

Site-specific Learning Objectives

DBP Neonatal High Risk Infant Follow-up (HRIF) Clinic

Description

Infants born at risk for developmental problems due to prematurity or other medical complications during the neonatal period are seen in High Risk Infant Follow-up (HRIF) Clinic, a service for graduates of the Neonatal Intensive Care Units at Lucile Packard Children's Hospital Stanford and its affiliates. Children are evaluated in the clinic at regular intervals to monitor their growth and development. At each visit, infants receive individualized developmental assessment and parents are provided with support and information to enhance their child's progress. If necessary, appropriate referrals are made to community agencies and early intervention programs.

Resident Role and Expectations

- 4-6 half-day clinics
- Prepare for history-taking by reviewing available records (e.g., previous HRIF assessments, other subspecialty visits) before appointment
- Perform histories and exams with direct observation and feedback from the attending
- Present patients to the DBP HRIF multidisciplinary team for discussion
- Collaborate with the attending and team to develop an assessment and plan
- Communicate impressions and recommendations to families
- Participate in documentation of visit and dictation of report to referring provider (with copy to family)
- Midway through the rotation, resident will ask attending for written feedback concerning conduct of clinical visit and completion of clinical report. Resident will discuss written feedback if there are questions and will implement any recommended changes.
- In preparation for end-of-rotation meeting with rotation director, resident will include written feedback documents in learning portfolio.

Address

DBP Clinics
730 Welch, 2nd Floor
Palo Alto, CA 94304

Readings (see PubMed, URL, or DBP Handbook¹)

1. Blasco P: *Motor Delays*, in *DBP: A Handbook for Primary Care*¹
2. Carey J: *The Dysmorphic Child*, in *DBP: A Handbook for Primary Care*¹
3. Coplan J: *Language Delays*, in *DBP: A Handbook for Primary Care*¹
4. Bolisetty S, Dhawan A, et al. Intraventricular hemorrhage and neurodevelopmental outcome in extreme preterm infants. *Pediatrics* 2014;133;55-62,

Educational Goals

The DB Peds High Risk Infant Follow-up experience prepares trainees to:

- Distinguish typical from atypical development in children from age 0-3.
- Identify children at risk for developmental delays:
 - Recognize perinatal medical risk factors for developmental delay
 - Anticipate developmental outcomes of premature infants
 - Integrate developmental screening into routine history and physical examination practices
- Perform a formal developmental assessment using available tools
- Identify children who might benefit from and quality for early intervention services; assist families in obtaining services for their children; advocate for children who require early intervention services

¹ The Zuckerman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care, 3rd Edition (2010). M. Augustyn, B. Zuckerman, E.B. Caronna (Eds). Lippincott Williams & Wilkins. Philadelphia, PA.

Site-specific Learning Objectives

- Identify community and hospital-based resources available to children at risk for or diagnosed with developmental delay

Learning Objectives (associated with ACGME 52 competencies)

Because of participating in the DBP High Risk Infant Follow-up experience, residents will develop competencies with regard to:

PATIENT CARE

- PC1. Gather essential and accurate information about the patient
 - Demonstrate the pediatric neurologic examination; be able to elicit primitive reflexes and assess tone
- PC10. Provide effective health maintenance and anticipatory guidance
 - Provide an example of anticipatory guidance regarding speech/language development that could be given to a family with a 12-month old child
 - Provide an example of anticipatory guidance regarding motor development that could be given to a family with a 4-month old child

MEDICAL KNOWLEDGE

- MK1. Locate, appraise, and assimilate information from scientific studies related to their patients' health problems
 - List one milestone in each developmental domain for a 4-, 6-, 12-, 18-, 24-, and 36-month-old child
 - List four perinatal complications/diagnoses and three psychosocial factors that put a child at risk for developmental delay
 - List two tools that can be used to test for developmental concerns and cite their measurement strengths and weaknesses

SYSTEMS-BASED PRACTICE

- SBP4. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
 - Describe the services provided by the Regional Center Early Start Program and outline the eligibility criteria for making a referral
 - Describe the services provided by the California Children's Services – Medical Treatment Program (CCS-MTP) and outline the eligibility criteria for making a referral
 - Describe a child who could be referred to Early Head Start Program and explain the steps in making a referral