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. Perform adolescent health maintenance visits:
   - Organize the visits appropriate for situation (e.g., individualization according to the adolescent's developmental level, social, cultural, spiritual/religious, national [immigrant] background, and family characteristics).
   - Obtain and interpret a history from the adolescent's parent(s) including: concerns about the adolescent's health, past medical history, family history, psycho-social history, spiritual or religious history, academic performance, needs for anticipatory guidance, etc.
   - Obtain and interpret a detailed, sensitive, and private history from the adolescent (assessing current health concerns, bio-psycho-social history, spiritual or religious history, and behaviors that may affect health).
   - Be familiar with questionnaires (e.g., Initial and Periodic Adolescent Preventive Services Visit Forms developed as an adjunct to GAPS), trigger questions (e.g., from Bright Futures), and structured interview techniques (e.g., H.E.A.D.S.S.; H.E.A.D.S.F.I.R.S.T.).
   - Complete a sensitive and skilful physical examination of male and female adolescents and young adults.
   - Counsel and provide patient education in a developmentally appropriate manner, remaining respectful of the adolescent's needs and privacy.

2. Evaluate immunization status and administer indicated immunizations.

SCREENING
3. Perform psychosocial screening (e.g., school performance, mood disorders, tobacco and substance abuse, sexual risks, media use, other risk taking behaviors)
4. Perform physical exam screens (e.g., cardiovascular disease or risk, nutritional risk, dental disease, musculoskeletal problems and pre-participation sports physicals, sexual maturity ratings, skin problems, sexually transmitted diseases, scoliosis [using scoliometer], thyroid disease)
5. Laboratory or procedural screens (e.g., hearing, vision, anemia, hyperlipidemia, tuberculosis)
6. Conduct screening of adolescents to evaluate growth and nutrition and recognize the results for patients at risk for nutritional problems (e.g., anemia, insufficient calcium or vitamin D, type 2 diabetes, hypertension) and eating disorders.
7. Screen adolescents for use of tobacco; counsel them on the dangers of all kinds of tobacco use; and assist them in avoiding or overcoming nicotine addiction.
8. Screen adolescents for use and abuse of alcohol, inhalant and illicit drug use; counsel them on the direct and indirect dangers of substance abuse; and assist them in avoiding or overcoming addiction.

HISTORY
9. Obtain and interpret a comprehensive sexual history and risk assessment, including such topics as menstrual history, nocturnal emissions, sexual activity, abstinence, contraception, safer sex, pregnancy, homosexuality, sexually transmitted diseases (STD's), AIDS, and sexual abuse or exploitation.
10. Describe elements of an adolescent health and behavioral history that might raise concerns:
   ♦ Mood history
   ♦ Review of systems to screen for associated somatic complaints
   ♦ Behavioral history
   ♦ Social history to assess parental, family and sibling mental health

11. Evaluate adolescents to determine:
   ♦ Level of daily function including school activities and performance
   ♦ Social support system

12. Discuss issues of media content with parents and adolescents, including racial and gender stereotyping, violence, and body image.

13. When caring for patients with potential nutritional or eating problems, obtain and interpret an appropriate history:
   ♦ Use trigger questions to assess risk for obesity, poor nutrition, and 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, binging, purging, and use of laxatives, diuretics or dietary supplements.
   ♦ Obtain a family medical history and use it with the dietary history to assess risk for obesity or other hereditary problems (e.g., hypertension, hyperlipidemia, PCOS, type 2 diabetes).
   ♦ Assess adequacy of calcium intake
   ♦ Assess use of nutritional and herbal supplements

PHYSICAL EXAM
14. Conduct an examination for sexual maturity rating, using standard descriptions for rating and interpret the results.

15. Conduct a comprehensive male genital exam in an adolescent in a sensitive manner, including collection of associated test (e.g. urethral swab).

16. Describe the indications for a pelvic exam and conduct a comprehensive pelvic exam in an adolescent female in a sensitive manner, including collection of associated tests (e.g. PAP, STD testing, pH, microscopy for WBC, bacterial vaginosis, yeast, trichomoniasis)

17. Conduct an examination for pregnancy, STD’s, cervical dysplasia, and HIV (if indicated), interpret the results of tests for these conditions, and counsel the patient on strategies to prevent pregnancy and STD transmission.

18. Demonstrate appropriate use of normative growth curves, body mass index (BMI), percent ideal body weight (IBW) and special growth curves (e.g., Turner’s, Down syndrome).

19. Recognize physical examination and laboratory findings that could indicate an eating disorder (e.g. low BMI, bradycardia, dental erosions, lanugo-type hair over face/upper trunk, alkaline urine).

LABORATORY
20. Order and interpret clinical and laboratory tests to identify adolescent disease versus non-disease, taking into account physiologic values for adolescents at different stages of maturity.

COUNSELING
21. Provide preventive and anticipatory counseling to patients and families about the importance of good nutrition and physical activity, the consequences of obesity and poor eating habits, and strategies for improving their diet and exercise.
22. Recognize adolescents who have been sexually abused or assaulted and provide appropriate guidance and referrals, including emergency interventions.

DISEASE ASSESSMENT and MANAGEMENT
23. Evaluate and manage common signs, symptoms and situations or risks in adolescents, recognizing when referral is indicated.
24. Develop a strategy to evaluate complaints in adolescents that may represent functional complaints or psychosocial problems:
   ♦ Recognize common patterns of functional complaints in adolescents (e.g., headaches, abdominal pain, fatigue, chest pains)
   ♦ Develop a sensitive, supportive approach to the evaluation of these concerns
   ♦ Recognize characteristics in the adolescent’s history or health course warranting further diagnostic tests versus watchful and supportive observation.
25. Evaluate and manage the following signs, symptoms, and common adolescent situations, recognizing which can be managed by the general pediatrician and which ought to be referred to an adolescent subspecialist or other subspecialist:
   ♦ Behavioral/psychiatric: school avoidance, absenteeism, truancy and drop out; poor school behavior; poor school performance; sleep disturbance; somatic complaints; social avoidance; parent-adolescent disagreements; concerns about peer pressure; bullied adolescent; overscheduled/extended adolescents; emotional and educational needs of pregnant adolescents and adolescent parents; emotional and educational needs of gifted adolescents; recurrent injuries suspicious of risk taking behavior or abuse, recent loss (e.g., death of friend, parent), anxiety, depression, social isolation, rushed or pushed adolescents.
   ♦ Cardiovascular: chest pain, syncope, murmurs, IHSS, hypertension
   ♦ Dental: mouth and tooth pain or injury; painful or swollen gums or mucosa, TMJ and facial pain
   ♦ Dermatologic: rashes, hair loss, pigment changes, changing moles
   ♦ GI: acute and chronic abdominal pain, acute and chronic diarrhea, dyspepsia, vomiting, constipation
   ♦ Growth/endocrine: abnormalities in growth rate or puberty; thyroid enlargement
   ♦ GU/Nephrology: dysuria, frequency, scrotal swelling; scrotal pain, feared STD, sexual concerns or dysfunction in male, need for contraception in male
   ♦ GYN: missed, irregular or excessive vaginal bleeding; vaginal discharge or pain; feared STD; lower abdominal pains; feared pregnancy; sexual concerns or dysfunction in female; need for contraception in female, breast asymmetry. Also describe findings on history that would initiate a pelvic exam
   ♦ Hematology/oncology: fatigue, anemia, swollen glands, fear of cancer
   ♦ Infections: fever with no obvious cause; lymphadenopathy; upper respiratory symptoms including sore throat and ear pain; deficient immunizations; objections to recommended immunizations
   ♦ Musculoskeletal/Sports medicine: back pain, limp, joint pains, minor injuries/pains, excessive/rapid muscular development in an athlete; missed periods in a female athlete
   ♦ Neurologic: headaches; dizziness; passing out; head injury; altered behavior
   ♦ Nutritional: Obesity, weight loss, unusual eating habits (vegan diet, alternative diets or food supplements, diet changes during sports training to enhance performance)
   ♦ Otolaryngology: recurrent nasal congestion or drip; large tonsils; persistent laryngitis, hearing loss
**Pulmonary:** shortness of breath, wheezing, cough

26. Recognize presenting symptoms, diagnose, describe the pathophysiology, and manage common presentations of the following conditions:

- **Allergies:** Environmental and seasonal allergies.
- **Behavioral/psychiatric:** mild cases of substance abuse (tobacco, alcohol, inhalant and illicit drugs), non-organic headaches, common migraines, mild to moderate Attention Deficit Hyperactivity Disorder (ADHD); mild manifestations of anxiety, mood and conduct disorders; chest pain related to anxiety
- **Cardiovascular:** risk for cardiovascular disease in adulthood, hyperlipidemia, hypertension, functional heart murmurs.
- **Dental:** viral exanthems and apthous ulcers
- **Dermatologic:** acne, viral exanthems, dermatophytoses, eczema, pityriasis rosea, contact dermatitis, seborrhea, urticaria, acanthosis nigricans, body art including piercings and tattoos, hirsutism
- **Endocrine:** thyroid disease, galactorrhea, hirsutism, non-pathologic short or tall stature, male gynecomastia, polycystic ovary syndrome (PCOS)
- **Gastrointestinal:** gastroesophageal reflux disease (GERD), mild gastritis, dyspepsia, peptic ulcer disease, rectal fissures, hemorrhoids, encopresis, and constipation.
- **GU/ Nephrology:** epididymitis, mild varicocele, UTI, proteinuria and hematuria, enuresis, urethritis
- **GYN:** dysmenorrhea, pre menstrual syndrome (PMS), mild dysfunctional uterine bleeding, amenorrhea, vaginitis, cervicitis, STDs, uncomplicated pelvic inflammatory disease (PID), pregnancy diagnosis, breast mass
- **Hematology/oncology:** iron deficiency anemia
- **Infections:** Mononucleosis, strep throat, sinus infections, ear infections, common causes of infectious diarrhea and vomiting, mild cases of hepatitis
- **Musculoskeletal/sports:** kyphosis, scoliosis ≤ 20° by Cobb angle on x-ray, Osgood-Schlatter Disease, patello-femoral syndrome, back pain due to minor musculoskeletal strain, costochondritis, mild overuse syndromes
- **Neurologic:** common seizure disorders, uncomplicated tics, migraine headaches
- **Nutritional:** Exogenous obesity, pre-eating disorder behaviors, vegetarian
- **Pulmonary:** mild, moderate, and exercise induced asthma, respiratory tract infections.

27. Conduct the initial assessment, develop a differential diagnosis, initiate treatment and/or referral as appropriate of the following conditions that affect adolescents:

- **Allergy/Immunology:** severe allergic reactions (bee, food), immunodeficiency disorders
- **Behavioral/psychiatric:** anorexia nervosa, bulimia, chronic fatigue syndrome, moderate-severe depression, suicidal/homicidal ideation, learning disabilities, substance abuse including performance enhancing medications, obsessive compulsive disorder (OCD), severe anxiety disorders, psychosis, conduct disorders, conversion reactions, drug overdoses
- **Cardiovascular:** mitral valve prolapse, pathologic heart murmurs, refractory hypertension.
- **Dental:** abscess, caries, fractured or avulsed tooth, severe trauma to jaw and soft tissues, malocclusions
- **Dermatologic:** cystic or nodular acne, psoriasis, alopecia, pyoderma, hydradenitis suppurativa, hirsutism
Endocrinology: thyroid disease, galactorrhea, hirsutism or virilism, abnormal growth, precocious and delayed puberty, diabetes mellitus types I and II, non-pathologic short or tall stature, Turner syndrome

Gastrointestinal: appendicitis, inflammatory bowel disease (IBD), refractory encopresis/constipation, irritable bowel syndrome

GU/Nephrology: nephrotic/nephrotic range proteinuria, testicular torsion, scrotal mass, moderate-severe varicocele, hydrocele, inguinal hernia, genitourinary trauma, obstructive uropathy, renal hypertension, chronic renal disease

GYN: pregnancy, ectopic pregnancy and other complications of pregnancy, amenorrhea of undetermined etiology, dysfunctional uterine bleeding, polycystic ovary syndrome, ovarian cysts, tumors and torsion, Bartholin's abscess, suspected endometritis, complicated PID, PAP smear abnormalities, persistent breast masses, breast mass, endometriosis, congenital mullerian anomalies, contraception in teen with chronic disease

Hematology/Oncology: hemoglobinopathies, bone marrow depression, cancer, clotting disorder, bleeding disorder

Infectious Disease: appendicitis, severe or unusual infections, HIV

Musculoskeletal: patellar dislocation, scoliosis > 20° by Cobb angle on x-ray, suspected bone tumors, fractures, refractory back pain, chronic joint pain.

Neurologic: Uncommon and difficult to control seizures, serious head injury or concussion, acute and chronic neurology conditions, severe headaches

Pulmonary: severe asthma, cystic fibrosis

Other: Celiac disease, juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE), chromosomal abnormalities.

28. Diagnose, manage and counsel adolescents with common deficiencies or excesses in their diet (e.g., low dietary iron, low dietary calcium, unusual fad diet, excess simple sugars, excess fat)

29. Recognize, evaluate and manage the overweight or obese teenager

30. Recognize and appropriately refer adolescents with mental health problems. Discuss appropriate disposition including immediate hospitalization with psychiatric evaluation.

31. Manage the assessment and pharmacologic treatment of ADHD, minor depression, anxiety, ODD of recent onset, with no co-morbidities or suicidal/homicidal ideation.

32. Recognize and refer for appropriate management co-morbidities associated with depression, such as anxiety disorder, OCD, school failure, substance abuse, PTSD, and anger control problems.

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 adolescent health problems through screening, counseling and advocacy.

2. Understand normal adolescent behavior, growth, development and physiology and recognize deviations from the norm.

4. Know the recommended adolescent screening according to guidelines by experts in the field (e.g., AAP, Bright Futures and GAP), demonstrating familiarity with indications and timing:
5. Recognize the range of normal psychosocial development in adolescents; the stages of development across early, mid and late adolescent years; and appropriately identify when behaviors lie outside the norm, requiring special intervention or referral.

6. Understand sexuality issues for adolescents and provide appropriate education, counseling and care in this important area of health and psychosocial well-being.

7. Discuss the Epidemiology and prevalence of obesity, nutritional deficiencies and eating disorders in adolescents and discuss the evidence for effective intervention strategies.

8. Discuss the workup and differential diagnosis for adolescents with weight loss, eating disorders, excessive exercise, and/or athlete’s triad; describe criteria for primary care management and situations warranting referral to specialists.

9. Discuss the three most common causes of adolescent death: accidents, homicides, suicide.

10. Understand the pediatrician’s role in the promotion of school performance and the evaluation and management of school problems in children and adolescents.

11. Understand the influence of television viewing, video and computer game playing on child development, behavior, lifestyle and health (e.g. violence, obesity, self-image).

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

1. Communicate effectively with adolescents to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.

2. Educate adolescents on the indications, contraindications, efficacy, side effects, and interactions with medication of various contraceptive methods (e.g., condoms, spermicides, diaphragms, hormonal methods, IUD’s and emergency contraception).

3. Educate vegetarian and vegan patients about requirements for a healthy diet.

4. Communicate effectively with physicians and other health professionals to create and sustain information exchange and team work for patient care.

5. Serve as a consultant on adolescent matters to other members of the health care team.

**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. Use scientific methods and evidence to investigate, evaluate and improve one’s own patient care practice in adolescent medicine.

2. Identify standardized guidelines for diagnosis and treatment of complex diseases and learn the rationale for adaptations that optimize treatment.

3. Alter one’s method of practice of adolescent medicine in response to new discoveries and advances in clinical care.

4. 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. Work effectively with a wide range of health professionals who care for adolescents with health care issues.

2. Be honest and use integrity in your professional duties.
3. Demonstrate sensitivity and responsiveness to patients’ age, gender, culture, disabilities, ethnicity and sexual orientation.
4. Discuss and follow federal, state and local laws that apply to adolescent health care, such as consent for confidential services and release of medical records, times when confidentiality may be abrogated, refusal of medical care, contraception, access to abortion, mental health, STD and chemical dependence services.
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. Know how types of medical practice and delivery systems differ from one another with respect to how they control health care costs, allocate resources, and assure quality.
2. Be aware of resources for adolescents in the community i.e. support groups, peer tutors, sports, youth groups, etc.
3. Understand cost effective health care and risk prevention for adolescents.