# Competency-based Goals and Objectives

## Goal 1. Understand the diagnostic approach to children with congenital anomalies.

<table>
<thead>
<tr>
<th>Resident Objectives:</th>
<th>Instructional Strategies</th>
<th>Evaluation</th>
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</thead>
<tbody>
<tr>
<td>1. Obtain and record a comprehensive birth history including pertinent details of maternal health, exposures and prenatal diagnostic studies.</td>
<td>Conduct interview and present to fellow. Observe additional questions asked by Fellow and Attendings and reflect on what can be improved on future histories.</td>
<td>Verbal feedback from Attending</td>
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<tr>
<td>2. Perform multiple comprehensive physical examinations with attention to minor anomalies and congenital malformations</td>
<td>Perform exam independently then review findings with Fellows and Attendings in clinic and inpatient consultations. Maintain list of all abnormal physical findings seen during the month and consider associated differential diagnoses.</td>
<td>Self-reflection Attending feedback</td>
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<tr>
<td>3. Record a detailed family history in the form of a 3-generation pedigree.</td>
<td>Review pedigrees performed by Fellows and Attendings on consults Review Pedigree Handout and article Prenatal genetics conference</td>
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<td>4. Review pertinent medical literature in advance of patient visit. Develop familiarity with electronic resources relevant to pediatric genetics.</td>
<td>OMIM Gene Reviews Clinical cases Prenatal genetics conference 30 minute presentation at rotation conclusion</td>
<td>Attending feedback related to preparation for selected patients Feedback from group on Grand Rounds presentation</td>
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### ACGME Competency Goals
- **MK:** Demonstrate an investigatory and analytic thinking approach to clinical situations
- **PC:** Gather essential and accurate information about their patients
- **PC:** Interview patients/families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental and family unit correlates of disease
- **P:** Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities
- **ICS:** Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- **CS:** Work effectively with others as a member or leader of a health care team or other professional group
- **ICS:** Create and sustain a therapeutic and ethically sound relationship with patients
- **PC:** Perform complete and accurate physical examinations

## Goal 2. Understand the diagnostic approach to children with inborn errors of metabolism.

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### ACGME Competency Goals
- **MK:** Demonstrate an investigatory and analytic thinking approach to clinical situations
- **MK:** Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics
- **PC:** Use information technology to support patient care decisions and patient education
- **PBLI:** Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- **PBLI:** Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- **PBLI:** Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- **PBLI:** Use information technology to manage information, access on-line medical information; and support their own education
2. Comprehend the hyperammonemia order set including the rationale for the diagnostic tests.

   - Review hyperammonemia order set.
   - Learning Module 2: IEM
   - Study Enns article “Diagnosing inborn errors of metabolism”
   - Clinical consult when available

3. Review the California Newborn Screen. Recognize which diseases are and are not screened for. State 10 diseases that are screened and 5 which are not.

   - Review the California Newborn Screen website.


   - Clinical consultations
   - Learning Module 2: IEM

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**Goal 3. Understand the principles of inheritance and genetic counseling.**

**Resident Objectives:**

1. Define the modes of genetic inheritance.

   - Learning Module 3: Cleft lip and palate
   - Genetics prenatal conference

2. Construct a 3 generation pedigree for a patient that you will see in clinic. Predict the most likely mode of inheritance.

   - Genetics prenatal consult
   - Outpatient clinical encounter

**Evaluation**

1. Fellow/Attending feedback
2. Self-assessment

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**Goal 4. Be familiar with health supervision for children with common genetic disorders or minor anomalies, specifically:**

**Resident Objectives:**

1. Downs Syndrome: State the medical complications of Down

   - Attend Down’s Syndrome Clinic
   - Review AAP Guidelines: Health Supervision for Children

**Evaluation**

1. Self-assessment
2. Clinical feedback
Syndrome and the suggested screening labs/studies.

2. Neurofibromatosis: Define the clinical findings and associated complications of neurofibromatosis.

   Review AAP Guidelines: Health Supervision for Children with Neurofibromatosis
   Clinical cases

3. Single Umbilical Artery

   Study The Importance of Minor Anomalies in the Evaluation of the Newborn (Hudgins, Neoreviews, 2003)
   Prenatal Genetics Conference

4. Sacral Dimple: State how one would appropriately manage a sacral dimple found on a healthy newborn exam. Specify the clinical significance of a sacral dimple, clarify which dimples are of concern, generate a differential diagnosis for sacral dimple.

   Study The Importance of Minor Anomalies in the Evaluation of the Newborn (Hudgins, Neoreviews, 2003)
   Generate the differential diagnosis for sacral dimple.

5. Ear pits or tags

   Study The Importance of Minor Anomalies in the Evaluation of the Newborn (Hudgins, Neoreviews, 2003)

6. Single palmar crease

   Study The Importance of Minor Anomalies in the Evaluation of the Newborn (Hudgins, Neoreviews, 2003)
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<tr>
<td>1. State the services provided by Occupational Therapy versus Physical Therapy.</td>
<td>Create a list of appropriate referrals for services for one of the patients with a genetic disorder that you see in clinic.</td>
<td>Self-evaluation</td>
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<td>Attend Craniofacial Clinic</td>
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<tr>
<td></td>
<td>Attend Down’s Clinic</td>
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<td>2. Describe the state requirements regarding IEP, a patient/families rights/ and the role of the physician.</td>
<td>If available, discuss the IEP of one of your patients in clinic. Review article “Pediatrician’s Role in Developing and Implementing IEP”</td>
<td>Attending and multidisciplinary team feedback.</td>
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<td>SBP - Advocate for quality patient care and assist patients in dealing with system complexities</td>
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<td>SBP - Work in inter-professional teams to enhance patient safety and improve patient care</td>
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<td>3. Describe who qualifies for the Regional Center and Early Start. Explain how you would refer one to these centers.</td>
<td>Review case of your selected patient. Discuss with attending whether they qualify for Regional Center.</td>
<td>Attending and multidisciplinary team feedback.</td>
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<td>SBP - Advocate for quality patient care and assist patients in dealing with system complexities</td>
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<td>4. Locate family support groups in the Bay Area.</td>
<td>Generate a list of support groups and resources for a selected patient you saw in clinic. Discuss your list of recommended resources with the care team.</td>
<td>PBLI Participate in the education of patients, families, students, residents and other health professionals</td>
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**ACGME Competency Goals**
MK - Demonstrate an investigatory and analytic thinking approach to clinical situations
MK - Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics
PC - Make informed decisions about diagnostic and therapeutic interventions based on patient information, preferences, up-to-date scientific evidence, and clinical judgment
PC - Provide effective health maintenance and anticipatory guidance

**Abbreviations**
PBLI = practice based learning and improvement
ICS = interpersonal and communication skills
P= professionalism
MK= medical knowledge
PC= patient care
SBP = systems based practice