



BCC 7140 Pediatrics Clerkship 2019-2020

Education Director

Debra Andree, MD

Florida State University College of Medicine
Regional Medical School Campus - Orlando
250 East Colonial Drive, Suite 200
Orlando, FL 32801
Phone: (407) 835-4103
Email: debra.andree@med.fsu.edu

Campus	Clerkship Director
Daytona	Michael Bell, MD
Fort Pierce	Michael Jampol, MD
Orlando	Robert Chong, MD
Pensacola	Michelle Grier-Hall, MD and Robert Wilson, MD
Sarasota	Fawn Harrison, MD
Tallahassee	Frank Walker, MD
Rural Program Site	Clerkship Administrator
Marianna	Steven Spence, MD
Immokalee	Michael Gloth, MD

Contents

Overview	3
Description.....	3
Orientation and Syllabus Review	3
Longitudinal Integrated Curriculum (LIC).....	3
Scheduled Hours/On-Call	3
Student Workhour Policy and Documentation	4
Absences	4
Components.....	4
Required Assignment: Presentation	4
Patient Care: Outpatient Service	4
Patient Care: Inpatient Service	4
Patient Log (ETS).....	5
Aquifer Pediatrics	6
AAP Breastfeeding Module.....	7
Meetings and Lectures	8
End of Clerkship Exam	8
Learning Resources	8
Readings.....	8
Electronic Resources.....	8
Pediatric History and Physical Guideline	9
Institutional Resources	13
Evaluation and Grading.....	14
Mid-Clerkship Feedback	14
Evaluation	14
Clerkship Specific Grading	14
Policies	14
Student Mistreatment Policy.....	14
College of Medicine Attendance Policy	14
Academic Honor Policy	15
Americans with Disabilities Act	15
College of Medicine Student Disability Resources	15
Competencies	15

Overview

Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Pediatrics Clerkship is a six-week clinical clerkship that includes both outpatient and inpatient responsibilities. In the block clerkship, each student will spend four weeks with a general pediatrician in their office. The student will work one-on-one with this pediatrician and learn how to obtain pediatric histories and perform physical examinations on children of various ages. The student will become proficient in assessing childhood development and in giving anticipatory guidance to children and their families. Each pediatrician will orient the student to their office, and it is important that the student understand the expectations of the clerkship faculty.

In the block clerkship, students will spend two weeks on the Pediatric inpatient service. Students will work with pediatric hospitalists or attending during their inpatient rotation, or when available, pediatric residency programs as part of the “pediatric inpatient team.”

Pediatrics is the medical discipline that deals with biological, social, and environmental influences on the developing child and with the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, and metabolically. Pediatrics involves recognition of normal and abnormal mental and physical development as well as the diagnosis and management of acute and chronic problems.

Pediatrician is the medical specialist who deals with the prevention and treatment of childhood illnesses as well as the promotion of health in infants, children (hereafter used to include infants, children, and adolescents) and adolescents. A Pediatrician is able to define accurately the child’s health status, collaborate with other professionals and with parents to formulate management plans as needed, and act as a consultant to others in the problems and diseases of children. In turn, he/she knows when and how to use pediatric sub-specialists and other consultants. In so doing, he/she knows what to anticipate and is prepared personally to guide further management in concert with the consultant. He/she has the knowledge and skills to recognize and to react appropriately to life threatening situations in children. The Pediatrician understands this constantly changing functional status of his/her patient’s incident to growth and development, and the consequent changing standards of “normal” for age.

Orientation and Syllabus Review

Students are required to read the welcome letter [link](#) on the Pediatrics Canvas homepage, review the syllabus and watch the [Introduction to the Pediatrics Clerkship](#) orientation video prior to the first day of the clerkship. In addition, students will meet the Clerkship Director for a general orientation to the clerkship, this meeting may take place prior to or during the first week of the clerkship. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the [Office of Medical Education](#) website.

Scheduled Hours/On-Call

Students on the Pediatrics Clerkship will participate in both ambulatory and inpatient care. Students enrolled in the Block Clerkship will work typically 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty.** Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

You will have on-call responsibilities while on the inpatient service, but are not required to stay in the hospital overnight. Your inpatient call schedule will be determined by your Clerkship Director and inpatient attending physician. Please contact them about further details, and who to report to when on-call in the inpatient setting. In addition, share your contact information so you do not miss important learning experiences. **Do not leave the hospital without permission**

from attending physician.

Student Workhour Policy and Documentation

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the [Encounter Tracking System \(ETS\)](#) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (clinical care and documentation in the medical record) and assigned educational activities (Doctoring 3 didactics, clerkship meetings, educational meetings at residency programs). Failure to report work hours is considered a breach of professionalism.

Hours that should not be included in self-reported work hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Absences

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional campus dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.**

Components

Required Assignment: Presentation

Students are required to present to Clinical Faculty or during one of the weekly Clerkship Rounds. Presentations usually take 10-15 minutes, with an additional 5-10 minutes for questions. Work together with your Clinical Faculty or Clerkship Director to find an appropriate topic of your choosing, and then develop a PowerPoint presentation to share.

Patient Care: Outpatient Service

You will see a variety of patients in the office each day, and some of you will care for infants in the normal newborn nursery. You are expected to round with Clerkship Faculty pediatrician if the opportunity is available. You should do at least one workup per day on a patient that is new to you, including the write-up of the full history and physical examination, and should see a minimum of five or six patients per day for which you have been given the previous history and known medical problems. You will obtain the history, examine the patient and report your findings to your attending physician. At the end of the day, or at some other designated time, you should sit down with your attending physician and discuss the patients that you have seen.

Patient Care: Inpatient Service

You will care for hospitalized children and will learn how to manage the child and deal with the family stresses of having a child in the hospital environment. You are expected to attend morning report, round on your patients early in the day (before the attending or resident), present your patients to the attending physician during rounds and attend any educational conferences that may be scheduled. You are expected to perform a comprehensive work-up (detailed history and physical exam) on any new patient assigned to you and should follow at least 2 or 3 patients each day (if the patient numbers are sufficient). You will follow your patients daily until they are discharged or until you are off service. You are expected to do **an independent patient assessment**, i.e., you will take the history and perform the physical examination **before talking to anyone who may have already seen the child**. This assessment should be complete and will require extensive time to perform and record.

You may also work with sub-specialist consultants who are assisting on your patients. Take advantage of these learning opportunities. In certain hospital environments, you may be caring for infants in the newborn nursery as well as children on the pediatric floor. If so, learn how to teach baby-care to the mother while she is hospitalized. Take some extra time to get to know the children and their families. Playing games with the children can help to establish comfortable relationships.

Before composing your pediatric history and physical write-up, please use the [Pediatric History and Physical Guideline](#) located in the Learning Resources section of this syllabus. Next, use the **Pediatric History and Physical Template** Word document to create your pediatric history and physical. This template is located on the Canvas site's Additional Resources for Pediatrics page.

Patient Log (ETS)

Students are required to see a **minimum of 50 patient encounters** during the Pediatrics Clerkship, and record all patient encounters through the Encounters Tracking System (ETS). Please conscientiously and promptly record all patient encounters, including diagnoses, patient demographics, and your extent of involvement for any patient visit or procedure performed. Please record any developmental assessments you perform as ADLs on the procedure log. **Sixty-six percent (66%) of all encounters must be at the full or moderate level of participation** in patient care.

The table below lists the **required** visit types, screenings and problems for the Pediatrics Clerkship. Students typically encounter each of these conditions at least once during their 6-week Clerkship.

Required Visit Types (minimum 1 each)

1. Newborn
2. Well Child Visit

Required Screenings (minimum 1)

1. Developmental Assessment

Required Problems (minimum 1 each)

1. Abdominal pain
2. ADHD
3. Allergic rhinitis
4. Asthma
5. Breastfeeding problem
6. Conjunctivitis
7. Cough, Acute
8. Diaper Rash
9. Diarrhea
10. Eczema/Atopic Dermatitis
11. Electrolyte disorder (fluid management)
12. Fever
13. Heart Murmur
14. Health Maintenance (routine care with age-appropriate anticipatory guidance)
15. Nausea/Vomiting
16. Obesity
17. Otitis Media
18. Pharyngitis (any type)
19. Pneumonia (any pulmonary infection)
20. Rash (any type)
21. Viral Upper Respiratory Infection (URI)

There are several conditions (not required) that provide an excellent learning experience, but are not always possible to see and document in a 6-week clerkship. Whenever possible, students should participate in the care of patients with the following conditions.

- Cough, Chronic
- Croup/Stridor
- Diabetes Mellitus, type 1 and type 2
- Infectious diseases
- Intrauterine Growth Restriction
- Minor trauma
- Neonatal Abstinence Syndrome
- Neonatal Apnea
- Neonatal Asphyxia
- Neonatal Jaundice
- Neonatal Problem, Other
- Newborn Transient Tachypnea
- Otitis Externa
- Pediatric Failure to Thrive
- Seizure management
- Sepsis/meningitis/cellulitis
- Urinary tract infection

Encounter data are monitored by the Clerkship Directors to assure that you are meeting clerkship requirements. If it becomes apparent that you are **not encountering the required patient conditions, efforts will be made to specifically select the needed patients** for you to see. If these opportunities for specific patient encounters do not occur, the **student will be exposed to the conditions/diseases secondarily through reading assignments, completion of Aquifer Cases, or discussions with the Clerkship Director.**

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For “Level of Participation in Patient Care” the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

Aquifer Pediatrics

Aquifer Pediatrics Curriculum (formerly known as CLIPP) is a national curriculum sponsored by the Committee on Medical Student Education in Pediatrics (COMSEP). Each student must register individually by going to www.aquifer.org to set up an account under SIGN IN. Detailed sign-up and login help is located on the Canvas site within the Resource Guides section on the homepage.

There are a total of 32 cases, and **31 are assigned** during this clerkship which represent the curriculum most medical schools believe should to be taught in a third-year pediatric clerkship. If you intend to achieve optimum value from the Aquifer Pediatrics cases, you are encouraged to carefully study the enclosed links in each case, and to read the review articles that are in the cases. Students who diligently study these cases and take advantage of the linked resources tend to perform well on the NBME Clinical Subject Examination in Pediatrics. The cases vary in length, but most will require **between 60-90 minutes for completion** if done conscientiously. You are assigned 6-7 cases per week, so it is suggested that you try to complete one case per day. There will be weekly quizzes over the assigned Aquifer Pediatrics cases and the Clerkship Director may check/track your progress.

Below is the weekly schedule for the Aquifer Pediatrics.

- Students must also complete the AAP Breastfeeding Modules by week two.

- Students should use week six of the clerkship to review for the NBME Clinical Subject Exam in Pediatrics.

Week 1

- CASE #1 Prenatal and Newborn Visits
- CASE #2 Infant well child visit (2, 6, and 9 months)
- CASE #3 3-year-old well child visit
- CASE #4 8-year-old well child check
- CASE #5 16-year-old girl's health maintenance visit
- CASE #6 16-year-old boy's pre-sports physical

Week 2

- CASE #7 Newborn with respiratory distress
- CASE #8 6-day-old with jaundice
- CASE #9 2-week-old with lethargy
- CASE #10 Infant with fever
- CASE #11 4-year-old with fever and adenopathy
- CASE #12 10-month-old with cough
- **Completion of AAP Breastfeeding Modules*

Week 3

- CASE #13 6-year-old with chronic cough
- CASE #14 18-month-old with congestion
- CASE #15 Two siblings with vomiting
- CASE #16 7-year-old with abdominal pain and vomiting
- CASE #17 4-year-old refusing to walk
- CASE #18 2-week-old with poor feeding

Week 4

- CASE #19 16-month-old with first seizure
- CASE #20 7-year-old with a headache
- CASE #21 6-year-old boy with bruising
- CASE #22 16-year-old girl with abdominal pain
- CASE #23 15-year-old girl with lethargy and fever
- CASE #24 2-year-old with altered mental status

Week 5

- CASE #25 2-month-old with apnea
- CASE #26 9-week-old with failure to thrive
- CASE #27 8-year-old with abdominal pain
- CASE #28 18-month-old with developmental delay
- CASE #29 Infant with hypotonia
- CASE #30 2-year-old with sickle cell disease
- CASE #31 5-year-old with puffy eyes

AAP Breastfeeding Module

The [American Academy of Pediatrics](#) has produced a series of five PowerPoint presentations on Breastfeeding (linked below). It is a valuable resource for use in preparing to answer questions from breastfeeding mothers/parents. Each student is **expected to review** all five sections and be prepared to discuss the entire Breastfeeding Module during week 2 unless further instructed by the Clerkship Director.

1. [Introduction and Overview](#)
2. [The Benefits of Breastfeeding](#)

3. [The Process of Breastfeeding and Lactation](#)
4. [Management of Breastfeeding](#)
5. [Breastfeeding Advocacy](#)

Meetings and Lectures

Clerkship Directors meet with clerkship students on a weekly basis, at a time and place determined by the Clerkship Director. For **students in Immokalee, you must contact the appropriate Clerkship Director (your home campus Clerkship Director) to schedule the weekly meetings** via teleconference or videoconference. In addition to scheduled content, the weekly meetings are a time for students to discuss any concerns they have about how the Clerkship is going, as the Clerkship Director will advocate for you and help problem-solve if needed. Students are expected to come prepared for these educational meetings. There are several items that will be discussed at the weekly meetings, including:

- Patient encounters
- Aquifer Pediatrics Cases
- Aquifer Pediatrics weekly quiz
- Breast Feeding Slides
- Case presentations
- Case-related ethical issues

The Pediatric Clerkship Director or designee will observe each student in at least one patient encounter and provide feedback on strengths and areas for improvement. At the end of the rotation, you will be asked by your Clerkship Director/Administrator to evaluate your experience on the Pediatrics Clerkship, and this feedback from each of you is very important in helping to improve the rotation.

End of Clerkship Exam

On the last day of the clerkship, students will take the NBME Clinical Subject Examination in Pediatrics. There are NBME self-assessment tools available by request to your Student Support Coordinator.

Learning Resources

Readings

Students are required to read through the 31 assigned Aquifer Pediatrics cases as outlined in the Components section. Although there are no required textbook readings for the Pediatrics clerkship, there are many helpful textbooks on the [Pediatrics Subject Guide](#).

Electronic Resources

1. [Mobile Apps](#) (Subject Guides>Mobile Resources>Mobile Apps) contains both instructions and links to the following resources:
 - Pediatric Care Online / Red Book (App) - contains the Pediatric Infectious Disease resource
 - uCentral (App) - contains Harriet Lane Handbook, 5-Minute Pediatric Consult, Calculators, Johns Hopkins ABX Guide and DMS-5 Handbook of Differential Diagnosis
 - Micromedex (App) – has Pediatrics & Neofax in addition to 3 other drug resources
 - DynaMed Plus (App) – has [specific Pediatrics topics](#)
 - PEPID (App)
 - UpToDate (App)
 - ClinicalKey (App)
 - VisualDX (App) – fabulous with pictures/differentials/treatment, etc.
2. **Recommended Pediatric Textbooks**
 - Please browse any or all of the titles in the Medical Library->Subject Guides>Pediatrics>Books->Texts

3. Pediatric Physical Exam Skills – Neonatal

- [Bates Physical Examination Videos](#) (Subject Guides>Pediatrics>Other Resources>History & Physical Exam)
- [Evaluation and Care of the Normal Neonate](#) (Subject Guides>Pediatrics>Other Resources>History & Physical Exam)
- [Newborn exam video by Dr. Thomas DeStefani](#) (Univ. of Chicago - Loyola)

4. Pediatric Physical Exam Skills

- [Physical Diagnosis Screening Exam](#) (Click the “List of Videos” link at left to view videos on all the organ systems for adults and newborn pediatric physical exam, giving oral presentations, self-examination on auscultation skills with audio clips of breath sounds, heart sounds, etc.)
- [Pediatric Exams: Normal and Abnormal Thyroid](#) (YouTube)
- [Demonstration of Heart Sounds and Murmurs/Heart Auscultation](#) (Univ. of Wash. Dept. of Medicine)
- [Congenital Heart Disease](#) (By rolling over the images contrasts the normal heart with any given defects)
- [Pediatric Neurologic Exam: A Neurodevelopmental Approach](#) (great set of videos on how to do a pediatric neurodevelopmental exam at different ages)

5. Pediatric Radiology

- [Radiology Cases in Pediatric Emergency Medicine](#) (Univ. of Hawaii School of Medicine)

6. Blood Types

- [Blood Types Tutorial](#) (Biology Project from the University of Arizona)

7. Rare and Genetic Diseases/Syndromes/Disorders

- [National Organization for Rare Disorders](#) (Requires an account, users can receive two full reports per 24-hour period)
- [Genetics Home Reference](#) (the NIH provides consumer-friendly information about the effects of genetic variation on human health)

8. Podcasts also offer useful learning resources and you do need to sign up for an account

- [PedsCases.com](#) (Pediatrics for Medical Students)
- [Apple Podcasts Preview](#)
- [ReachMD Clinical Practice Pediatrics](#)

Pediatric History and Physical Guideline

Example only, students may need to modify for the age and condition of child.

IDENTIFYING DATA
Patient's, Parent's or Guardian's Initials: (do NOT use patient's name - this is potentially a HIPAA violation)
Informant: (Generic – patient, mother, father, etc.)
Primary Care Physician:
Referring Physician (if not Primary Care Physician):
Reliability of Historian – (Examiner's opinion of reliability of informant)
CLINICAL HISTORY
Chief Complaint: Include the patient's age, ethnic origin, sex, and brief reason for admission in patient's/parent's words.

<p>Present Illness: Elicit the facts of the illness, particularly the time and nature of the onset. Arrange these facts in a chronological order and relate them in a narrative fashion, tracing the course of events up to the time of the visit. What was done for the child; what drugs were given and what were the results of such treatment? Record “pertinent negative” data as well as positive information. This includes physical exams, laboratory evaluations and treatments which occurred before the present admission. How has the illness effected the patient’s lifestyle/play/school? The HPI should conclude with a description of the visit to clinic or emergency department which resulted in the present admission.</p>
<p>Review of Systems: - (note some individuals prefer to list Review of Systems after all the history components) Include all systems and should be age appropriate. The following are examples.</p>
<ul style="list-style-type: none"> • General: weight gain/loss, fever, activity level (if not inquired about in HPI)
<ul style="list-style-type: none"> • HEENT: headache, change in vision, eye drainage or redness, hearing, photo/phonophobia, runny nose, ear pain, sore throat, neck pain, epistaxis
<ul style="list-style-type: none"> • Respiratory: cough, wheezing, shortness of breath, tachypnea, snoring
<ul style="list-style-type: none"> • Cardiovascular: cyanosis, dyspnea, excessive sweating in infancy, fatigability, syncope
<ul style="list-style-type: none"> • Gastrointestinal: History of early feeding difficulties/reflux, diarrhea, constipation, stool abnormalities, encopresis vomiting in relation to infections and emotional difficulties, abdominal pain
<ul style="list-style-type: none"> • Genitourinary: hematuria, dysuria, frequency, urgency, dribbling, enuresis, edema oliguria, menses/LMP
<ul style="list-style-type: none"> • Endocrine: polyuria, polydipsia, heat/cold intolerance
<ul style="list-style-type: none"> • Neurological: Inquire about convulsions (get details if they have occurred), tics, habit spasms, emotional lability, tremors and incoordination
<ul style="list-style-type: none"> • Musculoskeletal: muscle pain, weakness, limp, arthralgias
<ul style="list-style-type: none"> • Dermatologic: rashes, bruising, petechiae, changes in hair/nails, pruritis, color changes
<ul style="list-style-type: none"> • Psychological: issues with school/learning, mood
<p>PAST HISTORY</p>
<p>Pregnancy: Maternal Age, Gravida? Para? When did prenatal care begin & did Mother follow recommended visit schedule? Health of mother during pregnancy and pregnancy related complications. Screening tests (HIV, STDs, Hepatitis B, Group B Strep, etc). Medications.</p>
<p>Perinatal: Gestational age, birth weight, type of labor/delivery. Condition of infant at birth, APGAR scores (if available). If resuscitation required – type? Intra-partum antibiotics given and type?</p>
<p>Neonatal Period (0-28 days): Length of hospital stay after birth, problems such as hypoglycemia, jaundice/phototherapy, convulsions, skin eruptions, feeding difficulties, etc. Infant metabolic screening/cardiac screening/hearing screening results. 1st stool passed, when?</p>
<p>Feeding History: Breast or Formula? Frequency of feeds, type (if formula), volume/duration of feeds. Age baby foods/solid foods introduced. Age breast/bottle discontinued. Any issues with eating/preferences/picky eating habits/attitudes. Current diet.</p>
<p>Growth and Development: History of overweight or underweight, other growth issues/concerns. Developmental milestones: caregiver recollection of major milestones examples include gross motor, fine motor, speech, and social (see Bright Futures Handbook). Ages of bowel and bladder training. Sexual Development-for females include menarche.</p>
<p>PAST MEDICAL HISTORY</p>
<p>Illnesses/Problems: onset, nature of chronic health conditions or repeated conditions and any serious non-chronic conditions.</p>
<p>Accidents/Injuries: Date, nature/complications</p>
<p>Hospitalizations: Date, nature/complications</p>
<p>(Mention complications only if relevant to present illness or serious in nature)</p>
<p>SURGICAL HISTORY</p>
<p>Dates, nature of and complications from any operations.</p>

FAMILY HISTORY
Include pertinent negatives to questions that were asked
Father- Age, condition of health, previous illnesses, surgeries, and occupation. (anything related to patient's history even if only present during childhood)
Mother - Age, condition of health, previous illnesses, surgeries, and occupation. (anything related to patient's history even if only present during childhood)
Siblings - Age, condition of health, previous illnesses, and surgeries. (anything related to patient's history or that the siblings have outgrown)
Grandparents – any pertinent health issues
Relatives- any pertinent health issues
Any history of consanguinity?
SOCIAL HISTORY
May be identified also as Psychosocial History
Ask related to age:
Relationships with others
<ul style="list-style-type: none"> School Progress and Cognitive Assessment Home Environment Leisure activities/sports of child and family:
Habits
<ul style="list-style-type: none"> Sleeping Exercise and play Urinary, bowel Behavior
For Adolescent – HEEADSSS interview questions should be included
IMMUNIZATIONS
Parent recall of child status “up to date”. A detailed list of immunizations is preferred if available (see Florida SHOTS record, parent may have record also). List type and number of each immunization. Note if patient is on an alternative (non - AAP approved) schedule or if there is vaccine refusal/hesitancy & “rationale” (if possible).
CURRENT MEDICATIONS
Name, dosage form, dose, frequency, reason. Include alternative/complimentary/over the counter medications. For PRN meds include under what circumstances & frequency with which they can be used.
ALLERGIES AND REACTIONS
To medications, foods, environmental. List reactions.
PHYSICAL EXAM
Note you will need to adjust to age of patient, include pertinent negatives, remember order of exam is observation, auscultation, percussion – when indicated, and palpation
Vital signs:
<ul style="list-style-type: none"> Weight and Height: Record for this patient and give percentiles from comparison against normal range for age. Weight and Length is used for child less than 2 years old as length is measured supine. Head Circumference: Record for this patient and give percentiles from comparison against normal range for age. Mention in any child less than 2-3 years old. BMI – record if patient 2 years of age or greater along with percentiles for age and sex Temperature (when taken) -method (tympanic, temporal, oral, axillary, rectal) Pulse rate Respiratory Rate Blood Pressure (what extremity and in what position: sitting, supine, etc.) Refer to tables for interpretation of Blood Pressure based on sex, age, and height percentile.

<ul style="list-style-type: none"> • SpO₂ (when applicable)
General: (Should give a description of patient so the reader can visualize the patient)
Skin: Include color (fair skinned, olive colored, brown, etc.), findings, etc. (Can include capillary refill here or under Musculoskeletal; skin turgor can be included here or under Abdomen)
Lymph Nodes: location, size (measure), consistency, mobility, painful to touch, overlying skin changes
Head: Shape, size, hair, fontanels & sutures (where indicated), any findings
Eyes: Symmetry, shape, color, pupils (size, shape, reactivity to light, accommodation), sclera, conjunctiva (including tarsal conjunctiva), red reflexes in young; fundoscopic exam, any additional findings
Ears: External configuration, canals, tympanic membranes (translucency, color, position, landmarks, cone of light, mobility)
Nose: deformities, septum, mucosa, turbinates, discharge, nasal flaring, etc.
Mouth: appearance of lips, teeth appearance/visible caries (number if infant), gums, palates, mucous membranes, tonsils (grade 1-4), uvula, pharynx, abnormal findings
Neck: symmetry, suppleness, range of motion, thyroid gland, position of trachea, masses, swellings
Chest: symmetry, deformities, excursion, retractions (subcostal, intercostal, suprasternal) breasts (Tanner Stage, size, abnormalities)
Lungs: quality of sounds, equality of sounds & aeration, adventitious breath sounds (crackles, wheezes, rubs); transmitted upper airway sounds.
Heart: regular/irregular rate & rhythm, murmurs & characteristics (intensity, quality, transmission), clicks, rubs, S1 & S2 characteristics, PMI location & quality
Pulses: comment on upper and lower peripheral pulses, symmetry, quality
Abdomen: shape (status of umbilicus -age appropriate), bowel sounds (present/quality/where heard), percussion – tympani etc.; palpation- superficial & deep, quality, pain, spleen/liver (give measurements or not palpated), kidneys, any abnormalities
Rectal: <u>visual description is the main examination in pediatrics</u> , digital exam only when indicated by the history & at no other time.
Genitourinary: Tanner Staging, obvious abnormalities
<ul style="list-style-type: none"> • Male: (+/- circumcision), testes (location – in inguinal canal or in scrotum, size, consistency, pain), etc., penis, meatus • Female: hymen etc., meatus
Musculoskeletal: Include <u>all</u> extremities, hands, feet, & back/spine. Symmetry, deformities, range of motion, etc.
Neurological: general, oriented or not, cranial nerves II-XII (I when indicated), motor, sensory, DTRs (symmetry, quality), muscle tone & strength. Gait, speech, cerebellar, etc.
For neonates and very young infants check primitive reflexes (moro, suck, root, etc.) Note: much of the neurological examination in children can be done through observation as a child moves around the room and plays.
LABS/IMAGING/STUDIES
List those obtained prior to admission/visit (labs ordered at the time of admission or during the office visit would be indicated and explained as part of your plan and are not incorporated into the discussion of the differential diagnosis).
PROBLEM LIST
Identify all the patient's problems. The following are examples of what comprise a problem list:
<ul style="list-style-type: none"> • Patients clinical signs & symptoms • Abnormal Physical exam findings, • Abnormal laboratory/imaging studies • Psychosocial Issues

<ul style="list-style-type: none"> • Past and/or ongoing diagnoses that are relevant • Other important issues (example a parent with similar problem)
ASSESSMENT
Based on the Problem List identified above, for the main condition(s) create a differential diagnosis of the top 3-4 possible conditions that can offer a rational explanation for the patient's clinical manifestations in a rank order list from most likely to least likely. Contrast and compare the patient's clinical presentation with the typical presentations of the diagnoses you have chosen to include (i.e.: Tell the reader what you are thinking and why based on evidence). When applicable, consider including a diagnosis that if missed could have dire consequences. Don't forget to interpret laboratory and imaging studies (if performed) and how they relate to the main condition(s).
Next, go back to the Problem List and address any additional and/or ongoing conditions that existed prior to the current illness (if any). Example: ADHD, eczema, diabetes, social issues. Include a brief assessment of the status of each of these; a differential diagnosis is not needed.
Example:
1. Wheezing Differential diagnoses: asthma, bronchiolitis, cystic fibrosis, or gastroesophageal reflux disease. Then include your discussion and tell reader what you are thinking and why based on evidence.
2. Allergic rhinitis Follow above instructions
OR
1. Status asthmaticus Follow above instructions
2. Acute respiratory failure ... Follow above instructions
3. Influenza virus infections ... Follow above instructions
Additional/Ongoing Problem List: (follow above instructions)
1. <i>ADHD – Example:</i> Patient has been maintained on Ritalin for 5 years and is followed by psychologist and his pediatrician. It is felt that his behavior deteriorates if his medications are held, so he will need to continue Ritalin during hospitalization.
2. <i>Social issues- example:</i> Parents are divorced and have amicable shared custody of the patient. They are asking to both be educated on recognizing the signs and symptoms of respiratory distress and how to respond.
PLAN
List your treatment plan for each number above as you would if you were writing orders to admit this patient.
List plan for each problem separately.
Explain your/the choice of this particular treatment (example: antibiotic choice & formulation, - you need to include mg/kg dosing, amount and dosing frequency along with duration of treatment & which organisms you are covering).
<ul style="list-style-type: none"> • If you order labs/imaging studies- why this choice of labs/imaging studies; what are you looking for or expecting to rule out or in with your labs?
Include initiation of discharge planning.
Include treatment plan for ongoing problems listed above (ex, a child with ADHD with a history of ADHD meds will need to either continue meds in hospital or hold meds), etc.
<ul style="list-style-type: none"> • *If you have more than one diagnosis, then you need to include a plan for each diagnosis.
What about the PRN follow-up & parameters that need to be followed?
REFERENCES
Include your references for the information you include in your discussions of Assessment/Differential and/or Plan – properly cited.

Institutional Resources

The [COM Charlotte Edwards Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Subject Guides” under the *Resources by*

subject from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Your clerkship grade will be based on your performance in the physician's office and on the inpatient rotation, your knowledge base when discussing cases with your clerkship faculty, your interactions with the physician's office staff and nursing staff, your interactions with the patients and their families, and for students working with residents your interactions with the Pediatric Resident team. You will be evaluated by your primary outpatient and inpatient clerkship faculty member and by the Clerkship Director at your site. Your clerkship faculty members will evaluate you by completing a standardized evaluation form that gives information regarding your performance on multiple milestones.

Clerkship Specific Grading

The standardized clerkship policy can be found on the [Office of Medical Education website](#).

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Timely documentation of at least 50 patient encounters, 66% of which are at the full or moderate level of participation (pass/fail)
4. Timely documentation of all required problems/screenings/counseling (pass/fail)
5. Satisfactory presentation to Clinical Faculty or during one of the weekly Clerkship Rounds (pass/fail)
6. Active participation in weekly Clerkship Director meetings
7. Clinical performance must be exemplary to be considered for honors
8. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Your final grade is assigned by the Education Director for Pediatrics, and is based on **all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the NBME Clinical Subject Exam for Pediatrics**. There are no grade quotas, and it is possible for anyone to earn the grade of HONORS.

Policies

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and report the incident as soon as possible.

College of Medicine Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Students must use the [absence request form](#) that is located on Student Academics.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy>).

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
<http://www.disabilitycenter.fsu.edu/>

College of Medicine Student Disability Resources

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Competencies

The following table outlines the **Pediatrics** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and [ACGME Core Entrustable Professional Activities \(EPAs\)](#). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Competency	Assessment					
Pediatrics Clerkship	NBME	Observation by faculty	Observation by clerkship director	Oral presentation	Patient documentation	Project
Demonstrate proficiency in the dyad interview and interacted effectively with the patient and caregiver.		x				
Demonstrate the ability to work with nursing staff to observe or administer at least 1 immunization to a child.		x				
Demonstrate proficiency in the examination of children of varying ages, from newborn through the adolescent-aged patient.		x				
Demonstrate the ability to work with nursing staff, and/or with residents in order to perform a complete pediatric admission, including vital signs.		x				
Demonstrate the ability to work with nursing staff to perform a complete "check-in" of the child, including vital signs.		x				
Interpret growth parameters to include height, weight, head circumference, and BMI.	x	x	x			
Provide inpatient anticipatory guidance for expected course of illness, discussion of supportive measures at home, along with reasons to return for medical care.		x	x			
Provide outpatient age appropriate anticipatory guidance such as general discussions of nutritional, immunization, breastfeeding, & safety advice.		x	x			
Demonstrate the ability to utilize the HEADSSS instrument when giving anticipatory guidance to the adolescent.		x	x			
Recognize a child who is critically ill, and understood the need for immediate stabilization and hospitalization.	x	x	x			
Demonstrate the ability to perform accurate calculations of pediatric drug dosages.	x	x	x			
Student will assess learning needs, prepare and present on a pediatric topic.				x		x
Complete a written H/P to include all pertinent information and appropriate organization, assessment and plan.		x	x		x	
Complete a written SOAP note to include all pertinent information and appropriate organization, assessment and plan.		x	x		x	
Demonstrate satisfactory oral presentation skills.		x	x	x		
Demonstrate the ability to write 3-5 accurate prescriptions.		x	x			
Demonstrate the ability to work collaboratively with other health care professionals.	x	x				