

Description of Resident Rotation: Adolescent Medicine Elective Rotation

I. General Information:

- A. Rotation length: 2-4 weeks as arranged in advance of rotation
- B. Faculty: Ken Cheyne, M.D. (Coordinator)
Office Address: 1212 Pleasant Street, Suite 406
Office Phone: 515-241-8336
Cell Phone: 515-208-7886

II. First Day Orientation:

- A. The resident will be provided, prior to the start of the rotation, a schedule of which clinics they will attend on a daily basis for the entire rotation.
- B. The resident should call Dr. Cheyne (cell phone 208-7886) if they have any questions regarding the rotation.

III. Objectives and Description of Rotation:

The primary educational purpose of this rotation is to provide residents with the opportunity to expand their knowledge base related to adolescent health and to develop the attitudes and skills needed for provision of health services to adolescents in a variety of clinical settings.

Goal I: Patient Care

| Objectives | Evaluation |
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| Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health in adolescents. | |
| Discuss ways to make the office environment suitable for serving adolescents/young adults. | |
| Perform adolescent/young adult health maintenance visits, demonstrating ability to: <ul style="list-style-type: none"> • Organize the visit appropriate for the situation, • Obtain a history from the adolescent's parents, • Effectively perform a parentectomy, • Obtain a history from the adolescent, • Complete a sensitive physical exam, and • Appropriately counsel about pubertal variations. | |
| Provide anticipatory guidance and health related counseling to adolescents and their parents. | |
| Perform and interpret an exam for sexual maturity rating using standard descriptions for rating. | |
| Evaluate an adolescent's immunization status and administer indicated immunizations. | |

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| Recognize and understand parent-teen conflict and peer pressure. Provide anticipatory guidance to adolescents and their parents with respect to each. | |
| Obtain a gynecologic/sexual history and perform a pelvic exam on an adolescent female. | |
| Obtain a sexual history and perform a genital exam on an adolescent male. | |
| Conduct appropriate screening (history, PE, and laboratory), evaluation, and treatment for sexually transmitted infections. Examples include: <ul style="list-style-type: none"> • Adolescent male with dysuria / penile discharge • Adolescent female with vaginal discharge <ul style="list-style-type: none"> ○ Monilia ○ Bacterial vaginosis ○ Trichomonas • Chlamydia • Gonorrhea • HPV • HSV • Pediculosis pubis | |
| Discuss the benefits, side effects, and contraindications of various forms of contraception with an adolescent and his/her partner. Provide instructions for use of the method and discuss issues unique to compliance with each of the methods. Examples include: <ul style="list-style-type: none"> • Abstinence • Male and female condoms • OCP's • Depo-Provera • Birth control patch • Vaginal ring • IUD • Rhythm method • Withdrawal | |
| Recognize the early signs/symptoms of pregnancy, confirm the diagnosis, and discuss early prenatal care with an adolescent. | |
| Recognize risk factors in men and women with respect to sexual assault. Provide anticipatory guidance regarding sexual assault prevention and the consensual model of sexuality. | |
| Obtain and interpret a history to assess risk factors for tobacco, alcohol, and other drugs with respect to family factors, personal factors, and systemic complaints. | |
| Use the CRAFFT Brief Screening Tool to screen for adolescent substance abuse in a clinical setting. | |
| Assess an adolescent's use of alcohol or other drugs and formulate an appropriate recommendation for treatment. | |
| Recognize the warning signs of depression/suicide in adolescents and perform an appropriate assessment of the adolescent. | |

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| Use the SIGECAPS mnemonic as a tool to screen for depression in an adolescent. | |
| Recognize the signs/symptoms of anxiety disorders in adolescents and perform an appropriate assessment of the adolescent. | |
| Recognize the warning signs of eating disorders in adolescents. Perform an appropriate evaluation (history, PE, lab), develop a differential diagnosis, and formulate an appropriate recommendation for treatment. | |
| <p>Perform an appropriate evaluation (history, PE, lab), develop a differential diagnosis, and formulate an appropriate recommendation for treatment for an adolescent with the following concerns:</p> <ul style="list-style-type: none"> • Abnormal PAP smear • Abnormal weight gain / obesity • Academic failure • Acne • Acute abdominal pain (male and female) • Amenorrhea (primary and secondary) • Ankle pain • Back pain • Breast mass in an adolescent female • Chronic recurrent abdominal pain • Chest pain • Dizziness / syncope • Dysfunctional uterine bleeding • Dysmenorrhea • Elevated BP (isolated & sustained) • Fatigue • Frequent school absences • Functional complaints • Headaches • Irregular menstrual bleeding • Knee pain • PCOS • PID • School avoidance • Shoulder pain • Sleep disturbance • Testicular pain / mass | |
| Recognize benign adolescent gynecomastia; discuss usual fears associated with this condition; discuss the appropriate management of benign adolescent gynecomastia. | |
| Conduct a preparticipation evaluation of an adolescent athlete and discuss contraindications to participation in various sports. | |
| Counsel an adolescent and his/her parent regarding fluid intake during sports. | |

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| Recognize the signs/symptoms and effectively treat heat illness in adolescents (muscle cramps, heat exhaustion, heat stroke). | |
| Evaluate an athlete with a head injury and discuss recommendations for return to competition. | |
| Counsel an adolescent athlete and his/her parent regarding the safety and efficacy of common performance enhancing substances. | |

Goal II: Medical Knowledge

| Objectives | Evaluation |
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| Understand consent and confidentiality and their relationship to treating adolescents as well as the involvement of parents in providing care to adolescents. | |
| Discuss the major causes of morbidity and mortality in adolescents. List and explain the four major risk factors associated with injuries to adolescents (substance abuse, failure to use safety devices, access to fire arms, and participation in sports.) Recognize the effects of violence in conflict resolution in teens. | |
| State the four developmental goals of adolescence. Describe the stages of early, middle, and late adolescence. | |
| Recognize the normal sequence and timing of pubertal development in males and females. | |
| Discuss the psychosocial consequences of being an “early maturer” or “late maturer”. | |
| Discuss the changes in common laboratory parameters that occur during pubertal development. | |
| Discuss and follow the recommendations for the frequency and content of adolescent health maintenance visits. Discuss the rationale behind these recommendations. | |
| Discuss the usual sequence of sexual activity in adolescents. Discuss trends in adolescent sexual activity and the risks associated with adolescent sexual activity. | |
| Discuss the unique health care needs of gay, lesbian, bisexual, transgender, and questioning adolescents. | |
| Discuss the management of the following common contraceptive side effects: <ul style="list-style-type: none"> • Oral contraceptive pills <ul style="list-style-type: none"> ○ Breakthrough bleeding ○ Breast tenderness ○ Headache ○ Nausea ○ Moodiness • Depo-Provera <ul style="list-style-type: none"> ○ Breast discharge ○ Irregular periods ○ “Heavy periods” ○ Weight gain | |

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| <ul style="list-style-type: none"> • Condoms <ul style="list-style-type: none"> ○ Frequent breakage | |
| Discuss the physical and psychosocial risks associated with adolescent pregnancy and the unique risks associated with being the infant of an adolescent mother/father. | |
| Discuss recent trends in adolescent substance abuse. | |
| Recognize the stages of substance abuse in adolescents. | |
| Recognize the physical stigmata of substance abuse in adolescents. | |
| Recognize common toxidromes that adolescents may present with when they use or overdose on prescription/nonprescription drugs. | |
| Discuss the indications for, limitations of, and ethical issues regarding testing adolescents for drugs. | |
| Discuss the medical complications of eating disorders. | |
| Discuss the DSM-IV criteria for the diagnosis of ADHD. Discuss the process for and important features of the diagnosis of ADHD in an adolescent. | |
| Discuss psychosocial adjustment and adherence in adolescents with chronic illness. | |
| Discuss the American Heart Associations twelve recommendations for the preparticipation screening of adolescents. | |
| Demonstrate a commitment to acquiring the base of knowledge needed for the care of adolescents. | |
| Access medical information efficiently, evaluate it critically, and apply it to adolescent care appropriately. | |

Goal III: Practice-Based Learning and Improvement

| Objectives | Evaluation |
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| Demonstrate the knowledge, skills, and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice. | |
| Identify standardized guidelines for diagnosis and treatment of conditions common to adolescents and adapt them to the individual needs of specific patients. | |
| Use scientific methods and evidence to investigate, evaluate, and improve one's patient care practice related to adolescents. | |
| Identify individual learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills related to adolescents. | |

Goal IV: Interpersonal and Communication Skills

| Objectives | Evaluation |
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| Effectively and efficiently conduct an interview of an adolescent using the HEADSSS mnemonic as a guide. | |
| Demonstrate interpersonal and communication skills that result in | |

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| information exchange and partnering with patients, their families, and professional associates. | |
| Communicate effectively with health care professional and health-related agencies to create and sustain information exchange and teamwork in patient care. | |
| Maintain accurate, legible, timely, confidential, and legally appropriate medical records in the outpatient and inpatient settings. | |

Goal V: Professionalism

| Objectives | Evaluation |
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| Be sensitive to diversity and recognize one's own biases that may affect one's response to adolescents. Effectively care for adolescents who make choices that the care provider would not make himself/herself. | |
| Adhere to ethical and legal principles of care: demonstrate appreciation of and understanding of issues pertinent to adolescents (treatment of minors, confidentiality, etc.) | |
| Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles. | |
| Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes, and seeking answers to patient care questions). | |
| Demonstrate a commitment to professional behavior in interactions with patients, staff, and professional colleagues. | |
| Choose appropriate dress in accordance with the dress code policy of Iowa-Health Des Moines and the Blank Pediatric Residency Program. | |
| Comply with the CORE values as determined by Iowa Health-Des Moines. | |
| Demonstrate professionalism by being punctual to daily conferences, continuity clinic, and all clinical assignments. | |
| Protect patient information according to guidelines of HIPPA as set forth by Iowa Health-Des Moines. | |

Goal VI: Systems-Based Practice

| Objectives | Evaluation |
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| Help adolescents to use health services appropriately during adolescence and guide them in their transition to adult care. | |
| Recognize the importance of community based services in the provision of comprehensive care to adolescents. | |
| Describe the special health care needs of adolescents in the juvenile justice system, in residential treatment, and homeless adolescents. | |
| Understand how to practice high-quality health care and advocate for patients within the context of the health care system. | |
| Identify key aspects of health care systems as they apply to the care of adolescents and their families (e.g., challenges to access and continuity of care; factors affecting billing and reimbursement). | |

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| When providing care to adolescents in all clinical settings, consider cost and resource allocation without compromising quality of care. | |
| Recognize and advocate for adolescents who need assistance to deal with health care system complexities. | |
| Recognize the limits of one's knowledge and expertise and take steps to avoid medical errors. | |
| Discuss advocacy strategies you might use to improve or prevent at least one adolescent health problem you see in your patient population. | |

Instructional strategies:

- A. Direct patient care in the Adolescent Clinic, Blank Child & Adolescent Psychiatry Clinic, Drake University Student Health Center, and rounds with the Blank School-Based NP at the Des Moines high schools.
- B. Inpatient consults.
- C. Direct patient care of adolescents in the resident's continuity clinic.
- D. Didactic case conference discussions during the every other month noon Adolescent Medicine didactic series
- E. Individual study and discussion with preceptor of "Selected Readings in Adolescent Medicine".
- F. Use of provider-teen role plays.
- G. Review of patient education materials specific for teens (AAP, ACHA, etc.)
- H. Review of current media for its portrayal of adolescent sexuality.
- I. Review of current media for its portrayal of alcohol, tobacco and other drugs.
- J. Participation in outreach activities to area schools.

Key to evaluation:

- 0 = not observed
- 1 = below expected level
- 2 = at expected level
- 3 = above expected level

- A = direct observation of objective
- B = global rating of live / recorded performance
- C = checklist of live / recorded performance
- D = *Bright Futures* case-based discussion
- E = adolescent / parent survey
- F = modified essay question examination
- G = record review