

Site-specific Learning Objectives

DBP Developmental Consultation Clinic

Description

The DBP Developmental Consultation Clinic sees patients referred by family physicians and pediatricians for developmental and medical evaluation of conditions including, but not limited to, delayed milestones, intellectual disability, autism spectrum disorder, ADHD, language disorders, and cerebral palsy. Some patients are seen by interdisciplinary team (e.g., DBP physician, psychologist, and speech/language pathologist); others are seen by DBP physicians solely.

Resident Role and Expectations

- 3-4 half-day clinic experiences
- Prepare for history-taking by reviewing available records (e.g., previous assessments, Individualized Education Programs (IEPs)) before appointment
- Perform histories and physical examinations, including detailed neurological examination and review findings with attending
- Collaborate with the attending and DBP team to develop an assessment and plan for each patient
- Participate in documentation of visit and development of report to referring provider, with a copy sent to family of patient.

Address

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

Readings (see PubMed, URL, or DBP Handbook¹)

1. Coulter DJ: Intellectual Disabilities: Behavioral Problems, in DBP: A Handbook for Primary Care¹
2. Coulter DJ: Intellectual Disability: Diagnostic Evaluation, in DBP: A Handbook for Primary Care¹
3. Kastner T and Walsh K: *MR: Behavioral problems*, in DBP: A Handbook for Primary Care¹

Educational Goals

The DBP Developmental Consultation Clinic experience prepares trainees to:

- Develop and refine specific history-taking and exam skills required in the evaluation of children with developmental concerns.
- Interpret developmental and psychoeducational testing reports from outside health care providers, schools, and other agencies.
- Integrate information from multiple sources (e.g., history and exam, review of outside records) in order to develop a developmental profile and individualized patient management plan
- Outline clinical features, diagnostic tools and criteria, and available treatment approaches for specific developmental disorders, including intellectual disability, autism spectrum disorder, language disorders, and cerebral palsy
- Understand the indications for and implications of medical testing (e.g. neuroimaging, genetic tests, biochemical tests) in children with developmental disabilities
- Communicate effectively with families of children who have developmental disabilities

Learning Objectives (associated with ACGME 52 competencies)

Because of participating in the DBP Consultation Program, residents will develop competencies with regard to:

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.

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PATIENT CARE

- PC1. Gather essential and accurate information about the patient - Take a thorough developmental history
 - Use appropriate clarifying questions to explore a “developmental” chief complaint
 - List questions that should be included in a review of systems when assessing a child with developmental delay
 - Gather family history relevant to developmental concerns and draw a three-generation pedigree
- PC5. Perform complete and accurate physical examinations - Perform a physical examination targeted to the assessment of developmental concerns
 - Demonstrate a full pediatric neurologic examination
 - For at least four systems on physical examination (other than neurologic), describe possible associations between exam abnormalities and developmental delay

MEDICAL KNOWLEDGE

- MK2. Critically evaluate and apply current medical information and scientific evidence for patient care
 - List common reasons why a child might be referred to a developmental pediatrician
 - List “red flags” for language and motor development that warrant referral
 - Outline an initial differential diagnosis for:
 - Speech delay
 - Delay in walking
 - Poor school performance
 - Define, list possible etiologies, and list classifications (based on: type of muscle tone; topography of affected areas; degree of functional impairment) for Cerebral Palsy
 - List the areas of impairment in a child with Autism Spectrum Disorder and give examples of at least three questions that could be asked in each area
 - List evidence-based investigations (neuroimaging, genetic or other testing) recommended in a child with:
 - Intellectual disability
 - Autism Spectrum Disorder
 - Cerebral Palsy

PRACTICE-BASED LEARNING AND IMPROVEMENT

- PBL14. Systematically analyze practice using quality improvement methods with the goal of practice improvement - Using the Modified Checklist for Autism in Toddlers (M-CHAT) as a guide, list four questions that could be asked in the primary-care setting to help screen a child whose parents are concerned about autism

INTERPERSONAL AND COMMUNICATION SKILLS

- ICS1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds - Discuss possible implications (both positive and negative) of “labeling” a child as having autism spectrum disorder, cerebral palsy, or developmental delay

SYSTEMS-BASED PRACTICE

- SBP7. Know how to advocate for the promotion of health and the prevention of disease and injury in populations - Describe the World Health Organization (WHO) international classification for functioning, disability, and health. Provide an example of how the classification can be used in creating a management plan for a child with a developmental disability