

Orlando Health Pediatric Residency at Arnold Palmer Hospital for Children / Continuity Clinic Goals and Objectives

Name of the rotation	Continuity Clinic
Duration	A minimum of 36 sessions each year for three years
Location	Orlando Health Primary Care Pediatrics 51 Pennsylvania st, Orlando, FL 32806
Where to Go on Day 1	Orlando Health Primary Care Pediatrics 51 Pennsylvania st, Orlando, FL 32806
Rotation Director	Hanane Dahoui, MD
Other Faculty	Nicole Armstrong-Demoraes, MD Melanie Capobianco, MD Adaobi Okobi, MD
Last revision	6/2025

Introduction

The goals of the continuity clinic experience are to help residents acquire the competencies essential for the comprehensive, coordinated, longitudinal care of children who have a wide variety of medical, behavioral and social problems.

Competency-Based Goals and Objectives

PGY-3 Resident

The senior resident continuity clinic experience emphasizes demonstration of medical knowledge, clinical assessment skills, independent decision-making ability, and effective and efficient patient management for the critically ill child.

PGY-2 Resident

The junior resident's continuity clinic experience emphasizes growth in medical knowledge, clinical assessment skills, independent decision-making ability, and effective and efficient patient management skills for the critically ill child.

PGY-1 Resident

The intern continuity clinic experience emphasizes recognition of sick children, development of medical knowledge, and formation of clinical assessment skills, decision-making ability, and patient management aptitude.

ACGME COMPETENCY

Rotation Specific Competency Objectives

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the promotion of health and prevention of illness. The resident should:

1. Provide comprehensive health care promotion, screening and disease prevention services to infants, children adolescents and their families based on nationally recognized periodicity schedules (AAP Health Supervision Guidelines, Bright Futures).
2. Perform a family centered health supervision interview.
 - a. Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
 - b. Identify patient and family concerns.
 - c. Discuss health goals for the visit with the patient and family.
 - d. Prioritize the agenda for the visit with the patient and family.
 - e. Elicit age-appropriate information regarding health, nutrition, activities, and health risks.
3. Conduct effective interviews with parents and children, pertinent to the clinical area (subspecialty) or question being addressed.
 - a. Adapt communication strategies to specific clinical situations and settings.
 - b. Demonstrate appropriate strategies for communicating based on parents' educational and developmental level taking into account socio-cultural differences.
 - c. Select questions that appropriately address the presenting clinical problem (either specialty or acute care).
 - d. Ask open-ended questions to elicit maximum information combined with limited closed-ended questions to make interview more efficient.
 - e. Obtain detailed history from adolescent patients including health concerns, social history, sexual history, etc.
 - f. Make use of all resources in gathering information, including patient, parent, primary care provider, computer, and past medical records.
 - g. Gather all pertinent information necessary for the problem under investigation

- History of Present Illness including all pertinent positives and negatives
 - Birth history
 - Past Medical and Surgical history
 - Nutritional history
 - Family history
 - Social history
 - Review of systems
4. Critically observe parent-child interactions and understand the social needs of the family which may impair or prohibit the safety or well-being of the child.
 5. Perform a physical exam with special focus on age-dependent concerns and patient or family concerns.
 - a. Identify strategies for approaching children of different ages for physical examination, including ways to put them at ease and gain trust. Use an examination sequence most likely to result in a successful examination.
 - b. Describe ways to modify the approach to examination with an uncooperative child.
 - c. Recognize clinical situations that require a rapid pointed exam and those which allow for a complete and comprehensive exam.
 - d. Become familiar with focal site or system specific examinations performed by sub-specialists.
 - e. Demonstrate sensitivity to the needs of the patient and parents when performing the exam.
 - f. Demonstrate technical proficiency in the comprehensive examination of the infant, child, preadolescent and adolescent
 - Appropriate hand washing and infection control
 - Proper use of personal protective equipment when required
 - Effective use of observation
 - Complete each step of the examination in a technically proficient manner including use of diagnostic instruments
 - Perform gender specific and age specific exam
 - Pursue, confirm and explain abnormal findings

- Record findings accurately and descriptively for easy understanding and comparison by others at a future time.
 - g. Identify common and important abnormalities of all major organ systems (Recognize range of normal for a given age)
 - h. Describe finding appropriate medical terminology
 - i. Describe situations when parents should be excluded from the room and those, which require an additional adult in the room.
 - j. Respect patient privacy and need to not damage the child's self-image.
6. Perform age-appropriate developmental surveillance, developmental screening, and school performance monitoring.
 - a. Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).
 - b. Identify patient and parental concerns regarding development, school, and/or work.
 - c. Perform standardized, validated, accurate developmental screening tests for infants and children until school age (ASQ-3, M-CHAT-R, etc).
 7. Order and perform age-appropriate screening procedures, using nationally recognized periodicity schedules and local or state expectations (BMI, blood pressure, vision, hearing, developmental screening, autism, psychosocial/behavioral assessment, tobacco, alcohol and drug assessment, depression screening, maternal depression screening, lead, hemoglobin, tuberculosis, dyslipidemia, STD, HIV, oral health assessment).
 8. Order and perform additional screening procedures based on patient and family concerns (e.g. sport involvement, positive family history of specific health condition, behavioral concerns, identified risk for lead exposure).
 9. Perform age-appropriate immunizations using nationally recognized periodicity schedules (AAP, CDC).
 10. Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and child or adolescent, according to recommended guidelines (e.g., AAP, *Bright Futures*), on topics including:
 - a. Promotion of healthy habits (e.g. physical activity, reading, etc.)
 - b. Injury and illness prevention
 - c. Nutrition

- d. Breastfeeding
- e. Promotion of positive interactions between the parent and infant/child/adolescent
- f. Promotion of constructive family communication, relationships, and parental health
- g. Promotion of school achievement (middle childhood, adolescence)
- h. Oral health
- i. Sexuality (infancy, early and middle childhood, adolescence)
- j. Prevention of substance use/abuse (middle childhood, adolescence)
- k. Physical activity and sports
- l. Interpretation of screening procedures
- m. Prevention of violence

11. Perform the following procedures:

- a. Cerumen removal by curette or lavage
- b. Foreign body removal (ear)
- c. Nasal and pharyngeal swab (viral testing, rapid strep test, pertussis)
- d. Sutures/staples removal
- e. Immunization
- f. Phlebotomy
- g. Heel stick, finger stick
- h. Bladder catheterization
- i. Examination of eye using fluorescein dye
- j. Umbilical granuloma cauterization with silver nitrate
- k. Cryotherapy

12. Understand the indications, limitations and interpretations of common laboratory tests, diagnostic procedures and imaging studies used in the outpatient setting.

For each of the tests listed below:

- a. Explain the indications and limitations
- b. Know or be able to locate age-appropriate normal range.

- c. Apply knowledge of diagnostic test properties, including use of sensitivity, specificity, positive and negative predictive value.
- d. Interpret results in the context of clinical condition as well as prevalence of disease in the community.
- e. Discuss therapeutic options for correction of abnormalities when appropriate.
- f. Understand the cost-effective use of diagnostic tests.

Laboratory Tests:

- CBC with differential indices
- Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate, total protein, and
- albumin.
- Renal function tests
- Liver function tests, including AST, ALT and GGT
- Serologic tests for infection (HIV, RPR, EBV, HepB, etc...)
- ESR
- Anticonvulsant levels
- Cultures for bacterial, and fungal pathogens
- Rapid antigen tests for Step, EBV, RSV
- Coagulation Studies
- Urinalysis
- Stool Studies
- PPD and interpretation
- Pregnancy testing
- Hemoglobin Electrophoresis
- Hemoglobin A1C

Imaging Studies

- X-Ray's: Chest, abdominal, neck, spine, lateral neck, airway
- CT scan: Head, Abdomen, Chest
- Ultrasound: Kidney, abdomen, Pelvis, Head
- Echocardiogram

- MRI

Other Diagnostic Tests

- Vision Screening
- Hearing screening
- Spirometry interpretation
- EKG

13. Use age-appropriate pain scales in assessment.

14. Demonstrate competence in making independent decisions, while appropriately seeking input and advice from attending physicians.

15. Provide oversight and guidance to learners.

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care. Apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making and critical thinking. The resident should:

1. Know recommended periodicity schedules (e.g., AAP, *Bright Futures*) for routine health supervision visits; discuss the rationale for these schedules.
2. Know recommended guidelines (e.g., AAP, *Bright Futures*) for visit content and discuss the rationale for these guidelines.
3. Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic:
 - a. Perform an age-appropriate directed history and physical exam.
 - b. Recognize physical findings and growth and development characteristics that are within range of normal versus those suggestive of pathology.
 - c. Formulate a differential diagnosis with age appropriate considerations.
 - d. Know clinical significance and pathophysiologic basis.
 - e. Formulate a plan for outpatient diagnosis and management.
 - f. Identify signs and symptoms indicating need for admission.

Common signs and symptoms

- Acute Care/ Urgent Care: Weight loss, fever, hypotension, hypertension, lethargy, decreased pulses, sunken eyes, dry mucous membranes, injected tympanic membranes, decreased mobility of tympanic membranes, pharyngeal injection, lack of tears, desaturation, respiratory distress, constitutional symptoms, vomiting, diarrhea, rashes, petechiae, cough, rhinorrhea, otalgia, otorrhea, tachypnea, tachycardia, change in bowel sounds, hepatomegaly, abdominal tenderness, guarding, rebound.
- Adolescent Medicine/Adolescent Gynecology: vaginal bleeding, vaginal distress, change in menstrual pattern, anxiety, weight change, depression, sleep pattern changes, Tanner staging.
- Allergy: sneezing, wheezing, post nasal drip, wheal and flare rash, pruritis.
- Audiology: speech delay, difficulty communicating.
- Cardiology: hypotension, hypertension, palpitations, light headedness, heart murmur, cardiomegaly, edema, jugular venous distention.
- Dermatology: rash, vesicular eruption, maculopapular eruption, pruritis, scaling.
- Endocrine: polyurea, polydipsia, polyphagia, acanthosis nigricans, growth delay, goiter, hypogonadism, precocious puberty, premature puberty, hirsutism, gynecomastia, tanner staging.
- Gastroenterology: diarrhea, vomiting, dysphagia, regurgitation, melena, abdominal pain, abdominal tenderness, guarding, rebound, decreased bowel sounds, hematemesis, hematochezia, rectal bleeding, jaundice, ascites, constipation, hepatomegaly, anal fissure.
- Hematology Oncology: pallor, abnormal bleeding, lymphadenopathy, fevers, hepatosplenomegaly, masses, bone pain/swelling, easy bruising, petechiae.
- Immunology: Joint pains, rashes, frequent illnesses.
- Neurology: seizure, headache, delirium, lethargy, weakness, ataxia, vertigo, irritability, meningismus, focal neurological deficits, hyperreflexia, hypertonia, hypotonia.
- Ophthalmology: vision disturbance, crossed eyes, tearing, conjunctival injection.
- Orthopedics: bone pain, joint pain, asymmetry, decrease range of movement
- Pulmonary: wheezing, tachypnea, use of accessory muscles, cyanosis, hypoxia, apnea, dyspnea, snoring, stridor, retractions, cough, hemoptysis, chest pain, pectus deformity, nasal flaring.
- Renal: hematuria, polyurea, edema, anuria, frequency, urgency, cva tenderness, dysuria
- Sexual Abuse: withdrawal, vaginal discharge, vaginal or anal damage or tears, bruising, bleeding.

4. Evaluate and manage common childhood conditions associated with the practice of pediatrics in the Continuity Clinic:

For the Conditions listed below:

- a. Describe criteria for outpatient management versus hospital admission
- b. Formulate a plan for outpatient diagnosis, management, monitoring and treatment
- c. Know the progression of the condition through time from presentation onward
- d. Avoid unnecessary interventions and testing
- e. Consider psychosocial implications and interactions
- f. Utilize medical information sciences to obtain current knowledge

Common childhood conditions

- Acute Care/ Urgent Care: Rashes, viral exanthemas, Tinea Corporis, Tinea Capitis, Pityriasis Rosea, eczema, cough, URI, viral syndromes, occult bacteremia, headaches, pharyngitis, Otitis Media, gastroenteritis, parenting problems, newborn jaundice, minor trauma, epistaxis, urinary tract infections, non-specific vaginitis, conjunctivitis, impetigo, pneumonia, diaper rash, bronchiolitis, bronchitis, urticaria
- Adolescent Medicine/Adolescent Gynecology: Acne, adolescent health maintenance, sexually transmitted diseases, dysfunctional Uterine Bleeding, smoking cessation, drug and alcohol usage, risk taking behavior, scoliosis, HIV, irregular menses, pregnancy, eating disorders.
- Allergy: Asthma, seasonal rhinitis, allergic conjunctivitis, food allergies, drug allergies, urticaria, anaphylaxis.
- Audiology: Speech delay, congenital nerve deafness, conductive hearing deficit, sensory-neural hearing loss.
- Cardiology: Congenital heart disease, Ventricular septal defect, Patent Ductus Arteriosus, arrhythmias, hypertension, syncope, rheumatic heart disease, heart murmurs (non-specific), mitral valve prolapse, idiopathic subaortic stenosis.
- Dermatology: Eczema, tinea capitis, tinea corporis, tinea versicolor, acne, warts, molluscum contagiosum, psoriasis, contact dermatitis, nevi.
- Endocrine: Diabetes, hyperthyroidism, rickets, hypothyroidism, congenital adrenal hypoplasia, growth hormone deficiency, obesity, hyperlipidemia.
- Gastroenterology: Constipation, GI bleeding, short bowel syndrome, peptic ulcer disease, irritable bowel syndrome, feeding disorders, malabsorption syndromes, jaundice, hepatitis, liver disease, Crohn's disease, Ulcerative Colitis, Juvenile polyposis, Gastro-esophageal reflux.
- Hematology Oncology: Anemia, sickle cell disease, malignancies, bleeding disorders, thrombocytopenia, hemophilia.

- Immunology: Juvenile rheumatoid arthritis, Sjogren syndrome, Systemic lupus erythematosus, mixed connective tissue disorders, chronic granulomatous disease.
 - Neonatal: Developing ex-premature babies, developmental delay, early intervention, retinopathy of prematurity, cerebral palsy, bronchopulmonary dysplasia.
 - Neurology: Seizure disorder, developmental delay, attention deficit hyperactivity disorder, hydrocephalus, learning disabilities, cerebral palsy, headaches, syncope, vertigo.
 - Ophthalmology: Strabismus, myopia, conjunctivitis, nasal lacrimal duct obstruction, hyphema, glaucoma, cataracts.
 - Orthopedics: Fractures, scoliosis, Legg-Calve-Perthe's disease, slipped capital femoral epiphysis, developmental dysplasia of the hip, Osgood-Schlatter disease, Blount's disease, club foot deformity.
 - General pediatrics, immunizations, development, screening practices, Lead poisoning, obesity, failure to thrive, children of teen parents, families with social issues, developmental delay, cerebral palsy, foster children, chromosomal anomalies.
 - Pulmonary: Asthma, bronchopulmonary dysplasia, Tuberculosis, obstructive sleep apnea, cystic fibrosis, stridor, laryngotracheomalacia, congenital anomalies of the respiratory tract.
 - Renal: Urinary tract Infections, minimal change disease, renal hypoplasia, dysplastic kidney, renal failure, focal segmental glomerulonephrosis, IGA nephropathy, Lupus nephritis, nephritic syndrome, post streptococcal Glomerulonephritis.
 - Sexual Abuse: Sexually transmitted diseases, physical finding of abuse.
 - Surgery: Phimosis, abscess, inguinal hernia, femoral hernia, lipoma, umbilical hernia, cryptorchidism.
5. Use up-to-date scientific evidence critically to develop sound, evidence-based patient care plans.
 6. Demonstrate a commitment to acquiring the base of knowledge needed for care of children in the continuity and general ambulatory setting.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in effective information exchange. Residents should:

1. Communicate well and work effectively with fellow residents, attendings, consultants, nurses, ancillary staff.
2. Work within a team environment.
3. Demonstrate ability to clearly and concisely present patients to attendings in clinic.
4. Demonstrate appropriate bedside manners, and commitment to appropriately inform and communicate with children and their families, taking into consideration their perspective, their needs, and their socioeconomic status, cultural context, and religious and spiritual beliefs.
5. Demonstrate ability to effectively counsel and educate patients and families. Verify understanding
6. Demonstrate empathy, reassurance, encouragement and supportive communication.

7. Use interpreting services to communicate with patients and families whenever appropriate.
8. Avoid medical jargon when speaking with patients and families
9. Practice conflict resolution when appropriate.
10. Demonstrate the use of appropriate, accurate, timely and legal medical records in the outpatient pediatric setting:
 - a. Maintain appropriate medical records in a timely fashion.
 - b. Document history, physical exam, diagnostic test results, assessment and plan in clear, legible and medically appropriate form
 - c. Document clearly time of interaction
 - d. Document role of attending physician
 - e. Document communication between consultant and PCP when appropriate
 - f. Clearly document follow-up procedures/ date and time when appropriate.
 - g. Document patient education and understanding when appropriate
11. Communicate and work effectively with health professionals, specialists and providers who refer patients to you, both as the primary provider and as the consulting pediatrician.

COMPETENCY 4. Practice-based Learning and Improvement. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence to improve patient management, and demonstrate a willingness to learn from error. Residents should:

1. Take responsibility for own education.
2. Critically review relevant literature including evidence-based medicine articles and apply findings appropriately to patient care.
3. Demonstrate initiative to seek own answers to data interpretation and patient management questions.
4. Participate actively in didactic sessions.
5. Teach and work well with learners.
6. Evaluate self-performance, identify gaps in knowledge, and take initiative to fill those gaps.
7. Seek and accept feedback from multiple sources.
8. Demonstrate practical office strategies that allow provision of comprehensive and efficient health care.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and be sensitive to diversity. Have a responsible attitude toward their patients, their profession and society. Residents should:

1. Consistently act in the best interest of the patient.
2. Demonstrate caring and respectful behavior when interacting with patients and their families.
3. Form therapeutic and ethically sound relationships with patients.
4. Maintain patient privacy and confidentiality.
5. Demonstrate sensitivity to ethical principles, culture, age, gender, religious beliefs, sexual orientation, and disability to patients, families, and staff.

6. Demonstrate respect, compassion, and integrity to patients, families, and staff.
8. Acknowledge and discuss medical errors openly and honestly with families and conscientiously follow office procedures for reporting and correcting errors.
9. Adhere to professional standards for ethical and legal behavior.
10. Recognize the limits of one's knowledge, skills, and tolerance for stress, and know when to ask for help.
11. Accepts feedback, suggestions and criticisms
12. Be punctual, reliable, and accountable.
13. Demonstrate professional dress, demeanor, and hygiene.

COMPETENCY 6. Systems-Based Practice. Practice high quality healthcare that is cost-effective and advocate for patients within the health care system. Residents should:

1. Understand the basic concepts of cost control, billing and reimbursement in the outpatient setting, including the role of the PCP and referrals for managed care patients.
 - a. The residents are expected to complete each visit by choosing diagnostics, procedures, and exam codes to help the staff generate an appropriate bill. (CPT and ICD-10 coding).
 - b. The residents are to become familiar with managed care requirements for PCP referrals.
 - c. Residents may interact with managed care staff and insurance companies in facilitating the approval process for procedures or referrals.
 - d. Residents should assess financial and social issues affecting the child's care and make appropriate social service or child health plus referrals.
2. Understand the role of the sub-specialist in the management of children with chronic medical problems and/or an acute medical dilemma.
 - a. Develop an understanding of when to refer a child to a sub-specialist.
 - b. Residents should become familiar with methods of communication between PCP and consultants (written communication, telephone consultation, etc.).
 - c. Residents should learn how to co-manage a patient with a specialist.
3. Advocate patients in one's practice by helping them with system complexities and identifying resources to meet their needs.
4. Discuss language, cultural, and other social barriers to provision of health care and describe strategies to overcome for specific families.
5. Acknowledge medical errors and develop practice systems to prevent them.

Content topics for study

2. Common childhood conditions presenting to the continuity clinic:

- **Infancy:** Breast feeding, bottle feeding, colic, congenital hip 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
- **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)
- **Allergy/Immunology:** Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria.
- **Cardiovascular: Bacterial** endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever.
- **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.
- **Endocrine/Metabolic:** Diabetes mellitus, diabetes insipidus, evaluation for possible hypothyroidism, growth failure or delay, gynecomastia, hyperthyroidism, precocious or delayed puberty.
- **GI/Nutritional:** Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, pancreatitis.
- **GU/Renal:** Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schoenlein purpura, HUS, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis.
- **Gynecologic: Genital** trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body.
- **Hematology/Oncology:** Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia.
- **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.

- **Musculoskeletal:** Apophysitis, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion.
- **Pharmacology/Toxicology:** Common drug poisoning or overdose, ingestion avoidance (precautions).
- **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.
- **Pulmonary:** Asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI.
- **Surgery:** Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.).