Mapping of Paediatrics Postgraduate Curricular Competencies with Assessment Tools

This outline maps curricular competencies\objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

Construct	Domain	Rotation	Year	Code	Performance indicator /Curriculum	Page #	Learning Domain (1:Cognitive, 2:Skills, 3:Attitude)	Recommended Assessment Method			
								Part 1 - Written	Part 2 - Written	Part 2 - OSCE	Part 2 - SOE
A Medical expert	A1 Basic science	General	R1-R2	A1.1	Obtain fundamental knowledge related to core clinical problems in pediatrics.	43	1	*	*		
		Hematology/ Oncology	R2	A1.2	Basic knowledge regarding different type of leukemia and solid tumors as well as chemotherapy principles.	51	1	*	*		
				A1.3	The basic physiology of the bone marrow forming blood component coagulation cascade	51	1	*	*		
				A1.4	Pathophysiology of different types of anemia	51	1	*	*		
		Neurology	R2	A1.5	Basic structure and fnction of nero-anatomic pathways	56	1	*	*		
				A1.6	Embryology of the CNS	56	1	*	*		
				A1.7	Basic muscle structure and function	56	1	*	*		
				A1.8	Pharmacology of drugs used in neurologic, psychiatric, and muscular problems.	56	1	*	*		
				A1.9	Normal, expected sequence of development for gross motor, fine motor, language, and social skills from the neonatal period to late childhood	56	1	*	*		
				A1.10	Indications, limitations, benefits, hazards of various types of investigations: CSF analysis, radionuclide brain scan, CT scan, MRI scan, EEG, evoked potentials, EMG, nerve conduction studies, intracranial pressure monitoring, lumbar puncture, muscle and nerve biopsy, myelography, X-rays of skull and spine, and head ultrasound.	56	1	*	*		
				A1.11	Introduction to anatomical localization of neurological problems	56	1	*	*		*
		Cardiology	R2	A1.12	The anatomy and hemodynamics associated with the more common congenital heart defects, and acquired inflammatory and infectious cardiac diseases	45	1	*	*		
				A1.13	The anatomy, hemodynamics, and electrophysiology of thr normal heart	45	1	*	*		
				A1.14	The fetal circulation and post-natal circulatory changes	45	1	*	*		
				A1.15	Indications, causes, limitations, benefits, and hazards of various types of cardiac investigation, namely: echocardiography, cardiac catheterization, angiocardiography, scalar electrocardiogram, 6 ft. cardiac X-ray, exercise EGG, Holter monitor, and radionuclide cardiac scans	45	1	*	*		*
				A1.16	Basic aspects of echocardiography	45	1	*	*		
				A1.17	The basic mechanisms of heart failure in the pediatric patient	45	1	*	*		
				A1.18	Pharmacology of commonly used cardiac drugs, epidemiology of adult-onset cardiac disease.	45	1	*	*		
		Developmental Pediatrics	R3	A1.19	Recognize normal and abnormal development –gross motor, fine motor, language	46	1		*		*
				A1.20	Understand the impact of parental mental health issues such as parental depression on the development of young children.	47	1		*		*
		Endocrinology	R3	A1.21	The normal anatomy and embryology of the endocrine glands and genitalia	48	1		*		
				A1.22	The physiology and pathophysiology of the endocrine glands, glucose homeostasis, electrolyte and acid-base balance, and calcium homeostasis.	48	1		*		
				A1.23	Pharmacology of commonly used drugs and hormones	48	1		*		
				A1.24	Normal physical/sexual growth and development, interpretation of growth charts	48	1		*		*
		Gastroenterology/ Metabolism	R3	A1.25	The pathophysiology of common pediatric gastroenterology, hepatology, and nutrition disorders	49	1		*		
				A1.26	The basics of intravenous fluid therapy	49	1		*		
				A1.27	Indication, contraindication, post procedure of liver biopsy	49	1		*		*
				A1.28	Laboratory tests related to pediatric gastroenterology, hepatology, and nutrition disorders	49	1		*		*
		Infectious Disease	R3	A1.29	The classification, characteristics, and epidemiology of common infectious agents	52	1		*		
				A1.30	Mechanism of infection and host defenses	52	1		*		
				A1.31	Basic clinical pharmacological properties of antimicrobial agents and interpretation of sensitivity tests for antibiotics	52	1		*		
				A1.32	Antimicrobial resistance mechanisms and their implications	52	1		*		
				A1.33	Congenital and perinatal infections: epidemiology, natural history.	52	1		*		
		Genetic/ Metabolic	R4	A1.34	Have a clear understanding of patterns of inheritance, including Mendelian/non-Mendelian and multifactorial	50	1		*		
				A1.35	Have general principles about genetic tests including biochemical, cytogenetic, and molecular labs.	50	1		*		
				A1.36	Know how these general pediatric practices affect the management of metabolic disorders.	50	1		*		
				A1.37	To be familiar with dysmorphology terminologies and description	50	1		*		
		Allergy & Immunology	R4	A1.38	The anatomy and physiology of the respiratory system, skin, and immunology system	43	1		*		
				A1.39	The pathophysiology of allergic inflammation	43	1		*		
				A1.40	Human immunodeficiency virus (HIV)	43	1		*		
				A1.41	The pathophysiology of: a. Acute and chronic bronchial asthma b. Allergic rhinitis c. Urticaria, angioedema, and atopic dermatitis d. Drug allergy e. Food allergy f. Primary immunodeficiency (SCID, combined immunodeficiency, antibody deficiency, phagocytic dysfunction, neutrophil disorders and complement defeciency).	43	1		*		
		Nephrology	R4	A1.42	The development of the genitourinary tract	55	1		*		
				A1.43	The renal pathophysiology and manifestations of systemic diseases	55	1		*		*
				A1.44	Pathophysiology of renal failure; indications and complications of dialysis and renal transplantation	55	1		*		*
				A1.45	Hereditary renal disease	55	1		*		*
				A1.46	Water and electrolyte homeostasis, normal fluid and electrolyte requirements at various ages; the pathophysiology of disturbances of water and electrolyte balance, disorders, or calcium and phosphorus metabolism	55	1		*		
		Pulmonology	R4	A1.47	The anatomy and physiology of the respiratory tract	57	1		*		
				A1.48	The pathophysiology of ventilation	57	1		*		
				A1.49	Indications and contraindications of bronchoscopy.	57	1		*		*
				A1.50	The pathophysiology of: a- Asthma b- Infectious pulmonary disorders in children, such as bronchiolitis, pneumonia, TB, and pertussis c- Chronic restrictive and obstructive lung disorders, recurrent infections, and hemoptysis d- Cystic fibrosis	57	1		*		

				A1.55	The indications, contraindications, and side effects of anti-inflammatory drugs, corticosteroids, biologics and immunosuppressives.	58	1		*		
				A1.56	The effects of chronic rheumatic diseases on physical growth and social development.	58	1		*		
		Neonatology	R1-R2-R3-R4	A1.57	Fetal growth, development, and physiology	54	1	*	*		
				A1.58	Aspects of pregnancy, labor, and delivery that affect the neonate	54	1	*	*		*
				A1.59	Process of neonatal adaptation to extrauterine life	54	1	*	*		*
				A1.60	Neonatal growth, nutrition, metabolic problems, feeding problems	54	1	*	*		*
				A1.61	Aspects of drug therapy unique to the newborn	54	1	*	*		*
				A1.62	Developmental problems encountered in the follow-up of the high-risk neonate	54	1	*	*		*
				A1.63	Effect of maternal systemic disease on the fetus and newborn	54	1	*	*		*
		Therapeutics	R1-R2-R3-R4	A1.64	Describe the appropriate use of the following common medications in theoutpatient setting, including when it is NOT appropriate to treat with amedication: a.Analgesics/antipyretics b.Antibiotics c.Bronchodilators d.Corticosteroids e.Cough and cold preparations f.Ophthalmic preparations g.Optic preparations h.Vitamin/mineral supplements	26	1	*	*		
		Chronic Pediatric Illnesses	R1-R2-R3-R4	A1.65	Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.	31	1	*	*		*
	A2 Assessment & Diagnosis	General	R1-R2	A2.1	Develop clinical skills such as physical examination and practical procedures related to the core presenting problems and procedures in pediatrics.	14	2			*	
			R2	A2.2	Order mediactions and dignostic tests, therefore collecting and analyzing test results.	14	1	*	*		*
			R4	A2.3	Perform progressively more complex procedures, such as bone marrow aspiration and biopsy and pleural/peritoneal tabs under the direct supervision of the faculty.	14	2				*
		Cardiology	R2	A2.4	Apply Anthropometry measurements and their interpretation	45	1	*	*		*
				A2.5	The indications for anticipated results from modern cardiac surgical therapy	45	1	*	*		*
				A2.6	Blood pressure measurements by palpation sphygmomanometer, flush technique, and Doppler method	45	2			*	
				A2.7	Apply Arterial puncture and interpretation of blood gas and acid-base profile	45	1	*	*		*
				A2.8	Recording 12-lead ECG	45	2			*	
				A2.9	Limited interpretation of ECG	45	1	*	*		*
				A2.10	Chest roentgenographic analysis from cardiac evaluation point of view	45	1	*	*		*
				A2.11	Determination of intrapulmonary right-to-left shunting using 100% oxygen	45	1	*	*		*
				A2.12	Pre- and post-operative needs of the pediatric heart patient	45	1	*	*		*
		Hematology/ Oncology	R2	A2.13	The blood transfusion indication, precautions, and complications	51	1	*	*		*
				A2.14	The indications for lymph node biopsy	51	1	*	*		*
				A2.15	Leukocytosis and thrombocytopenia	51	1	*	*		*
				A2.16	Detect the clinical signs of different blood diseases and oncology diseases	51	1	*	*		*
				A2.17	Recognize the staging system of tumor.	51	1	*	*		*
				A2.18	Examine for lymph nodes of different groups, examine for hepatosplenomegaly and examine for coagulation disorders manifestation.	51	1	*	*		*
				A2.19	Performing bone marrow aspiration and smear preparation	51	2			*	
				A2.20	Solid tumors from biopsy aspect, radiological indications	51	1	*	*		*
		Neurology	R2	A2.21	Interpretations of CT and MRI of the brain	56	1	*	*		*
				A2.22	Basic principles of history taking and physical examination as they apply to pediatric neurology	56	2			*	
		Developmental Pediatrics	R3	A2.23	Be exposed to developmental issues of different age groups e.g. (infant, pre-school and school age)	46	1		*		*
				A2.24	Screen vision and hearing	46	2			*	
				A2.25	Screen developmental problems: prevention, early identification, counselling	46	1,2		*	*	*
				A2.26	Understand and interpret psychological and educational testing	46	1		*		*
				A2.27	Assess psychomotor development(neurodevelopmental exam)	46	1		*		*
				A2.28	Recognize normal growth, development, and behaviour with provision of anticipatory guidance	46	1		*		*
				A2.29	Recognize & diagnosie: a.Visual and hearing impairment b.Cerebral palsy c.Developmental delay/mentalretardation d.autismv.Learning disabilities e.hyperactivity/attention problems f.dysregulation disorders (colic etc.)	46	1		*		*
				A2.30	Practice in using developmental screening tools for young children that focus on cognitive development, speech and language, fine and gross motor development, and emotional development	47	1,2		*	*	*
		Gastroenterology/ Metabolism	R3	A2.31	The differential diagnosis of hepatomegaly in older children	49	1		*		*
				A2.32	Familiarity with the growth chart and proper nutritional assessment of infants and children	49	1		*		*
		Endocrinology	R3	A2.33	Use of growth charts	48	2			*	
				A2.34	Reading of bone age	48	1		*		*
				A2.35	The inherited disorders that affect the endocrine glands and genitalia	48	1		*		*
				A2.36	Indications for, complications, and interpretation of endocrine tests	48	1		*		*
				A2.37	Normal physical/sexual growth and development, interpretation of growth charts	48	1		*		*
				A2.38	Interpretation of newborn screening for endocrine disease presentation of inborn errors of metabolism	48	1		*		*
				A2.39	Performance and interpretation of various endocrine dynamic tests	48	1,2		*	*	*
		Gastroenterology/ Metabolism	R3	A2.40	Obtain an accurate history and perform physical examination including thorough abdominal examination.	49	2			*	
		Infectious Disease	R3	A2.41	Perform and interpret Tuberculin skin testing and procure appropriate specimens for diagnosis of infections.	52	1,2		*	*	*
		Developmental Pediatrics	R3	A2.42	Recognize emotional and psychological development (normal and abnormal): a.Psychosocial factors affecting development and behaviour b.Normal emotional development c.Sexuality d.Psychiatric Disorders affecting development and behaviour	46	1		*		*
		General	R4	A2.43	Analyze and interpret the findings from clinical skills to develop appropriate differential diagnoses and management plan for the patient.	14	1		*		*
		Genetic/Metabolic	R4	A2.44	Perform different body measurements required in evaluating the dysmorphic child	50	2			*	
				A2.45	Prenatal Diagnosis: implications, indications, methods available for diagnosis, and ethical issues	50	1		*		*
				A2.46	The recurrence of acute episodes of metabolic decompensation such as hypoglycemia, hyperammonemic coma, and metabolic acidosis	50	1		*		*
				A2.47	Common dysmorphic syndromes and understanding Saudi clinical variations	50			*		*
		Nephrology	R4	A2.48	Take a detailed history and conduct a physical examination to determine the possibility of renal disease.	55	2			*	
				A2.49	Doing urine dipsticks and interpreting the results.	55	2			*	
				A2.50	The recognition of disorders of embryogenesis that result in abnormalities of this system, including the external genitalia	55	1		*		*
				A2.51	Measuring blood pressure and interpreting the results.	55	1,2		*	*	*
				A2.52	Indications for measurements of GFR, IVP, voiding cystourethrograms, renal scan, renal ultrasound, urodynamics, renal angiography, rennin studies, and renal biopsy	55	1		*		*

		A2.53	Interpreting the biochemical and radiological investigation related to the renal system including renal biopsy	55	1		*		*
		A2.54	Normal mechanisms of acid-base balance; interpretation of blood gas value	55	1		*		*
Allergy & Immunology	R4	A2.55	Read peak flow meter	43	2			*	
		A2.56	Interpret the result of spirometer	43	1		*		*
		A2.57	Read the skin prick test	43	1		*		*
		A2.58	Interpret the result of RAST test, leukocyte marker, phagocytic function test, immunoglobulin level test	43	1		*		*
		A2.59	Demonstrate SC injection and sublingual immunotherapy if available.	43	2			*	
		A2.60	The diagnosis of: a. Acute and chronic bronchial asthma b. Allergic rhinitis c. Urticaria, angioedema, and atopic dermatitis d. Drug allergy e. Food allergy f. Primary immunodeficiency (SCID, combined immunodeficiency, antibody deficiency, phagocytic dysfunction, neutrophil disorder, and complement deficiency)	43	1		*		*
Pulmonology	R4	A2.61	Participate in the performance of spirometry with at least four children during rotation.	57	2			*	
		A2.62	Obtaining respiratory history and performing physical examination	57	2			*	
		A2.63	Use of peak flow meter and its interpretation	57	1,2		*	*	*
		A2.64	Practice interpretation of PFTs.	57	1		*		*
		A2.65	Know how to diagnose Asthma, Infectious pulmonary disorders in children, such as bronchiolitis, pneumonia, TB, and pertussis, Chronic restrictive and obstructive lung disorders, recurrent infections, and hemoptysis, and Cystic fibrosis.	57	1		*		*
		A2.66	Be familiar with the indication and interpretation of chest X-rays and CT scan of the chest.	57	1		*		*
		A2.67	Develop a better understanding of a specific aspect of pediatric pulmonary disease	57			*		*
Rheumatology	R4	A2.68	Knowledge of a wide array of autoimmune, inflammatory, and musculoskeletal diseases that affect a multiplicity of tissues and organ systems	58	1		*		*
		A2.69	Take appropriate history related to rheumatic diseases	58	2			*	
		A2.70	Perform musculoskeletal examination	58	2			*	
		A2.71	Make primary assessment of inflammatory joint disease	58	1		*		*
		A2.72	Ensure safe drug monitoring and Observe intra-articular procedures.	58	3				
		A2.73	The indications for, and interpretation of laboratory tests on blood and synovial fluid	58	1		*		*
		A2.74	Musculoskeletal manifestations of systemic diseases	58	1		*		*
		A2.75	Require knowledge of the basis for and use of laboratory and diagnostic tests	58					
Ambulatory Care	R2-R4	A2.76	Evaluate common signs and symptoms associated with the practice of pediatrics in the outpatient clinic.	44	1	*	*		*
		A2.77	Recognize and manage common childhood conditions presenting to the outpatient clinic.	44	1	*	*		*
		A2.78	Utilize common diagnostic tests and imaging studies appropriately in the outpatient clinic:	44	1	*	*		*
		A2.79	Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting.	44	1	*	*		*
		A2.80	Describe the following procedures (or techniques), including how they work andwhen they should be used	44	1	*	*		*
		A2.81	Technical and therapeutic procedures, such as: a.Bladder catheterization b.Conjunctival swab c.Ear: cerumen removal d.Medication delivery: inhaled, intramuscular(IM), subcutaneous(SC), or intradermal(ID)	44	2			*	
		A2.82	Diagnostic and screening procedures, such as: a.ECG interpretation b.PPD interpretation c.Radiologic interpretation (abdominal X-ray, chest X-ray, sinus films) d.Vision screening	44	1	*	*		*
Intensive Care	R2-R3-R4	A2.83	Recognize life-threatening conditions common in the PICU setting.	53	1	*	*		*
		A2.84	Recognize homodynamic instability in the critically ill PICU patient.	53	1	*	*		*
		A2.85	Arterial blood gas specimen collection	53	2			*	
		A2.86	Thoracocentesis and chest tube insertion	53	2			*	
		A2.87	Paracentesis	53	2			*	
		A2.88	Lumbar puncture	53	2			*	
Neonatology	R1-R2-R3-R4	A2.89	Ability to obtain maternal and family history	54	2			*	
		A2.90	Assessment of gestational age and examination of full-term healthy and low birth weight babies	54	2			*	
		A2.91	Initial assessment of the newborn (apgar scores)	54	2			*	
		A2.92	Recognition of subtle and non-specific signs of serious illness in the newborn	54	1	*	*		*
		A2.93	Procedural skills related: newborn resuscitation, umbilical artery and vein catheterization, chest tube insertion, etc.	54	1,2	*	*	*	*
Growth	R1-R2-R3-R4	A2.94	Identify and describe abnormal growth patterns based on the family growth history and the child's previous growth (e.g., microcephaly, macrocephaly, short stature, obesity, growth abnormalities related tospecific physical findings).	21	1	*	*		*
		A2.95	Identify failure to thrive and overweight/obesity in a child or adolescentusing body mass index (BMI) and other growth measures and outline thedifferential diagnosis and initial evaluation.	21	1	*	*		*
Development	R1-R2-R3-R4	A2.96	Describe how abnormal findings on the development screening tools would suggest a diagnosis of developmental delay, autism, pervasive developmental delay, and mental retardation.	22	1	*	*		*
		A2.97	Describe the initial evaluation and need to refer a patient with evidence of developmental delay or abnormality.	22	1	*	*		*
Nutrition	R1-R2-R3-R4	A2.98	Describe the signs and symptoms of common nutritional deficiencies in infants and children (e.g., iron, vitamin D, and inappropriate caloric volume) and how to prevent them.	24	1	*	*		*
		A2.99	Identify children with specific or special nutritional needs (e.g., patients with chronic illness, prematurity, abnormal growth patterns, failure to thrive, obesity, or when family risk factors suggest the possibility that nutritional modification will be needed).	24	1	*	*		*
		A2.100	Describe the endocrine, cardiovascular, and orthopedic consequences of childhood obesity.	24	1	*	*		*
		A2.101	Obtain a dietary history in children of different ages that includes thefollowing: a.Infants: type, amount, and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins iron) b.Toddler/school age child: milk, juice, soda, fast foods, and mealpatterns c.Adolescents: meal patterns, nutritional supplements, milk, juice, soda,alcohol, snacking, and fad diets	24	2			*	
Behavior	R1-R2-R3-R4	A2.102	Describe the typical presentation of common behavioral problems andissues in different age groups, such as: a.newborn/infants: sleep problems, colic b.toddler: temper tantrums, toilet training, feeding problems c.school age: enuresis, attention deficit, encopresis, autism d.adolescence: eating disorders, risk-taking behavior, conductdisorders	25	1	*	*		*
		A2.103	Describe the emotional disturbances or medical conditions that maymanifest as alterations in school performance and peer or family relationships.	25	1	*	*		*
		A2.104	Distinguish between age-appropriate behavior, inappropriate or abnormalbehavior, and those that suggest severe psychiatric or development illnessin children of different ages (e.g., head banging, threatening gestures,suicidal).	25	1	*	*		*
		A2.105	Identify behavioral and psychosocial problems of childhood using the medical history and physical examination.	25	1	*	*		*
Theraputics	R1-R2-R3-R4	A2.106	Describe how to assess whether a drug is excreted in the breast milk and safeto use by a breast-feeding mother.	26	1	*	*		*

Adolescence Health Care	R1-R2-R3-R4	A2.107	Identify and describe the sequence of the physical changes of puberty (e.g., Tanner scale).	27	1	*	*		*
		A2.108	Describe the features of common mental health problems in adolescence, including school failure, attention deficit, body image, eating disorders, depression, and suicide.	27	1	*	*		*
		A2.109	Describe the unique difficulties encountered by adolescents with chronic diseases, including adherence and issues of autonomy vs. dependence.	27	1	*	*		*
		A2.110	Interview an adolescent patient, using the HEADSS method, to ask sensitive questions about lifestyle choices that affect health and safety (e.g., sexuality, drug, tobacco, and alcohol use) and give appropriate counseling	27	2			*	
		A2.111	Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate.	27	2			*	
		A2.112	Conduct a pre-participation sports examination and demonstrate the key components of that examination necessary to clear an individual for participation in strenuous exercise (special senses, cardiac, pulmonary, neurological, and musculoskeletal).	27	2			*	
		A2.113	Conduct a health supervision visit for a healthy adolescent, incorporating a psychosocial interview, developmental assessment, and appropriate screening and preventive measures.	27	2			*	
Acute Pediatric Illnesses	R1-R2-R3-R4	A2.114	List the age-appropriate differential diagnosis for pediatric patients presenting with each of the following symptoms. a.Abdominal pain b.Cough and/or wheeze c.Diarrhea d.Fever and rash e.Fever without a source f.Headache g.Lethargy or irritability h.Limp or extremity pain i.Otalgia j.Rash k.Rhinorrhea l.Seizures m.Sore throat n.Vomiting	28	1	*	*		*
		A2.115	List the age-appropriate differential diagnosis for pediatric patients presenting with each of the following physical findings: a.Abdominal mass b.Bruising c.Heart murmur d.Hepatomegaly e.Lymphadenopathy f.Splenomegaly g.Petechiae and/or purpura h.Red or wandering eye i. White pupillary reflex	28	1	*	*		*
Acute Pediatric Illnesses	R1-R2-R3-R4	A2.116	List the age-appropriate differential diagnosis for pediatric patients presenting with each of the following laboratory findings: a. Anemia b. Hematuria c. Proteinuria d. Positive Mantoux skin test (PPD)	29	1	*	*		*
		A2.117	Describe the epidemiology, clinical, laboratory, and radiographic findings, of each of the core pediatric level conditions listed for each presenting complaint.	29	1	*	*		*
		A2.118	Discuss the characteristics of the patient and the illness that must be considered when making the decision to manage the patient in the hospital or in the outpatient setting.	29	1	*	*		*
		A2.119	Describe the epidemiology, clinical, laboratory, and radiographic finding for each of the mastery level conditions listed for each presenting complaint.	29	1	*	*		*
		A2.120	Perform an age-appropriate history and physical examination pertinent to the presenting complaint of the child.	29	2			*	
		A2.121	Explain how the physical manifestations of disease and the evaluation may vary with the age of the patient. Be able to give specific examples.	29	1	*	*		*
		A2.122	Generate an age-appropriate differential diagnosis and initial diagnostic plan for each patient presenting with one of the following symptoms, physical examination findings, or laboratory findings.	29	1	*	*		*
Chronic Pediatric Illnesses	R1-R2-R3-R4	A2.123	Describe the clinical features of chronic medical conditions seen in children, such as: a. Asthma b. Atopic dermatitis c. Cerebral palsy d. Cystic fibrosis e. Diabetes mellitus f. Epilepsy g. Malignancy (e.g., acute lymphocytic leukemia and Wilms' tumor) h. Obesity i. Seasonal allergies j. sickle cell disease k. HIV/AIDS l. Sensory impairment	31	1	*	*		*
		A2.124	Perform a medical interview and a physical examination in a child with a chronic illness that includes the effects of the chronic illness on growth and development, emotional, economic, and psychosocial functioning of the patient and family, and the treatments used, including "complementary and alternative therapies."	31	2			*	
Fluid and Electrolyte Management	R1-R2-R3-R4	A2.125	Obtain historical and physical finding information necessary to assess the hydration status of a child.	32	2			*	
		A2.126	Describe the physical findings in hypovolemic shock and the approach to restoration of circulating fluid volume (i.e., "rescue" fluid infusion).	32	1	*	*		*
Poisoning	R1-R2-R3-R4	A2.127	Describe the emotions of guilt and anxiety that may be present in the parent, caregiver, or child at the time of ingestion.	33	1	*	*		*
		A2.128	Describe the acute signs and symptoms of accidental or intentional ingestion of acetaminophen, iron, alcohol, narcotics PCP (phencyclidine), tricyclic antidepressants, volatile hydrocarbons, and caustics.	33	1	*	*		*
		A2.129	Describe the agents and acute signs and symptoms of intentional chemical (e.g., cholinergic) or biologic agents.	33	1	*	*		*
		A2.130	Elicit a complete history when evaluating an unintentional ingestion or exposure to a toxic substance (including the substance, the route of exposure, the quantity, timing, and general preventive measures in the household).	33	2			*	
		A2.131	Elicit a complete history surrounding the intentional ingestion of a toxic substance (including the substance, route of exposure, amount, timing, antecedent events, and stressors).	33	2			*	
Pediatric Emergencies	R1-R2-R3-R4	A2.132	Describe the age-appropriate differential diagnosis and the key clinical findings that would suggest a diagnosis for each of the emergent clinical problems in the table below.	34	1	*	*		*
		A2.133	Describe the clinical findings for each of the diagnosis to consider in the table below.	34	1	*	*		*
		A2.134	Demonstrate the "ABC" assessment as a means for identifying who requires immediate medical attention and intervention.	35	1,2	*	*	*	*
		A2.135	List the symptoms of shock, respiratory distress, lethargy, apnea, and status epilepticus in pediatric patients.	34	1	*	*		*

		Child Abuse	R1-R2-R3-R4	A2.136	List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect, such as inconsistency in the history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries incompatible with the child's development.	35	1	*	*		*
	A3 Management	General	R1-R2	A3.1	Perform simple procedures such as urinary catheters and nasogastric tubes.	14	2			*	
				A3.2	Perform other invasive procedures such as arterial line or central line insertion under the direct supervision of the senior residents at the discretion of the responsible faculty member	14	2			*	
		Cardiology	R2	A3.3	The principles of management of heart failure in the pediatric patient	45	1	*	*		*
				A3.4	Pre- and post-operative needs of the pediatric heart patient	45	1	*	*		*
				A3.5	Management: 1. Congestive heart failure 2. Pulmonary infections in patients with intracardiac left-to-right shunt 3. Infective endocarditis 4. Anemia in children with cyanotic heart disease 5.Cyanotic spells in children with cyanotic heart disease 6. Brain abscess in children with cyanotic heart disease 7. Kawasaki disease 8. Supraventricular tachycardia 9. Ventricular tachycardia 10. Bradycardia 11. Acute rheumatic fever 12. Rheumatic heart disease 13. Neonates with patent ductus arteriosus 14. Neonates with cyanosis	45	1	*	*		*
				A3.6	Cardiopulmonary resuscitation of: (a) neonates, (b) infants, and (c) Older children	45	1,2	*	*	*	*
		Hematology/ Oncology	R2	A3.7	Management: 1. Febrile neutropenia 2. Tumor lysis syndrome 3. Superior vena cava (mediastinal) syndrome 4. Acute lymphoblastic leukemia and lymphomas 5. Bleeding disorders (coagulation disorders, ITP) 6. Different type of anemia (AIHA)	51	1	*	*		*
				A3.8	Treatment of thalassemia (RBCS transfusion, desferal)	51	1	*	*		*
				A3.9	Management of sickle cell disease (vasoocclusive crises, infection, sequestration, crises, aplastic crisis)	51	1	*	*		*
				A3.10	Solid tumors from biopsy aspect, radiological indications, and general ideas for treatment approach	51	1	*	*		*
				A3.11	Dealing with side effects of chemotherapy	51	1	*	*		*
				A3.12	Manage other oncology emergencies	51	1	*	*		*
		Neurology		A3.13	Management: 1. Seizure disorders 2. Paroxysmal disorders 3. Altered states of consciousness 4. Headache 5. Increased intracranial pressure 6. Psychomotor retardation and regression 7. Hypotonia 8. Flaccid limb weakness in childhood 9. Disturbances of sensation 10. Ataxia 11. Hemiplegia 12. Paraplegia and quadriplegia 13. Movement disorders 14. Brainstem and cranial dysfunction 15. Disorder of cranial volume and shape	56	1	*	*		*
		Developmental Pediatrics	R3	A3.14	Preliminary manage :a.Visual and hearing impairment b.Cerebral palsy c.Developmental delay/mentalretardation d.autismv.Learning disabilities e.hyperactivity/attention problems f.dysregulation disorders (colic etc.)	46	1		*		*
				A3.15	Parental education and support. National and regional parent support organizations	46	1		*		*
				A3.16	Early intervention (children youngerthan 3 years).	46	1		*		*
				A3.17	Appropriate interventions including: behavioral methods, early developmental education, communication, occupational and physical therapy, highly structured social play interventions, and extensive parent training.	46	1		*		*
				A3.18	School-based special education. Educational interventions should be individualized and take into account the child's specific strengths and deficits.	46	1		*		*
				A3.19	Speech and occupational therapy anduse of typically developing peers as role models and playmates are usually included in these programs.	46	1		*		*
				A3.20	Behavior management. Behavioraltraining, including communication development, has been shown to be effective in reducing problem behaviors and improving adaptation.	46	1		*		*
				A3.21	Medical treatment. Although children with ASD have the same health care needs as children	47	1		*		*
				A3.22	Alternative therapies.	47	1		*		*
				A3.23	Recognize emotional and psychological development (normal and abnormal): a.Psychosocial factors affecting development and behaviour b.Normal emotional development c.Sexuality d.Psychiatric Disorders affecting development and behaviour	46	1		*		*
		Endocrinology	R3	A3.24	Management: 1. Diabetes mellitus 2. Short stature 3. Childhood obesity 4. Congenital and acquired hypothyroidism 5. Hyperthyroidism and goiter 6. Panhypopituitarism 7. Diabetes insipidus 8. Hypoparathyroidism 9. Hypocalcemia/rickets 10. Ambiguous genitalia 11. Congenital adrenal hyperplasia 12. Precocious/delayed puberty 13. Neonatal hypoglycemia	48	1		*		*
		Gastroenterology / Metabolism	R3	A3.25	The multidisciplinary management of patients with chronic diarrhea	49	1		*		*
				A3.26	The different types of oral rehydration and milk formula and its indication	49	1		*		*
				A3.27	Management: Malnutrition, including patients in need of enteral feeding and patients on long-term Total Parenteral Nutrition (TPN)	49	1		*		*
				A3.28	Neonatal cholestasis secondary to biliary atresia and galactosemia	49	1		*		*
				A3.29	Failure to thrive, Chronic diarrhea, Abdominal pain, Hepatomegaly	49	1		*		*
		Infectious Disease	R3	A3.30	Management: 1. Common infections caused by viral, bacterial, fungal, and parasitic agents. 2. Fever without focus 3. Bacteremia: fulminant, occult, and associated with IV devices 4. CNS infections: Meningitis, encephalitis, abscesses, and VP shunt related 5. Osteoarticular infections: osteomyelitis and arthritis 6. Fever of unknown origin 7. Perinatal/congenital infections 8. Endemic and tropical infections: TB, malaria, brucellosis, leishmaniasis 9. Common infections in the immunocompromised host 10. HIV Infection 11. Life-threatening infections 12. Child with recurrent infections	52	1		*		*
		General	R4	A3.31	Perform some procedures with indirect supervision (such as insertion of central lines, arterial lines) once competency has been documented according to established criteria.	14	2			*	*
				A3.32	Apply knowledge to provide appropriate clinical care related to core clinical problems of the specialty.	14	1		*		*
		Allergy & Immunology	R4	A3.33	Management: 1. Bronchial asthma 2. Allergic rhinitis 3. Urticaria 4. Angioedema 5. Atopic dermatitis 6. Drug allergy 7. Food allergy 8. Primary immunodeficiency 9. Severe combined immunodeficiency (SCID) 10. Antibody deficiency 11. Phagocytic defects (including CGD), neutrophil disorder (e.g., LAD), complement deficiency 12. Human immunodeficiency virus (HIV)	43	1		*		*
				A3.34	The management of: a. Acute and chronic bronchial asthma b. Allergic rhinitis c. Urticaria, angioedema, and atopic dermatitis d. Drug allergy e. Food allergy f. Primary immunodeficiency (SCID, combined immunodeficiency, antibody deficiency, phagocytic dysfunction, neutrophil disorder, and complement deficiency)	43	1		*		*
		Genetic/ Metabolic	R4	A3.35	Understand the nutritional aspects in the management of metabolic disorders.	50	1		*		*

		A3.36	Management: 1-Acute illness of common genetic metabolic diseases including amino acid disorder, organic acidemias, urea cycle disorders, and disorders of carbohydrate metabolism. 2. Chronic progressive neurological diseases related to metabolic disturbances. 3.Common single genetic disorders including metabolic disorders (lysosomal disorders, organic acidemias, amino acidopathies, carbohydrate metabolism disorders, and urea cycle defects) and other single genetic disorders (cystic fibrosis, hematological diseases like sickle cell anemia, G6PD, thalassemia, etc.), multifactorial disorder (DM, cleft lip/palate, etc.), chromosomal disorder (trisomies, common deletion, duplication, translocations, etc.).	50	1		*		*
Nephrology	R4	A3.37	Treatment of disturbances of water and electrolyte balance, disorders, or calcium and phosphorus metabolism	55	1		*		*
		A3.38	Recognize when to refer a patient to nephrologists or urologist.	55	1		*		*
		A3.39	Prepare the patient for kidney biopsy, dialysis, and transplantation as well as immediate care after these procedures	55	1,2		*	*	*
		A3.40	Management: 1. Acute and chronic renal failure 2. Nephrotic syndrome 3. Acute nephritis 4. Hypertension 5. UTI and obstructive uropathy 6. Nephrolithiasis 7. Voiding disorder 8. Hematuria and proteinuria 9. Tubular disorder	55	1		*		*
		A3.41	indications for measurements of GFR, IVP, voiding cystourethrograms, renal scan, renal ultrasound, urodynamics, renal angiography, rennin studies, and renal biopsy	55	1		*		*
Pulmonology	R3	A3.42	Use a powder inhaler, to use nebulizer, and to use environmental control measures,	57	2			*	
		A3.43	Management: 1. Asthma 2. Airway obstruction 3. Sleep apnea and life threatening events 4. Bronchopulmonary dysplasia 5. Cystic fibrosis 6. Foreign body in the lower airways 7. Emphysema 8. Pulmonary complications of HIV infection 9. Severe asthma 10. Respiratory failure 11. Significant pneumothorax 12. Tuberculosis	57	1		*		*
		A3.44	Manage Asthma, Infectious pulmonary disorders in children, such as bronchiolitis, pneumonia, TB, and pertussis, Chronic restrictive and obstructive lung disorders, recurrent infections, and hemoptysis, and Cystic fibrosis.	57	1		*		*
Rheumatology	R4	A3.45	Management: 1. Juvenile idiopathic arthritis 2. Systemic lupus erythematosus 3. Juvenile dermatomyositis 4. Mixed connective tissue diseases 5. Vasculitis 6. Kawasaki disease 7. Acute rheumatic fever 8. Pyrexia of unknown origin	58	1		*		*
		A3.46	Require knowledge of the basis for and use of therapeutic modalities, both pharmacologic and nonpharmacologic	58	1		*		*
		A3.47	Knowledge of a wide array of autoimmune, inflammatory, and musculoskeletal diseases that affect a multiplicity of tissues and organ systems	58	1		*		*
		A3.48	Put into effect treatment plan of inflammatory joint disease	58	1		*		*
		A3.49	The principles and applications of physical and occupational therapy for rheumatic diseases	58	1		*		*
Ambulatory Care	R2-R4	A3.50	Manage common signs and symptoms associated with the practice of pediatrics in the outpatient clinic.	44	1	*	*		*
		A3.51	Management: Malpositioning of feet, hip clicks, skin rashes, birthmarks, jittering, hiccups, acute life-threatening event (ALTE), constitutional symptoms, excessive crying, apnea, heart murmur, conjunctival infection, short stature, abdominal pain, change in urine color, abnormal bleeding, delays in developmental milestones, suspected child abuse or neglect	44	1	*	*		*
		A3.52	Breastfeeding, bottle feeding, colic, congenital hip dislocation, constipation, strabismus, failure to thrive, well child and well adolescent care (including anticipatory guidance), bronchial asthma, heart murmurs, acne, atopic dermatitis, diabetes mellitus, enuresis, hematuria, labial adhesions, anemia, cervical adenitis, growing pains, ADHD, recurrent infections, viral URI and LRI, pre-and post-op evaluation of surgical patients	44	1	*	*		*
Intensive Care	R2-R3-R4	A3.53	Provide appropriate fluid and electrolyte therapy for the critically ill PICU patient.	53	1	*	*		*
		A3.54	Provide appropriate nutritional support for the critically ill PICU patient.	53	1	*	*		*
		A3.55	Treat life-threatening conditions common in the PICU setting.	53	1	*	*		*
		A3.56	Treat homodynamic instability in the critically ill PICU patient.	53	1	*	*		*
		A3.57	Participate appropriately in patient procedures performed in the intensive setting under the direct supervision of the pediatric intensivist.	53	2				*
		A3.58	Endotracheal intubations	53	2			*	
		A3.59	Mechanical ventilation using different modes of the ventilator	53	2			*	
		A3.60	Central venous catheter placement	53	2			*	
		A3.61	Arterial catheter placement	53	2			*	
		A3.62	Enteral feeding tube placement	53	2			*	
		A3.63	Manage PICU patient airways appropriately and provide adequate respiratory support.	53	1	*	*		*
		A3.64	Maintenance of open airway in non-intubated unconscious patient	53	2			*	*
		A3.65	Total parenteral nutrition management.	53	1	*	*		*
		A3.66	Management: 1. Respiratory failure 2. Cardiac failure 3. Dysrhythmia 4. Sepsis/septic shock 5. Upper airway disease (including stridor, foreign bodies, congenital anatomical abnormalities) 6. Acute renal failure 7. Fluid and electrolyte disturbance 8. Diabetic ketoacidosis 9. Toxic ingestions/poisonings 10. Trauma (including acute traumatic spinal cord injuries)	53	1	*	*		*
	R2-R3-R4	A3.67	Actively and appropriately participate in the care of critically ill patients in a PICU setting that emphasizes a multidisciplinary team approach to patient care and values the contribution of all those participating in care of the patient.	53	2				
Neonatology	R1-R2-R3-R4	A3.68	Management: Neonatal ICU , Postnatal unit , Delivery room , Step-down unit: 1. Respiratory distress 2. Cyanosis 3. Prematurity 4. Seizures 5. Intrauterine growth retardation 6. Vomiting 7. Apnea 8. Problems associated with congenital anomalies 9. Sepsis 10. Birth asphyxia 11. Congenital anomalies 12. Neonatal surgical emergencies	54	1	*	*		*
Behavior	R1-R2-R3-R4	A3.69	Counsel parents and children about the management of common behavioral concerns, such as discipline, toilet training, and eating disorders.	25	2			*	

		Theraputics	R1-R2-R3-R4	A3.70	Select generally accepted pharmacologic therapy for common or life-threatening conditions in pediatric patients. These conditions could include common conditions seen in ambulatory settings such as: a.Acne b.Acute otitis media c.Allergic rhinitis d.Asthma e.Atopic dermatitis f.Candida dermatitis g.Fever h.Impetigo i.Streptococcal pharyngitis j.Common conditions seen in hospitalized patients k.Life threatening conditions l.Sepsis/meningitis m.Status epilepticus	26	1	*	*		*
				A3.71	Calculate a drug dose for a child based on body weight.	26	2			*	
		Adolescence Health Care	R1-R2-R3-R4	A3.72	Describe an approach to counsel an adolescent regarding substance abuse and personal safety.	27	1	*	*		*
		Acute Pediatric Illnesses	R1-R2-R3-R4	A3.73	Explain how the management may vary with the age of the patient. Be able to give specific examples.	29	1	*	*		*
				A3.74	Generate an age-appropriate initial diagnostic and therapeutic plan for each patient presenting with one of the following symptoms, physical examination findings, or laboratory findings.	29	1	*	*		*
		Chronic Pediatric Illnesses	R1-R2-R3-R4	A3.75	Explain the management strategies for common chronic illnesses seen in children, such as asthma, seasonal allergies, diabetes, and atopic dermatitis.	31	1	*	*		*
		Fluid and Electrolyte Management	R1-R2-R3-R4	A3.76	Describe the conditions in which fluid administration may need to be restricted (such as the syndrome of inappropriate ADH secretion, congestive heart failure, or renal failure) or increased, (e.g. fever).	32	1	*	*		*
				A3.77	Calculate and write orders for intravenous maintenance fluids for a child considering daily water and electrolyte requirements.	32	2			*	
				A3.78	Calculate and write orders for fluid therapy for a child with severe dehydration caused by gastroenteritis to include "rescue" fluid to replenish circulating volume, deficit fluid, and ongoing maintenance.	32	2			*	
				A3.79	Describe the approach to restoration of circulating fluid volume in hypovolemic shock (i.e., "rescue" fluid infusion).	32	1	*	*		*
		Poisoning	R1-R2-R3-R4	A3.80	Describe the immediate emergency management of children with toxic ingestions e.g. acetaminophen, iron, hydrocarbons, and strong alkali.	33	1	*	*		*
		Pediatric Emergencies	R1-R2-R3-R4	A3.81	Describe the initial emergency management of shock, respiratory distress, lethargy, apnea, and status epilepticus in pediatric patients.	34	1	*	*		*
	A4 Health promotion & Illness prevention	Cardiology	R2	A4.1	Means of possible prevention of cardiac diseases in children	45	1	*	*		*
				A4.2	Indications for specific bacterial endocarditis prophylaxis	45	1	*	*		*
		Developmental Pediatrics	R3	A4.3	Support relationships with parents to help them to become more confident and competent as parents.	46	3				
				A4.4	Understand the impact of risky parental behaviors such as cigarette smoking, substance careabuse, and family violence on the family and particularly on the development of young children.	46	1		*		*
		Infectious Disease	R3	A4.5	Control of communicable diseases, including prevention and immunization	52	1		*		*
				A4.6	Vaccination: indications, contraindications, and complications	52	1		*		*
				A4.7	Congenital and perinatal infections prevention	52	1		*		*
				A4.8	Nosocomial infections and the basic principles of infection control in health care facilities	52	1		*		*
				A4.9	Nosocomial infections and the basic principles of infection control in health care facilities	52	1		*		*
		Genetic/ Metabolic	R4	A4.10	Know the principles of neonatal screening and its application in the Kingdom of Saudi Arabia and Gulf region.	50	1		*		*
		Neonatology	R1-R2-R3-R4	A4.11	Demographic, medical, and psychosocial factors that influence perinatal mortality and morbidity (high-risk pregnancy).	54	1	*	*		*
		Neonatology	All	A4.12	General principles of care of the newborn: skin, warmth, feeding	54	1	*	*		*
		Health Supervision		A4.13	List the most common preventable morbidities in childhood and describestrategies for prevention.	20	1	*	*		*
				A4.14	Describe the components of a health supervision visit, including healthpromotion and disease and injury prevention, the appropriate use ofscreening tools, and immunizations for newborns, infants, toddlers,school-aged children, and adolescents.	20	1	*	*		*
				A4.15	Describe the rationale for childhood immunizations.	20	1	*	*		*
				A4.16	Discuss the rationale for screening tests (such as CBC, urinalysis, and PPD).	20	1	*	*		*
				A4.17	Describe the indications, appropriate use, interpretation, and limitations ofthe following screening tests: a- Neonatal screening b- Developmental screening c- Hearing and vision screening d- Anemia screening e- Tuberculosis testing	20	1	*	*		*
				A4.18	Define anticipatory guidance and describe how it changes based on the age of the child.	20	1	*	*		*
				A4.19	Demonstrate an ability to provide age-appropriate anticipatory guidance about: 1.nutrition 2.behavior 3.immunizations 4.injury prevention 5.pubertal development 6.sexuality 7.substance use and abuse	20	1	*	*		*
		Growth		A4.20	Describe variants of normal growth in healthy children, (e.g., familial shortstature and constitutional delay).	21	1	*	*		*
				A4.21	Demonstrate ability to measure and assess growth, including height/length, weight, and head circumference and body mass index inpatient encounters using standard growth charts.	21	2			*	
		Development		A4.22	Describe the four developmental domains of childhood as defined by the Denver developmental exam (e.g., gross motor, fine motor, language, and social development).	22	1	*	*		*
				A4.23	Define anticipatory guidance and describe how it changes based on the age of the child.	22	1	*	*		*
				A4.24	Demonstrate an ability to assess psychosocial, language, physical maturation, and motor development in pediatric patients using appropriate resources (e.g., Bright Futures, the Denver Developmental Standard Test 2, and HEADSS). Key features might include the following: a.Newborn/infant - Disappearance of primitive reflexes; changes intone and posture; cephalocaudal progression of motor milestonesduring the first year; stranger anxiety. b.Toddler/child - Separation and autonomy in two- to three-yearolds; sequence of language development; concept of schoolreadiness c.Adolescent - Sequence of physical maturation (e.g., Tannerscales), cognitive development, and assessment of psychosocialand emotional development (e.g., HEADSS).	22	2			*	
		Prevention		A4.25	Describe how risk of illness and injury change during growth and development and give examples of the age-and development-related illnesses and injuries.	23	1	*	*		*
				A4.26	List the immunizations currently recommended from birth through adolescence and identify patients whose immunizations are delayed.	23	1	*	*		*
				A4.27	Describe the rationale, and general indications and contraindications of immunizations. Explain how screening for family violence may serve as an important preventive health practice.	23	1	*	*		*

				A4.28	Describe the key components of a pre-participation sports physical.	23	1	*	*		*
				A4.29	Describe infection control precautions that help limit the spread of infectious diseases in patients and health care providers (e.g., hand washing, masks, and N-95 masks in patients with tuberculosis).	23	1	*	*		*
				A4.30	Provide age-appropriate anticipatory guidance for the following: motor vehicle safety, infant sleeping position, falls, burns, poisoning, fire safety,choking, water safety, bike safety, sexually transmitted diseases, andfirearms and weapons.	23	2			*	
		Nutrition		A4.31	Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.	24	1	*	*		*
				A4.32	Describe nutritional factors that contribute to the development of childhood obesity and to failure to thrive.	24	1	*	*		*
				A4.33	Discuss risk factors for the development of cardiac disease and diabetes with families.	24	1	*	*		*
				A4.34	Determine the caloric adequacy of an infant's diet.	24	1	*	*		*
				A4.35	Provide nutritional advice to families regarding the following: a.Breastfeeding vs. formula feeding b.Addition of solids to an infant's diet c.Introduction of cow's milk to an infant's diet d.Healthy food choices for children and adolescents e.Exercise and TV or video viewing and their effect on obesity	24	2			*	
		Behavior		A4.36	Identify normal patterns of behavior in the developing child, such as: a.newborn/infants: development and evolution of social skills b.toddler: autonomy c.school age: independence d.adolescence: abstract thinking	25	1	*	*		*
				A4.37	Describe the types of situations where pathology in the family (e.g.,alcoholism, domestic violence, depression) contributes to childhoodbehavior problems.	25	1	*	*		*
		Theraputics		A4.38	List medications such as aspirin, tetracycline, and oral retinoic acid that arecontraindicated or must be used with extreme caution in specific pediatric populations.	26	1	*	*		*
				A4.39	Describe the ways medication errors are systemically prevented.	26	1	*	*		*
		Adolescence Health Care		A4.40	Identify and describe the sequence of the physical changes of puberty (e.g., Tanner scale).	27	1	*	*		*
				A4.41	List the components of health supervision for an adolescent, such as personal habits, pubertal development, immunizations, acne, obesity, diabetes, scoliosis, sports participation, and indications for pelvic exam.	27	1	*	*		*
				A4.42	Describe the common risk-taking behaviors of adolescents, such as early and unsafe driving, smoking, alcohol, and other drug use, sexual activity, and violence.	27	1	*	*		*
				A4.43	Describe the contributions of unintentional injuries, homicide, suicide, and HIV/AIDS to the morbidity and mortality of adolescents.	27	1	*	*		*
				A4.44	Discuss the characteristics of early, mid-, and late adolescence in the terms of cognitive and psychosocial development.	27	1	*	*		*
		Chronic Pediatric Illnesses		A4.45	Describe the impact that chronic illness has on the family's emotional, economic, and psychosocial functioning.	31	1	*	*		*
				A4.46	Describe the impact of a patient's culture on the understanding, reaction to, and management of a chronic illness.	31	1	*	*		*
		Fluid and Electrolyte Management		A4.47	Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration and such conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, and severe metabolic acidosis.	32	1	*	*		*
		Poisoning		A4.48	Describe the developmental vulnerability for poisoning and accidental ingestions in infants, toddlers, children, and adolescents.	33	1	*	*		*
				A4.49	List the ages at which prevalence of unintentional and intentional poisonings is highest and the passive and active interventions that decrease the incidence of childhood ingestions (e.g., locks or safety caps).	33	1	*	*		*
				A4.50	Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning.	33	1	*	*		*
				A4.51	Provide anticipatory guidance regarding home safety and appropriate techniques to prevent accidental ingestions.	33	1	*	*		*
		Pediatric Emergencies		A4.52	Demonstrate the appropriate anticipatory guidance to prevent life-threatening conditions (e.g., infant positioning for sudden infant death syndrome [SIDS], locks to prevent poisoning, and the use of car seats and bicycle helmets).	35	1	*	*		*
		Child Abuse		A4.53	Discuss the concurrence of domestic violence and child abuse and describe markers that suggest the occurrence of family violence.	35	1	*	*		*
B Communicator				B1	Develop rapport, trust, and ethical therapeutic relationships with patients and families	12	3			*	
				B2	Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals	12	2			*	
				B3	Accurately convey relevant information and explanations to patients and families, colleagues, and other professionals	12	2			*	
				B4	Develop a common understanding on issues, problems and plans with patients and families, colleagues, and other professionals to develop a shared plan of care	12	2			*	
				B5	Convey effective oral and written information about a medical encounter	12	2			*	
			R2	B6	Communicate those to the other members of the team and faculty,	14	2			*	
				B7	Obtain informed consent,	14	2			*	
				B8	Communicate those to the other members of the team and faculty,	14	2			*	
				B9	Obtain informed concent .	14	2			*	
				B10	Communicate with patients and families about the disease process and the plan of care as outlined by the attending physician.	14	2			*	
			R3	B11	Communicate effectively with pediatric clinicians about issues raised by the family in the office or at home may help the clinician to know more about their patients than they ever did before.	46					
				B12	Interact with parents and children in the clinic setting and anticipate guidance.	47	2			*	
				B13	Communicate with parents about their concerns about their child's development and behavior, the impact of risky parental behaviors and parental mental health issues and their impact on the development of young children.	47	2			*	
				B14	Discuss the management strategies of patients having gastroenterology, hepatology, and nutritional disorders.	49	2			*	
			R4	B15	Explain complex diagnostic and therapeutic procedures to the patient and family.	14	2			*	
				B16	Communicate effectively with patients and families.	57	2			*	
				B17	Negotiate a therapeutic plan with the patient and family to maximize adherence with the agreed upon treatment regimens and assess the family's understanding of the plan.	26	2			*	
				B18	Explain to parents how to use oral rehydration therapy for mild to moderate dehydration.	32	1	*	*		*
				B19	Describe the unique communication skills required to work with families around issues of maltreatment.	35	1	*	*		*
				B20	Write a prescription, for example, for a common medication, such as an antibiotic.	26	2			*	
				B21	Describe the unique features of the physician-patient relationship during adolescence, including confidentiality and consent.	27	1	*	*		*
				B22	Identify the key components of delivering "Bad News" in relation to chronic illness.	31	1	*	*		*
C Collaborator				C1	Participate effectively and appropriately in an inter-professional health care team	12	3				
				C2	Effectively work with other health professionals to prevent, negotiate, and resolve inter-professional conflict	12	3				
				C3	Describe the contributions of each member of a multidisciplinary health care team in caring for children with a chronic illness.	31	1	*	*		
			R2	C4	Adept at the interpersonal skills needed to handle daily situations.	15	3			*	
				C5	Function well and respectfully in the multidisciplinary milieu	47	3			*	
			R4	C6	Adept at the interpersonal skills needed to handle more difficult situations.	15	3			*	

			R2-R3-R4	C7	Outline the indications and criteria for admission to and transfer from pediatric intensive care unit.	53	1	*	*		
D Manager/ Leader				D1	Participate in activities that contribute to the effectiveness of their health care organizations and systems	13	3				
				D2	Manage their practice and career effectively	13	3				
				D3	Allocate finite health care resources appropriately	13	3				
				D4	Serve in administration and leadership roles, as appropriate	13	3				
			R2	D5	The resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective care.	15	1	*	*		
				D6	Recognize the Pediatrician's role as team leader in multidisciplinary care	47	3				
			R4	D7	Supervise the routine activities of the junior residents.	14	2				
				D8	The resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective care.	15	1	*	*		
				D9	Coordinate the care of multiple patients on the team assigned.	14	2				
				D10	Summarize the responsibilities of the "mandatory reporter" to identify and report suspected child abuse. Know to whom such a report should be made.	35	1	*	*		
E. Scholar				E1	Maintain and enhance professional activities through ongoing learning	13	3				
				E2	Critically evaluate information and its sources, and apply this appropriately to practice decisions	13	1				
				E3	Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate	13	2				
				E4	Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices	13	2				
			R2	E5	Develop and implement a plan for study, reading, and research of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with patients.	14	1				
				E6	Identify capacity for independent learning around cases	47	1				
				E7	Perform interactive lecturing and/or writing skills in paper/presentation during rotation	47	2				
			R4	E8	take a leadership role in teaching junior residents and medical students the practical aspects of patient care	14	3				
				E9	To know the principles of searching the medical databases, such as Possum and London Dysmorphology database	50	1				
				E10	Develop a better understanding of a specific aspect of pediatric pulmonary disease	57	1				
			R4	E11	Demonstrate continued sophistication in the acquisition of knowledge and skills and further ability to function independently in evaluating patient problems and developing a plan for patient care.	14	3				
F Health advocate				F1	Respond to individual patient health needs and issues as part of patient care	13	3				
				F2	Respond to the health needs of the communities that they serve	13	3				
				F3	Identify the determinants of health of the populations that they serve	13	1				
				F4	Promote the health of individual patients, communities, and populations	13	3				
			R3	F5	Understand the need for pediatricians to advocate on behalf of vulnerable populations such as special needs populations.	47	1				
				F6	Understand the resources available in the communityfor children with special needs like Autism, and ADHD with attention to multidisciplinary care, anticipatoryguidance and counselling specific to special need populations.	46	1	*	*		
				F7	Work relationships that link thepediatric practice to the community such as childcare settings, preschools, early childhood special education facilities, early intervention programs, and mental health and other social service agencies.	46					
				F8	Community services. extended family,neighbors, friends, and spiritual community	47					
				F9	Education of diabetic patients and use of meters, pens, pumps	48	2			*	
				F10	Describe the role of the Poison Control Center and other information resources in the management of a patient with an accidental or intentional ingestion.	33	1	*	*		
				F11	Describe barriers that prevent children from gaining access to health care, including financial, cultural, and geographic barriers.	36	1	*	*		*
				F12	Identify opportunities for advocacy during a health supervision visit.	36	1	*	*		
				F13	Describe the types of problems that benefit more from a community approach rather than an individual approach.	36	1	*	*		*
				F14	Identify a specific pediatric health care issue and outline a potential approach to advocacy.	36	1	*	*		
				F15	Describe critical components of partnering with the community members to promote child health.	36	1	*	*		*
G Professional				G1	Demonstrate a commitment to their patients, profession, and society through ethical practice	13	3				
				G2	Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation	13	3				
				G3	Demonstrate a commitment to physician health and sustainable practice	13	3				
			R2	G4	Exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus of care.	14	3			*	
			R3	G5	Demonstrate honesty, integrity	47	3				
				G6	Demonstrate Responsibility and Self Discipline Sensitivity to Diversity	47	3			*	
				G7	Describe the medical-legal importance of a full, detailed, carefully documented history, and physical examination in the evaluation of child abuse.	35	1	*	*		