

Resident: _____



UMass Pediatrics Residency

PRIMARY CARE PASSPORT

Complete a routine well child check at every age. Please review:

- Physical, cognitive, language, and social development
- Age-appropriate anticipatory guidance
- Appropriate screening tests (vision/hearing, labs, questionnaires, etc)
- Vaccinations

<input type="checkbox"/> Initial Newborn	<input type="checkbox"/> 24 month
<input type="checkbox"/> 1 month	<input type="checkbox"/> 3 year
<input type="checkbox"/> 2 month	<input type="checkbox"/> 4 year
<input type="checkbox"/> 4 month	<input type="checkbox"/> 5-6 year
<input type="checkbox"/> 6 month	<input type="checkbox"/> 7-8 year
<input type="checkbox"/> 9 month	<input type="checkbox"/> 9-10 year
<input type="checkbox"/> 12 month	<input type="checkbox"/> Early adolescence (11-14 year)
<input type="checkbox"/> 15 month	<input type="checkbox"/> Middle adolescence (15-17 year)
<input type="checkbox"/> 18 month	<input type="checkbox"/> Late adolescence (18-21 year)

Complete a problem-based visit for the following chief complaints:

<input type="checkbox"/> ADHD workup/medication check	<input type="checkbox"/> Contraception counseling
<input type="checkbox"/> Mood disturbance	





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PRIMARY CARE PASSPORT

Please review these common primary care topics through didactic teaching and exposure during patient encounters:

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Colic	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Acne	<input type="checkbox"/> Common ortho problems	<input type="checkbox"/> Hemoglobin screening/IDA
<input type="checkbox"/> Acute diarrhea	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Hypercholesterolemia
<input type="checkbox"/> ADHD	<input type="checkbox"/> Constipation/Encoparesis	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Allergic rhinitis	<input type="checkbox"/> Contraception initiation	<input type="checkbox"/> Immunizations/Vaccine hesitancy
<input type="checkbox"/> Anemia	<input type="checkbox"/> Cow milk protein allergy	<input type="checkbox"/> Infant feeding/Solid food introduction
<input type="checkbox"/> Asthma	<input type="checkbox"/> Food allergies	<input type="checkbox"/> Infant reflux
<input type="checkbox"/> Atopic dermatitis	<input type="checkbox"/> Croup/Stridor	<input type="checkbox"/> Injury prevention
<input type="checkbox"/> Autism	<input type="checkbox"/> Cystitis/Pyelonephritis	<input type="checkbox"/> Internet safety
<input type="checkbox"/> Breastfeeding/Infant formula	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Bronchiolitis	<input type="checkbox"/> Developmental screening/delay	<input type="checkbox"/> Lead screening
<input type="checkbox"/> BRUE	<input type="checkbox"/> Disordered eating	<input type="checkbox"/> Learning disabilities/School problems
<input type="checkbox"/> Bullying	<input type="checkbox"/> Febrile seizures	<input type="checkbox"/> Limp/Swollen joint
<input type="checkbox"/> Cervical lymphadenopathy	<input type="checkbox"/> FTT (infancy to preschool)	<input type="checkbox"/> Literacy/"Reach Out and Read"
<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Headaches	<input type="checkbox"/> Male GU complaints (hernia, hydrocele, etc)





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Please review these common primary care topics through didactics and exposure during patient encounters.

<input type="checkbox"/> Menstrual disorders	<input type="checkbox"/> Scoliosis screening	<input type="checkbox"/> Weight loss (school age and up)
<input type="checkbox"/> Nightmares/Night terrors	<input type="checkbox"/> Sexual health	<input type="checkbox"/>
<input type="checkbox"/> Nocturnal enuresis	<input type="checkbox"/> Short/tall stature	<input type="checkbox"/>
<input type="checkbox"/> Normal pubertal development	<input type="checkbox"/> SIDS/Safe sleep	<input type="checkbox"/>
<input type="checkbox"/> Nutrition counseling	<input type="checkbox"/> Sinusitis	<input type="checkbox"/>
<input type="checkbox"/> Obesity	<input type="checkbox"/> Sleep problems	<input type="checkbox"/>
<input type="checkbox"/> Oral health/Dental issues	<input type="checkbox"/> Smoking/substance use	<input type="checkbox"/>
<input type="checkbox"/> OSA	<input type="checkbox"/> Sore throat	<input type="checkbox"/>
<input type="checkbox"/> Otitis media	<input type="checkbox"/> Speech delay	<input type="checkbox"/>
<input type="checkbox"/> Picky eating	<input type="checkbox"/> Suicidal ideation/Dispo planning	<input type="checkbox"/>
<input type="checkbox"/> Pelvic inflammatory disease	<input type="checkbox"/> Syncope	<input type="checkbox"/>
<input type="checkbox"/> Plagiocephaly/unusual head shape	<input type="checkbox"/> TB screening/Travel	<input type="checkbox"/>
<input type="checkbox"/> Prepubertal vaginitis	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/>
<input type="checkbox"/> Proteinuria	<input type="checkbox"/> Toilet training	<input type="checkbox"/>
<input type="checkbox"/> School phobia	<input type="checkbox"/> Warts/Molluscum	<input type="checkbox"/>

