

Child Psychiatry

Competency Based Goals and Objectives

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Evaluate and manage the following developmental-behavioral signs and symptoms, provide appropriate counseling to parents or patients, and identify appropriate referral resources:
 - Inattention
 - Hyperactivity
 - Sleep disturbances
 - Regression of behavioral self-control
 - Excessive out-of-control behaviors (e.g., anger outbursts)
 - Anxiety
 - Depressed affect
 - Sexual orientation issues
 - Gender identity issues
 - Obsessive-compulsive symptoms
 - Excessive concerns about body image
2. Diagnose and manage refractory cases of ADHD
 - Interpret parent, teacher and patient information (history and questionnaires) that documents symptoms of ADHD and co-morbid conditions.
 - Use DSM criteria to diagnose ADHD
 - Explain to parents the issues surrounding the diagnosis, with implications for medications and other therapies, and impact on family and school life
 - Initiate appropriate pharmacotherapy, monitoring for therapeutic effect of medication as well as side effects. Use ongoing feedback from parents and teachers to make appropriate changes in medication, consider additional therapy and/or reconsider the possibility of co-morbid conditions not originally diagnosed
 - Recognize co-morbid conditions (e.g. depression, bipolar disorder, anxiety, cognitive problems, learning disabilities)
 - Continuously monitor and follow-up patients with ADHD. Obtain periodic information in standardized form (questionnaires) from parents and teachers to evaluate progress. Identify when changes in current medication regimen are indicated
3. Understand screening, diagnosing, managing and the need to refer children and parents with depression
 - Identify family history of mood disorders and other psychiatric conditions to enhance identification of children with these disorders
 - Recognize the differences in presentation of depression and other mood disorders during the developmental course of childhood
 - Assess environmental contributors to the development of mood disorders (abuse, neglect, family psychiatric symptoms).
 - Recognize vegetative and non-specific symptoms that may be due to depression (e.g. sleep disturbances, irritability, anhedonia, hopelessness, isolation)
 - Screen and monitor carefully for signs of potential suicidal behavior
 - Initiate appropriate pharmacologic interventions for children with depression and demonstrate familiarity with the pharmacologic treatment of depression (e.g., SSRI'S)
4. Understand the pediatrician's role in screening, diagnosing, managing and the need to refer children with oppositional defiant disorder

- Generate a differential diagnosis for children presenting with negative emotional behaviors, aggressive emotional behaviors, and secretive or antisocial emotional behaviors
 - Discuss the physiological (temperament) and environmental antecedents of negative or antisocial behavior patterns.
 - Devise an evaluation and intervention strategy for a child exhibiting negative or antisocial behavior
 - Determine the appropriate therapy for a child with negative/antisocial behavior and what other professionals need to be involved in this child's care.
5. Understand the screening, diagnosing, and managing and/or need to refer children with anxiety disorders.
 - Generate a differential diagnosis for children presenting with signs and symptoms of anxiety disorders.
 - Discuss the physiological and environmental antecedents of anxiety.
 - Devise an evaluation and intervention strategy for a child exhibiting anxiety in excess.
 - Determine the appropriate therapy for a child with anxiety and what other professionals need to be involved in this child's care.
 6. Understand the screening, diagnosing, managing and/or need to refer children with sleep concerns
 - Demonstrate the ability to take a complete sleep history, including a detailed account of: the family's response to sleep patterns, influences of the sleep problem on the family, family circumstances and dynamics that influence the child's sleep
 - Provide counseling regarding common sleep issues such as: frequent night waking, bedtime struggles, co-sleeping, sleep phase shifts, nightmares, night terrors, daytime somnolence.
 - Discuss the workup of a child with sleep disturbances and the use of the sleep laboratory.
 7. When caring for patients with potential nutritional or eating problems, obtain and interpret an appropriate history:
 - Use trigger questions to assess risk for eating disorders
 - Assess time spent in physical activity vs. sedentary activities.
 - Obtain an exercise history from both adolescents and parents
 - Assess satisfaction with eating patterns, perception of body image, adherence to food fads and diets, eating in secret, bingeing, purging, and use of laxatives, diuretics or dietary supplements.
 - Assess use of nutritional and herbal supplements

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.

1. Understand the role of the Pediatrician in the prevention of developmental and behavioral problems in children.
2. Describe the common prenatal influences that impair typical development
3. Describe the common postnatal influences that impair typical development
4. Describe the common environmental, social and family influences that promote optimal development and behavior of a child
5. Describe the common environmental, social and family influences that interfere with the typical development and behavior of a child

6. Describe a child's typical progress in each of the following behavioral domains, identify signs of abnormal development, and provide parents with counseling concerning:
 - Attachment (bonding)
 - Autonomy
 - Elimination
 - Eating
 - Sexuality
 - Sleep
 - Temperament
7. Discuss the epidemiology and prevalence of eating disorders in adolescents, and discuss the evidence for effective intervention strategies

COMPETENCY 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Demonstrate effective communication to insure accurate history-taking, patient and family understanding, mutual decision-making, and adherence to therapy.
2. Talk to family members about sensitive issues that relate to a patient's illness, e.g., coping with the child's needs in his/her home setting and at school.
3. Write an effective and timely consultation note that summarizes findings and recommendations and clarifies the continued role and responsibility of the consultant.
4. Write timely and comprehensive assessments of patients seen in the child psychiatry clinic and provide written communication to referring pediatrician.
5. Maintain comprehensive, timely and legible medical records

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.

1. Identify standardized guidelines for diagnosis and treatment of complex diseases and learn the rationale for adaptations that optimize treatment
2. Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing data acquisition if appropriate
3. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate personal accountability to the well being of all patients,
2. Be honest and use integrity in one's professional duties.
3. Reflect on your own biases toward particular illness or patient groups and take steps to assure that these biases don't interfere with the care you deliver.
4. Appreciate the psychosocial impact of psychiatric diseases on the child, family, parents work, and child's school.
5. Meet high standards of legal and ethical behavior.

COMPETENCY 6. Systems-Based Practice. Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Advocate for patients with special developmental, behavioral, and educational needs
2. Clarify how documentation and billing/charges differ for consultations vs. referrals vs. on-going management of children treated by child psychiatrists.
3. Demonstrate sensitivity to the costs of clinical care by a child psychiatrist, understand reimbursement for mental health services, and take steps to minimize costs without compromising quality.
4. Recognize and advocate for families who need assistance to deal with systems complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
5. Acknowledge medical errors and develop practice systems to prevent them.