of and effective history and physical examination.

Objectives:
1. The continuity experience for all residents will allow them the opportunity to develop an understanding of the following:
   – Aspects of physical and emotional growth and development
   – Health promotion and disease prevention
   – Management of acute, chronic, and end-of-life medical conditions
   – Family and environmental impacts
   – Coordination of patient-centred care both within the practice and with multidisciplinary providers
   – Practice management
2. Residents are expected to participate in the care of their patients through any hospitalization, assess them during acute illnesses and be available to
facilitate other services such as school-related evaluations and specialty referrals.

PART II: INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: Understand and demonstrate effective communication and interpersonal skills with parents, patients and professional associates.

OBJECTIVES:

7. Create and sustain a therapeutic and ethically sound relationship with patients and their family throughout encounter.
8. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.
9. Understand how to provide sensitive support to patients and families in the management of chronic cases.
10. Use consultants appropriately and communicate effectively with them.
11. Communicate effectively in writing and by phone with referring and primary physician as indicated.
12. Consistently maintain accurate, timely and legally appropriate medical records.

PART III: PROFESSIONALISM

GOAL: Understand and demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

OBJECTIVES:

9. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession and a commitment to excellence and on-going professional development.
10. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and clinical practices.
11. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.
12. Discuss consent to the involvement of parents in providing care to the patient.

PART IV: TEACHING METHODS:

5. Bedside, one-on-one teaching by OPD staff which includes attending staff and hospital based pediatricians.
6. Core curriculum topics will be given as part of the house staff lecture series.
Developmental/Behavioral Pediatrics
Goals and Objectives

The rotation in developmental clinic should provide the resident with the exposure to normal and abnormal behaviour and development.

PART I: PATIENT CARE AND MEDICAL KNOWLEDGE

- Normal and abnormal child behavior and development, including cognitive, language, motor, social, and emotional components
- Family structure, adoption and foster care
- Interviewing parents and children
- Psychosocial and developmental screening techniques
- Behavioral counselling and referral
- Management strategies for children with developmental disabilities or special needs, within the context of the medical home
- Needs of children at risk (e.g. those in poverty, from fragmented or substance abusing families, or victims of child abuse/neglect)
- Impact of chronic diseases, terminal conditions, and death on patients and their families
- Recognition and coordinating care for childhood and adolescent mental health problems that require referral for diagnosis and treatment
PART II: PROFESSIONALISM

GOAL: Understand and demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

OBJECTIVES:

13. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession and a commitment to excellence and on-going professional development.

14. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and clinical practices.

15. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.

16. Discuss consent to the involvement of parents in providing care to the patient.

PART III: TEACHING METHODS:

7. Bedside, one-on-one teaching by OPD staff which includes attending staff and hospital based pediatricians.

8. Core curriculum topics will be given as part of the house staff lecture series.