Residents rotate onto the Developmental and Behavioral Pediatric Rotation during the first, second, or third year of training. This is a one month rotation with no required in-house call and no weekend responsibilities. Continuity clinic is maintained during this rotation.

A. Patient Care:

1. Demonstrate the ability to acquire a thorough developmental history
2. Demonstrate competent and developmentally-appropriate interviewing skills for children with different physical, emotional and developmental capacity
3. Demonstrate competent and developmentally-appropriate examination skills for children with different physical, emotional, and developmental capacity
4. Demonstrate skill in providing supportive, empathetic, and active interview techniques and counseling methods to families with children that have developmental or behavioral disorders
5. Describe the EDOPC screening methodology along with its benefits and limitations

B. Medical Knowledge:

1. Review and describe the normal pathways and developmental skills for motor development in childhood
2. Review and describe the normal pathways and developmental skills for cognitive development in childhood
3. Review and describe the normal pathways and developmental skills in language development in childhood
4. Review and describe the normal development of social and emotional behaviors and interactions during childhood
5. Demonstrate skill at identifying colic and providing basic intervention techniques
6. Demonstrate skill in identifying children with common behavioral concerns such as tantrums, rebelliousness, oppositionality, and provide basic intervention techniques
7. Demonstrate skill in identifying children with common sleep disorders and demonstrate techniques in intervention
8. Demonstrate skill in the management of children with alterations in the development of normal bowel and bladder control
9. Demonstrate skill in the identification and assessment of children with attention issues and common treatment techniques and modalities
10. Demonstrate skill in identifying children with school failure or learning disability and describe methods of assistance in providing evaluation and interventions
11. Demonstrate a working knowledge regarding the utility and limitations in the use of psychometric rating scales such as depression inventory.
12. Demonstrate knowledge in the utility, side effects, and psychopharmacology of medications commonly used in pediatric populations
13. Demonstrate skill in identifying significant behavioral and psychological pathology, as well as the role of the pediatrician in the referral, treatment, and follow-up process
14. Describe common behavioral effects and interventions for children whose families are undergoing divorce
15. Describe anticipatory guidance in reference to behavioral impact on children with the arrival of a new sibling or foster child
16. Demonstrate knowledge of health risks for children at risk, such as obesity, failure to thrive, lead poisoning, lack of immunizations and health care, lack of dental care, lack of parental supervision,
17. Describe a working knowledge regarding the utility and limitations in the use of ADHD scales of measurement

C. Practice-Based Learning and Improvement:

1. Analyze and evaluate practice experiences and resource utilization for children with developmental and behavioral disturbances
2. Identify strategies to improve the care-coordination for children with developmental and behavioral disturbances within their continuity clinic
3. Identify areas for improvement in local and regional resources to support children with developmental disorders
4. Review the AAP and AACAP guidelines about developmental and behavioral disorders and associated comorbidities using both computer and web-based information
5. Review and discuss the developmental and behavioral pediatrics references on the DBP site of the chiefs’ website
6. Identify and describe where to find resources for social, educational and advocacy support for families with children with developmental and behavioral disturbances
7. Evaluate their own performance, identify gaps in their knowledge base, and target their self-directed learning to enhance performance and fill knowledge gaps
8. Demonstrate the willingness to learn from error
9. Provide, request, and accept feedback

D. Interpersonal and Communication Skills:

1. Demonstrate effective and professional communication with other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
2. Demonstrate effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
3. Demonstrate the ability to communicate with patients from a wide range of backgrounds
4. Appropriately use interpreters when required
5. Demonstrate empathetic and supportive behavior and language when delivering/discussing difficult news with families and patients
6. Demonstrate the ability to provide genetic counseling and education to patients and their families in a comprehensible and supportive manner
7. Effectively communicate with members of a multidisciplinary team
8. Communicate with referring physicians in a respectful, appropriate and timely manner
9. Maintain comprehensive and legible medical records

E. Professionalism:

1. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
2. Be punctual, conscientious and reliable
3. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference,
Educational Goals and Objectives

Developmental & Behavioral Pediatrics Rotation (DBP)
PL-1 Residents

1. Demonstrate an understanding of the special concerns for coordination of care for children with special needs
2. Demonstrate an understanding of the “medical home”
3. Describe impact on family structure for children with special needs, including financial, psychosocial, and interpersonal
4. Describe the impact of chronic disease, terminal conditions, and childhood death on patients and their families
5. Demonstrate a working knowledge of how to access local support systems for children that are at risk and failing to reach appropriate developmental gains
6. Describe means of identification and use of community resources for diagnosis, genetic counseling, therapy, and psychosocial support for children with special needs
7. Advocate for patients and families and help them to navigate system complexities and identify a medical home

socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
4. Adhere to principles of confidentiality/scientific/academic integrity

F. Systems-Based Practice:

1. Demonstrate an understanding of the special concerns for coordination of care for children with special needs
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Residents rotate onto the Developmental and Behavioral Pediatric Rotation during the first, second, or third year of training. This is a one month rotation with no required in-house call and no weekend responsibilities. Continuity clinic is maintained during this rotation.

A. Patient Care:

1. Demonstrate the ability to acquire a thorough developmental history
2. Demonstrate competent and developmentally-appropriate interviewing skills for children with different physical, emotional and developmental capacity
3. Demonstrate competent and developmentally-appropriate examination skills for children with different physical, emotional, and developmental capacity
4. Demonstrate skill in providing supportive, empathetic, and active interview techniques and counseling methods to families with children that have developmental or behavioral disorders
5. Describe the EDOPC screening methodology along with its benefits and limitations

B. Medical Knowledge:

1. Review and describe the normal pathways and developmental skills for motor development in childhood
2. Review and describe the normal pathways and developmental skills for cognitive development in childhood
3. Review and describe the normal pathways and developmental skills in language development in childhood
4. Review and describe the normal development of social and emotional behaviors and interactions during childhood
5. Demonstrate skill at identifying colic and providing basic intervention techniques
6. Demonstrate skill in identifying children with common behavioral concerns such as tantrums, rebelliousness, oppositionality, and provide basic intervention techniques
7. Demonstrate skill in identifying children with common sleep disorders and demonstrate techniques in intervention
8. Demonstrate skill in the management of children with alterations in the development of normal bowel and bladder control
9. Demonstrate skill in the identification and assessment of children with attention issues and common treatment techniques and modalities
10. Demonstrate skill in identifying children with school failure or learning disability and describe methods of assistance in providing evaluation and interventions
11. Demonstrate a working knowledge regarding the utility and limitations in the use of psychometric rating scales such as depression inventory.
12. Demonstrate knowledge in the utility, side effects, and psychopharmacology of medications commonly used in pediatric populations
13. Demonstrate skill in identifying significant behavioral and psychological pathology, as well as the role of the pediatrician in the referral, treatment, and follow-up process
14. Describe common behavioral effects and interventions for children whose families are undergoing divorce
15. Describe anticipatory guidance in reference to behavioral impact on children with the arrival of a new sibling or foster child
16. Demonstrate knowledge of health risks for children at risk, such as obesity, failure to thrive, lead poisoning, lack of immunizations and health care, lack of dental care, lack of parental supervision,
17. Describe a working knowledge regarding the utility and limitations in the use of ADHD scales of measurement

C. Practice-Based Learning and Improvement:

1. Analyze and evaluate practice experiences and resource utilization for children with developmental and behavioral disturbances
2. Identify strategies to improve the care-coordination for children with developmental and behavioral disturbances within their continuity clinic
3. Identify areas for improvement in local and regional resources to support children with developmental disorders
4. Review the AAP and AACAP guidelines about developmental and behavioral disorders and associated comorbidities using both computer and web-based information
5. Review and discuss the developmental and behavioral pediatrics references on the DBP site of the chiefs’ website
6. Identify and describe where to find resources for social, educational and advocacy support for families with children with developmental and behavioral disturbances
7. Evaluate their own performance, identify gaps in their knowledge base, and target their self-directed learning to enhance performance and fill knowledge gaps
8. Demonstrate the willingness to learn from error
9. Provide, request, and accept feedback

D. Interpersonal and Communication Skills:

1. Demonstrate effective and professional communication with other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
2. Demonstrate effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
3. Demonstrate the ability to communicate with patients from a wide range of backgrounds
4. Appropriately use interpreters when required
5. Demonstrate empathetic and supportive behavior and language when delivering/discussing difficult news with families and patients
6. Demonstrate the ability to provide genetic counseling and education to patients and their families in a comprehensible and supportive manner
7. Effectively communicate with members of a multidisciplinary team
8. Communicate with referring physicians in a respectful, appropriate and timely manner
9. Maintain comprehensive and legible medical records

E. Professionalism:

1. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
2. Be punctual, conscientious and reliable
3. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference,
socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
4. Adhere to principles of confidentiality/scientific/academic integrity

F. Systems-Based Practice:

1. Demonstrate an understanding of the special concerns for coordination of care for children with special needs
2. Demonstrate an understanding of the “medical home”
3. Describe impact on family structure for children with special needs, including financial, psychosocial, and interpersonal
4. Describe the impact of chronic disease, terminal conditions, and childhood death on patients and their families
5. Demonstrate a working knowledge of how to access local support systems for children that are at risk and failing to reach appropriate developmental gains
6. Describe means of identification and use of community resources for diagnosis, genetic counseling, therapy, and psychosocial support for children with special needs
7. Advocate for patients and families and help them to navigate system complexities and identify a medical home
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B. Medical Knowledge:

1. Review and describe the normal pathways and developmental skills for motor development in childhood
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14. Describe common behavioral effects and interventions for children whose families are undergoing divorce
15. Describe anticipatory guidance in reference to behavioral impact on children with the arrival of a new sibling or foster child
16. Demonstrate knowledge of health risks for children at risk, such as obesity, failure to thrive, lead poisoning, lack of immunizations and health care, lack of dental care, lack of parental supervision,
risk taking behaviors, depression, etc.
17. Describe a working knowledge regarding the utility and limitations in the use of ADHD scales of measurement

C. Practice-Based Learning and Improvement:

1. Analyze and evaluate practice experiences and resource utilization for children with developmental and behavioral disturbances
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E. Professionalism:

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socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
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F. Systems-Based Practice:

1. Demonstrate an understanding of the special concerns for coordination of care for children with special needs
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6. Describe means of identification and use of community resources for diagnosis, genetic counseling, therapy, and psychosocial support for children with special needs
7. Advocate for patients and families and help them to navigate system complexities and identify a medical home
Residents rotate onto the Developmental and Behavioral Pediatric Rotation during the second or third year of training. This is a one month rotation with no required in-house call and no weekend responsibilities. On average, there are 2 residents per month. During this month, each resident will rotate through the Adult Down Syndrome Center for 1-2 sessions. Continuity clinic is maintained during this rotation.

A. Patient Care:

1. Demonstrate the ability to acquire a thorough developmental history
2. Demonstrate competent and developmentally-appropriate interviewing and examination skills for adolescents and adults with different physical, emotional, and developmental capacity

B. Medical Knowledge:

1. Describe the routine health maintenance and surveillance for adolescents and adults with Down syndrome
2. Describe the common comorbid conditions in adolescents and adults with Down syndrome
3. Describe the neuropsychological profile in adolescents and adults with Down syndrome

C. Practice-Based Learning and Improvement:

1. Review the AAP guidelines about health supervision of individuals with Down syndrome using both computer and web-based information
2. Identify strategies to improve the care-coordination for adolescents and adults with Down syndrome
3. Identify and describe where to find resources for social, educational and advocacy support for adolescents and adults with Down syndrome
4. Evaluate their own performance, identify gaps in their knowledge base, and target their self-directed learning to enhance performance and fill knowledge gaps
5. Demonstrate the willingness to learn from error
6. Provide, request, and accept feedback

D. Interpersonal and Communication Skills:

1. Demonstrate effective and professional communication with other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
2. Demonstrate effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
3. Demonstrate the ability to communicate with patients from a wide range of backgrounds
4. Appropriate use of interpreters when required
5. Effectively communicate with members of a multidisciplinary team
6. Communicate with referring physicians in a respectful, appropriate and timely manner
E. Professionalism:

1. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
2. Be punctual, conscientious and reliable
3. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
4. Adhere to principles of confidentiality/scientific/academic integrity

F. Systems-Based Practice:

1. Demonstrate an understanding of the special concerns for coordination of care for individuals with special needs including Down syndrome
2. Demonstrate an understanding of the “medical home”
3. Describe means of identification and use of community resources for diagnosis, genetic counseling, therapy, and psychosocial support for individuals with special needs across the lifespan
Residents rotate onto the Developmental and Behavioral Pediatric Rotation during the second or third year of training. This is a one month rotation with no required in-house call and no weekend responsibilities. On average, there are 2 residents per month. During this month, each resident will rotate through the Adult Down syndrome Center for 1-2 sessions. Continuity clinic is maintained during this rotation.

A. **Patient Care:**

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B. **Medical Knowledge:**

1. Describe the routine health maintenance and surveillance for adolescents and adults with Down syndrome
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C. **Practice-Based Learning and Improvement:**

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3. Identify and describe where to find resources for social, educational and advocacy support for adolescents and adults with Down syndrome
4. Evaluate their own performance, identify gaps in their knowledge base, and target their self-directed learning to enhance performance and fill knowledge gaps
5. Demonstrate the willingness to learn from error
6. Provide, request, and accept feedback

D. **Interpersonal and Communication Skills:**

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F. Systems-Based Practice:

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1. Describe the routine health maintenance and surveillance for adolescents and adults with Down syndrome
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