**ACGME Domain: Medical Knowledge**

**Goal A:** Residents will understand the various different types of prevention programs and their differences.

**Learning Objectives**
1. Define primary, secondary and tertiary prevention programs.
2. Describe the differences between primary, secondary and tertiary prevention programs and provide examples of each.

**Recommended Resources**
- Primary: [http://www.libraryindex.com/pages/2952/Prevention-Disease-PRIMARY-PREVENTION.html](http://www.libraryindex.com/pages/2952/Prevention-Disease-PRIMARY-PREVENTION.html)

**Supplemental Resources:**

**Recommended Activities**
1. Discuss the different types of prevention and come up with examples of each.
2. List examples of primary, secondary and tertiary prevention that you are used various settings (inpatient, ER, continuity clinic)?
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<tr>
<td>7.</td>
<td>MMWR 10 Great Public Health Achievements <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm</a></td>
</tr>
</tbody>
</table>

**Supplemental Activities**

1. Learn about the Haddon matrix. [http://www.ihs.gov/medicalprograms/portlandinjury/cmodels.cfm](http://www.ihs.gov/medicalprograms/portlandinjury/cmodels.cfm)  
   --Pick a common pediatric health problem and use the Haddon matrix  
   --Does the matrix lend itself to a certain type of problem?  
   --Does it help to find potential areas for intervention?

2. Read and discuss the review of youth violence
| a) What type of prevention programs were more effective in this article and why? |
| 3. Discuss a primary and secondary prevention intervention that you think would be useful to implement in your clinic? |
| **Goal B**: Residents will become familiar with use of screening tests and incorporation of screening into prevention programs. |
| **Learning Objectives** |
| 1. Define screening tests and identify what factors should be considered in deciding whether a screening test should be implemented |
| 2. Discuss how sensitivity, **Recommended Resources** |
specificity, positive predictive value and negative predictive value affect choosing a good screening test.

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Goal A: Residents will understand how prevention impacts patients, their families and the community</th>
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<tbody>
<tr>
<td>Learning Objectives</td>
<td>1. Identify general types of preventive health care issues that should be addressed routinely in pediatric patients (i.e., immunization, injury prevention, nutrition, dental health).</td>
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<tr>
<td></td>
<td>2. Goldman, Cecil Medicine, 23rd edition, Chapter 12, &quot;Principles of Preventive Health Care&quot;; ( Likely available on MDConsult or other on-line sources through your library)</td>
</tr>
<tr>
<td></td>
<td>3. Cecil Medicine, 23rd edition, Chapter 13, &quot;The Periodic Health Examination&quot;; (Likely available on MDConsult or other on-line sources through your library)</td>
</tr>
</tbody>
</table>

**Supplemental Resources**


**Recommended Resources**

1. [http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf](http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf)

2. Life Course Chart [https://www.wbgh.org/preventive/resources/LifeChart_Children.pdf](https://www.wbgh.org/preventive/resources/LifeChart_Children.pdf)


**Recommended Activities**

1. Design a well child form which incorporates the AAPs recommendations for preventive pediatric health care [http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf](http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf)
2. **Identify an issue that impacts a population that could be addressed by screening or prevention programs and discuss the potential impact to patients, families, and the community.**

**Supplemental Resources**

1. [http://www.atpm.org/resources/curriculum_time.html](http://www.atpm.org/resources/curriculum_time.html)


**Recommended Activities**

1. Complete the childhood immunization module Teaching Immunization for Medical Education (TIME)
   [http://www.atpm.org/resources/curriculum_time.html](http://www.atpm.org/resources/curriculum_time.html)

   TIME is a curriculum designed to support immunization instruction. It was developed through a collaboration with the Centers for Disease Control and Prevention and the University of Pittsburgh School of Medicine, Department of Family Medicine.

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**Goal B:** Residents will understand how to access preventive health policies and guidelines
<table>
<thead>
<tr>
<th><strong>Learning Objectives</strong></th>
<th><strong>Recommended Resources</strong></th>
<th><strong>Recommended Activities</strong></th>
</tr>
</thead>
</table>
| 1. Demonstrate the ability to access major sources of national guidelines or recommendations on a topic of prevention (e.g. Advisory Committee on Immunization Practice) | 1. [http://www.ahrq.gov/](http://www.ahrq.gov/)  
3. Search for AAP guidelines [http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/645](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/645)  
5. Search for guidelines in MMWR [http://www.cdc.gov/mmwr/mmwrsrch.htm](http://www.cdc.gov/mmwr/mmwrsrch.htm)  
2. Find an AAP clinical practice guideline specific to a prevention topic [http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/645](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/645) |

**Supplemental Activities**

1. Find the current ACIP immunization schedules and recommendations
<table>
<thead>
<tr>
<th>Communication</th>
<th>Goal A: Residents will communicate effectively with patients and families about the topics of prevention</th>
<th><a href="http://www.cdc.gov/vaccines/recs/acip/default.htm">http://www.cdc.gov/vaccines/recs/acip/default.htm</a></th>
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<tr>
<td><strong>Learning Objective:</strong></td>
<td><strong>Recommended Resources</strong></td>
<td><strong>Recommended Activities</strong></td>
</tr>
<tr>
<td>1. Discuss potential cultural or socioeconomic barriers that would change the way you would communicate about prevention to a family (example: bicycle safety to an indigent family; immunizations to an illegal immigrant)</td>
<td>1. Journal article: Cultural Humility versus Cultural Competence (journal article). Tervalon M et al. <em>Journal of Healthcare for the Poor and Underserved</em>; 9(2):117-125, 1998. 2. Cultural Competence Module <a href="http://www.unc.edu/courses/2006ss1/nurs/292/001/cultural1.html">http://www.unc.edu/courses/2006ss1/nurs/292/001/cultural1.html</a></td>
<td>1. Complete the “Cultural Competence Module: A self Assessment Exercise” <a href="http://www.unc.edu/courses/2006ss1/nurs/292/001/cultural1.html">http://www.unc.edu/courses/2006ss1/nurs/292/001/cultural1.html</a> 2. In a small group format have participants explore: a) the following terms: Race, Ethnicity,</td>
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<tr>
<td><strong>Supplemental Resources</strong></td>
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<tr>
<td>1. University of Pittsburg Faculty &amp; Trainees</td>
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<tr>
<td></td>
<td>Cultural Competence Resources &amp; Modules</td>
<td><strong><a href="http://www.healthdiversity.pitt.edu/students-faculty/CulturalCompetenceResources2.php">http://www.healthdiversity.pitt.edu/students-faculty/CulturalCompetenceResources2.php</a></strong> #Learningmodules</td>
</tr>
<tr>
<td>2.</td>
<td>National Center for Cultural Competence (Resource Database)</td>
<td><strong><a href="http://www11.georgetown.edu/research/gucchd/nccc/">http://www11.georgetown.edu/research/gucchd/nccc/</a></strong></td>
</tr>
<tr>
<td>4.</td>
<td>AMSA Cultural Competency in Medicine (activities, cases, resources)</td>
<td><strong><a href="http://www.amsa.org/programs/gpit/cultural.cfm">http://www.amsa.org/programs/gpit/cultural.cfm</a></strong></td>
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<tr>
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<td></td>
<td>Culture, Cultural Knowledge, Cultural Awareness, Cultural Sensitivity, Cultural Competence, Cultural Humility, Generalization vs. Stereotype, Continuum of Cultural Competency</td>
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<td>b)</td>
<td>Participant family origins - when, how, and why ancestors arrived to the US</td>
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<td>c)</td>
<td>Ethnic advantages/disadvantages, stereotypes of other ethnicities you may hold</td>
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</table>

**Supplemental Activities**

1. Read and discuss the journal article: Cultural Humility versus Cultural Competence.  
**http://info.kp.org/comm unitybenefit/assets/pdf/our_work/global/Cultural_Humility_article.pdf**

a) In small group format, have each participant share with the group what expectations they have for how their patients’ diverse cultural background will play a role in their
future interactions with them.
b) What definitive steps can physicians take in their interactions to make sure they HEAR their patients

2. Visit a community and subsequent reflection and discussion
a) Have residents visit a community they would like to learn more about
b) Encourage interaction with community leaders, traditional healers and patients
c) Learn about demographics, traditional health/illness beliefs, maintaining/restoring health, home remedies, health resources, neighborhood health centers, traditional healers, child-bearing/rearing beliefs and practices, and rituals and beliefs surrounding death and dying
d) Walk through the community. Visit churches, grocery
| 2. Demonstrate the communication skills necessary to conduct preventive behavioral counseling (e.g. smoking cessation, exercise, injury prevention, STI prevention, reproductive health). | **Recommended Resources**

1) Brief Focused Negotiation [www.kphealtheducation.org](http://www.kphealtheducation.org) This is a free, quick interactive website that guides the participant through the basic fundamentals of brief negotiation and behavior change counseling

**Supplemental Resources**

1) Book: Motivational Interviewing in Health Care:

| Recommended Activities |

1. Complete the Brief Negotiation Roadmap on-line module [www.kphealtheducation.org](http://www.kphealtheducation.org) This is a free educational module but they will ask you to register (free). | stores and pharmacies and eat a meal in a neighborhood restaurant.

e) In small group format, each resident should share their experiences: what expectations, assumptions, stereotypes did they had about this community priority to visiting? How did these change after visiting, and how will this experience play a role in their future interactions with patients from different ethnic backgrounds?

f) Reflect on what definitive steps physicians can take to make sure they HEAR their patients. |
2. After learning the skills introduced, conduct a 10 minute short “mock” behavioral counseling session addressing a behavior that could be modified (examples exercise, healthy diet, smoking cessation). Residents should take the first 2-3 minutes to assess the behaviors, stressors, triggers, and barriers to change that would need to be incorporated into effective counseling. Residents can take turns serving as the patient and the physician. The resident in the role of the patient should give feedback to the person serving as the behavioral counselor addressing the following points: listening skills, clarity of the presentation, degree to which counselor assessed the behavior and barriers to change, and the degree to which the counselor acknowledged or
addressed barriers in the counseling session.

Supplemental Activities

1. Role-Play Exercise (listening skills)
   a) One resident should play the patient and identify a behavior they want to change (exercise more, eat more fruits, etc.).
   b) A second resident will play the “health care provider” whose task is to ask as many open-ended questions as possible over 5 minutes (give no advice, listening carefully).
   c) Tally the number of open-ended questions and closed-ended questions the “provider” asks.
   d) Residents can rotate through each role.
   e) Debrief and discuss, what happened, how did the “patient” feel, how did the “provider” feel?

2. Read Chapters 2 and 3 in the book “Motivational Interviewing in Health”
<table>
<thead>
<tr>
<th>Goal B: Residents will communicate effectively with members of multi-disciplinary health care teams or agencies to coordinate prevention services for patients and families</th>
<th>Learning Objective:</th>
<th>Recommended Resources</th>
<th>Recommended Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Interdisciplinary Teamwork in Health Care <a href="http://www.med.unc.edu/epic/module4/m4to.htm">http://www.med.unc.edu/epic/module4/m4to.htm</a></td>
<td>2. Describe the five possible relationships as described in the Collaboration Framework (their purpose, structure, and process for each)</td>
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</tbody>
</table>
Supplemental Resources


5. Comprehensive, Coordinated, Collaborative Care
   http://www.medicalhomeinfo.org/training/materials/April2004Curriculum/CCCC/cccc.ppt


3. Which 2 or more community groups are working together on a health prevention topic. Which of the 5 relationships as described in the Collaboration Framework does it most closely resemble?

3. Provide each resident with an opportunity to work or observe a multidisciplinary team and have the resident reflect on the following:
   a. What is the team’s mission? How is it interdisciplinary? How does it relate to its larger organization?
   b. Who is the team’s leader at any given time? Is leadership the same or does it change? How is leadership determined? How is it shared?
   c. What are the roles and qualifications of team members? How does each profession contribute to the team’s task?
   d. What is the climate for the team’s functioning?
Is it constructive and open?
e. How are specific objectives generated and agreed upon for each task?
f. What are the team’s communication patterns? How does the team make decisions?
g. How does the team review and evaluate its progress and decisions?
h. Discuss the knowledge, skills, and values related to effective interdisciplinary teamwork

**Supplemental Activities**
1. Have residents develop an “asset map” for a designated community to help identify resources and supports for a specific health prevention topic. This book may be helpful: “Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets, Evanston, IL: Institute
2. Develop a communication strategy that might involve other health care providers or outside agencies to address a particular prevention need.

### Recommended Resources


### Supplemental Resources

1. Journal Article: Enhancing multiple disciplinary teamwork. by Weaver TE. Nurs

### Recommended Activities

1. Communication Strategy to Build Collaboration Exercise- Describe the key elements to include in the development of a communication strategy to involve other health care providers or community agencies in working towards a specific prevention health need (childhood obesity, dental caries, etc)
2. Complete the Interdisciplinary Module http://interprofessionalhealth.wisc.edu/InterdisciplinaryModule.pdf
   a) In a group format read
<table>
<thead>
<tr>
<th>System Based Practice</th>
<th><strong>Goal A:</strong> Residents will understand the role that national, state, and local resources/programs have on developing a prevention strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Objectives:</strong></td>
<td>1. Describe the agencies and programs that a private practice pediatrician in the community would interact with to provide or establish prevention programs for patients.</td>
</tr>
</tbody>
</table>
| **Recommended Resources:** | 1. State and local health department websites regarding preventive services covered (e.g., STI prevention, immunizations)  
2. Liaison committees between state medical societies and Medicaid agencies  
3. [http://www.medicalhomeinfo.org/training/materials/April2004Curriculum/CCCC/cccc.ppt#256,1,Comprehensive, Coordinated, Collaborative Care](http://www.medicalhomeinfo.org/training/materials/April2004Curriculum/CCCC/cccc.ppt#256,1,Comprehensive, Coordinated, Collaborative Care) |
| **Supplemental Resources:** | 1. [http://brightfutures.aap.org/](http://brightfutures.aap.org/)  
2. [http://aappolicy.aappublications.org/cgi/search](http://aappolicy.aappublications.org/cgi/search) for policies on prevention in many areas, for example HIV transmission, violence, pregnancy and STDs, diabetes.  
3. AAP Committee on Child Health Financing: Scope of Health Care Benefits for Children From Birth Through Age 21. At [http://aappolicy.aappublications.org/cgi/content/full/pediatrics;117/3/979](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;117/3/979)  
4. AAP Committee on Practice and Ambulatory Care: Recommendations for Periodic Pediatric |
| **Recommended Activities:** | 1. For your community, find the website or contact person for questions or referrals for:  
a. Head Start  
b. PT/OT/Speech  
c. Mental Health Clinic  
d. Family Resource Center  
e. Hospice  
f. Fostercare  
g. Medicaid  
h. Medicare  
i. Rehabilitation  
2. Determine what child preventive services are covered by your state’s Medicaid program. What preventive services should be cut if the Medicaid budget |
<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Recommended Resources</th>
<th>Recommended Activities</th>
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</table>
| 1. Describe the common methods of health care financing in the United States for preventive services and the implications these payment systems have for health | 1. Yudkowsky B et al. Preventive health care for Medicaid children. (describes Medicaid and EPSDT preventive services. [link](http://findarticles.com/p/articles/mi_m0795/is_nS UPP_v11/ai_10502243/)  
2. AAP Committee on Child Health Care financing: Principles of Child health Care Financing. [link](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/4/997)  
3. [link](http://www.medicalhomeinfo.org/training/materials/April2004Curriculum/CCCC/cccc.ppt#256,1,Co mprehensive, Coordinated, Collaborative Care) | 1. Determine what preventive services are available for children without health care insurance in your community.  
2. Discuss passive prevention methods (e.g., mandated side air bags, maximum preset water temperatures on water heaters) and their |
### Supplemental Resources


### Supplemental Activities

1. Interview patients about what preventive services they might forego if insurance did not pay for them and if they were forced to pay increasing co-pays (i.e., determine a "price point" for certain services).

2. Determine to what extent preventive health care services are covered by "bare bones" and more expansive health care insurance policies available in your community.

### Practice Based Learning

**Goal A:** Residents will understand the logistic challenges in design and implementation of prevention/screening programs in their practices.

**Learning Objective:**

1. Participate in the development of a

**Recommended Resources**

1. [http://www.thecommunityguide.org/about/Overview](http://www.thecommunityguide.org/about/Overview)

**Recommended Activities**

1. Browse the resources and...
screening or prevention program that could be used in a resident clinic or practice site (examples: bicycle safety, influenza vaccine delivery, obesity identification/prevention)

2. www.thecommunityguide.org


4. http://brightfutures.aap.org/Presentations/Bright%20Futures%20Priority%20and%20Screening%20Tables%200308.ppt#257,1,Slide 1

Go to:
http://brightfutures.aap.org/bright_futures_power_point_presentations.html

Click on Bright Futures Priorities and Screening Tables

5. Key informant interview- what is it?
http://www.oasas.state.ny.us/prevention/needs/documents/KeyInformantInterviews.pdf

select a screening or prevention program that you could use in your practice site

http://www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf

2. Review the community guide website for the area of prevention and focus on general information, task force recommendations (if available), and possible ways those recommendations could be incorporated in your clinic or community

www.thecommunityguide.org

http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf

3. In thinking about implementing the selected screening program, conduct an interview with key informants after reading about the process of the key informant interview.

Key informant interview- what is it?
http://www.oasas.state.ny.us/prevention/needs/documents/
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| 2. | **Identify for the proposed screening/prevention program the targets, resources needed, critical stakeholders, implementation barriers, outcomes desired, and outcome measures that would need to be assessed.** | **Recommended Resources**  
1. How and why to conduct a needs assessment  
2. Needs assessment—pages 1-19  
**Recommended Activities**  
1. Increase your knowledge and understanding of the elements and rationale of a needs assessment by reading these two resources.  
a) How and why to conduct a needs assessment  
b) Needs assessment—pages 1-19:  
|   |   |   |
| 3. | **Identify necessary modifications that might need to occur in a screening/prevention program to reach children with health disparities including problems accessing care.** | **Recommended Resources**  
Access to healthcare for children with special needs  
Understanding health disparities  
**Recommended Activities**  
1. Read about health disparities and discuss about how disparities might impact the resident’s selected screening/prevention program.  
Supplemental Activities

1. Have the resident (or group of residents) present their selected project succinctly to their peers including information on target group, key players, implementation logistics, potential barriers, and outcome measurements.