

**Appendix A**  
**Clinical Domain Objectives**  
**Core and Supplemental**

**Care of the Acutely Ill child**

Fluid and Electrolyte Management

1. CORE
  - a. Calculate intravenous or oral maintenance fluids for a child, considering daily water and electrolyte requirements.
  - b. Assist in the writing of IV fluid orders for a child requiring acute fluid resuscitation.
2. Supplemental
  - a. Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration and such conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, severe acidosis, and alkalosis.
  - b. Describe the additional fluid and nutritional needs or restrictions in children with emergent conditions

Therapeutics

1. CORE
  - a. Describe the appropriate use of medications for common pediatric conditions (see Common Illnesses table).
2. Supplemental
  - a. Describe and practice the principles of antibiotic stewardship.
  - b. Describe the ways medication errors are systematically prevented.

Common Acute illness in Children

1. CORE
  - a. Obtain a history pertinent to the presenting concerns
  - b. Perform a physical examination and interpret pertinent findings (Common Physical Exam Findings)
  - c. Interpret common laboratory tests (Common laboratory findings)
  - d. Generate an age-appropriate differential diagnosis

- e. Describe an initial diagnostic and therapeutic plan for children with common pediatric concerns (see Common Illnesses table)

### Pediatric Emergencies

#### 1. CORE

- a. Describe the clinical manifestations and initial management of emergent pediatric conditions such as:
  - i. sepsis
  - ii. shock
  - iii. respiratory distress/failure
  - iv. altered mental status
  - v. status epilepticus
  - vi. acute abdomen
  - vii. Trauma
- b. Discuss presentations concerning for child maltreatment, and the physician's role in reporting to Child Welfare.

#### 2. Supplemental

- a. Describe the presentation and management of accidental and intentional ingestions
- b. Describe the role of the physician in the interdisciplinary evaluation of children who may be maltreated.

### Newborn Care

#### 1. CORE

- a. List the differential diagnosis and identify the clinical and laboratory features of an acutely ill infant for common problems that may occur (see common illnesses table).
- b. Propose the evaluation and management of the acutely ill infant with conditions such as:
  - i. jaundice
  - ii. respiratory distress
  - iii. concern for serious bacterial infection (sepsis, meningitis, bacteremia, UTI)
  - iv. shock
  - v. poor feeding

#### 2. Supplemental

- a. Assess gestational age using standardized tools
- b. Discuss some of the clinical conditions and challenges associated with prematurity

## **Care of Chronically Ill Children**

### **Growth and Nutrition**

1. CORE
  - a. Obtain a dietary history in children of different ages with chronic conditions, including type of feeding, amount, frequency, restrictions, and supplements.
2. Supplemental
  - a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietary restrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.

### **Therapeutics**

1. CORE
  - a. Demonstrate the appropriate use of medications for common chronic pediatric conditions (see Common Illness table).
2. Supplemental
  - a. Practice principles of antibiotic stewardship.
  - b. Describe the ways medication errors are systemically prevented.

### **Common Chronic Illnesses**

1. CORE
  - a. Describe the clinical features associated with common pediatric chronic medical conditions (see chronic illnesses table).
  - b. Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.
  - c. Identify basic management strategies for common chronic illnesses seen in children (see Common Illness table)
  - d. Describe the role of the multidisciplinary team in the care of children with chronic illnesses
2. Supplemental
  - a. Attend an interdisciplinary family meetings regarding the care of a child with chronic conditions
  - b. Describe the importance of transitions of care and care coordination for children with chronic conditions

## **Care of the Well Child**

### **Growth and Nutrition**

#### 1. CORE

- a. Obtain a dietary history in children of different ages including amount, frequency, restrictions, and supplements.
  - i. Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron)
  - ii. Toddler/school age: well-balanced diet, milk, juice, soda, fast foods, meal patterns, dietary supplements (MVI, fluoride)
  - iii. Adolescents: well-balanced diet, meal patterns, nutritional supplementations, milk, juice, soda, snacking, fad diets, eating disorders
- b. Identify abnormal growth patterns on standard growth charts

#### 2. Supplemental

- a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietary restrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.
- b. Develop an initial evaluation and management plan for the child with an abnormal growth pattern

### **Development**

#### 1. CORE

- a. Describe the major developmental domains (e.g. gross motor, fine motor, language, and social development) and how development is routinely assessed.
- b. Recognize developmental delays based on history, physical exam, and results of screening tools

#### 2. Supplemental

- a. Describe the initial evaluation of children with developmental concerns.

## Behavior

### 1. CORE

- a. Describe the range of typical behavior across the developmental spectrum.
- b. Recognize the clinical manifestations of common pediatric behavioral and developmental conditions including anxiety, depression, ADHD, autism, and concerns for self-harm  
Supplemental
- c. Provide developmentally appropriate counseling regarding the management of common parental concerns such as discipline, toilet training, and daily routines.
- d. Provide initial management suggestions for children with common pediatric mental health conditions including anxiety, depression, and concerns for self-harm.

## Adolescence

### 1. CORE

- a. Interview an adolescent patient using a standard structured interview technique to address sensitive issues that affect health and safety.
- b. Describe the unique features of the physician-patient relationship during adolescence

### 2. Supplemental

- a. Counsel adolescents regarding high risk behaviors, sexual activity/orientation, violence, eating disorders, substance use, and bullying.

## Prevention

### 1. CORE

- a. Describe the rationale behind the pediatric immunization guidelines and the vaccine preventable diseases they aim to prevent.
- b. Describe age-appropriate anticipatory guidance for injury prevention across the developmental spectrum.
- c. Recognize the use of screening tools in the assessment of growth, development, behavior, social determinants of health, and family violence.

### 2. Supplemental

- a. Be able to identify resources for catch-up immunization schedules in under-immunized children.
- b. Recognize the scenarios in which certain immunizations may be contraindicated (e.g. live virus vaccines in immunocompromised)

### Newborn

#### 1. CORE

- a. Describe the common concerns to be reviewed during well newborn visits, including newborn feeding, sleep, safety, and parental self-care
- b. Obtain a dietary history for a newborn/infant- including type of feeds, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron).
- c. Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.

#### 2. Supplemental

- a. Discuss ongoing health maintenance strategies for former premature infants
- b. Describe the initial counseling of parents with common newborn concerns such as colic, feeding, stooling patterns, etc.