BCC 7140
Pediatrics Clerkship
2020-2021

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Contents

Overview

Course Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Pediatrics Clerkship includes both outpatient and inpatient responsibilities. Each student will work with a general pediatrician in their office, learning one-on-one 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. Students will also spend time in the hospital setting, learning on the Pediatric inpatient service where they 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, they know when and how to use pediatric sub-specialists and other consultants. In so doing, they know what to anticipate and is prepared personally to guide further management in concert with the consultant. The pediatrician 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 **MUST** read the welcome letter, review the syllabus and watch the current Pediatrics Clerkship orientation video posted to the **Pediatrics Canvas** site **PRIOR** to the first day of the clerkship. 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.

Students will have on-call responsibilities while on the inpatient service but are not required to stay in the hospital overnight. The inpatient call schedule will be determined by the Clerkship Director and inpatient attending physician. The student is responsible for initial contact to gather details regarding when and to whom they report, as well as sharing contact information so as not to miss important learning opportunities. While students may not leave the hospital without permission from attending physician, they are usually excused by 10 or 11 pm.

Required Assignments

Required Assignment: Presentation

Students are required to formally present a topic of their choosing during the Pediatrics clerkship. This can be presented to Clinical Faculty or Clerkship Director (during one of the weekly Clerkship meetings). Presentations should be

approximately 15 minutes, with an additional 5-10 minutes for questions. Students will collaborate with Clinical Faculty or Clerkship Director to find an appropriate topic. Most presentations are given in PowerPoint format. Evaluation will be completed by the Clerkship Director.

Patient Care

Ambulatory Care

Students will see a variety of patients in the office each day. Some students will care for infants in the normal newborn nursery or round with the faculty pediatrician if the opportunity is available. Students are expected to complete at least one workup per day on a patient that is new to the student, including the write-up of the full history and physical examination. Students are expected to participate in the care of five or six patients per day for which they have been given the previous history and known medical problems. Students will gather history, examine the patient and report findings to attending physician. Students are expected to regularly discuss all patients seen with attending pediatrician, whether at the end of each day or at some other designated time.

Inpatient Care

Students 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. Students are expected to attend morning report, round on patients early in the day (before the attending or resident), present patients to the attending physician during rounds and attend any educational conferences that may be scheduled. Students are expected to perform a comprehensive work-up (detailed history and physical exam) on any new patient assigned and follow at least 2 or 3 patients each day. Students will follow patients daily until they are discharged or until the student rotates off service. Students are expected to do **an independent patient assessment**, (gather history and perform the physical examination) before discussing patient with others that have already seen the child. This assessment must be complete and will require extensive time to perform and record.

Students may also work with sub-specialists who are consulting on the care of hospitalized patients. In certain hospital environments, students may care for infants in the newborn nursery as well as children on the pediatric floor, which offers the unique opportunity to learn how to teach baby-care to the mother while she is hospitalized. Students are encouraged to spend extra time to get to know the children and their families; playing games with the children can help to establish comfortable relationships.

Before composing the pediatric history and physical write-up, students will refer to the Pediatric History and Physical Guideline and use the **Pediatric History and Physical Template** Word document to create a comprehensive pediatric history and physical. Both templates are located on the **Pediatrics Canvas** site.

Patient Log (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a *daily* basis. Students are required to see **a minimum of 50 patient encounters** during the Pediatrics clerkship. Students will record all developmental assessments as ADLs in the procedure log. The table below lists the **required** visit types, procedures, and problems/conditions with the appropriate level of participation for the Pediatrics clerkship. Those problems and procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact.

Minimum Required	Visit Type
1	Newborn
1	Well Child Visit

Minimum Required	Procedure	Level of Participation		
		Observe	Assist	Perform
1	Developmental Assessment*		x	

Minimum Required	Problem/Condition	Location of Service	Level of Participation		
			Observe	Assist	Perform
1	Abdominal pain	Inpatient **or** Outpatient		x	
1	Allergic rhinitis	Inpatient **or** Outpatient		x	
1	Asthma	Inpatient **or** Outpatient		x	
1	Breastfeeding problem	Inpatient **or** Outpatient		x	
1	Conjunctivitis	Inpatient **or** Outpatient		x	
1	Cough, acute	Inpatient **or** Outpatient		x	
1	Diaper rash	Inpatient **or** Outpatient		x	
1	Diarrhea	Inpatient **or** Outpatient		x	

1	Eczema/atopic dermatitis	Inpatient **or** Outpatient		x	
1	Fever	Inpatient **or** Outpatient		x	
1	Heart murmur	Inpatient **or** Outpatient		x	
1	Nausea/vomiting	Inpatient **or** Outpatient		x	
1	Obesity	Inpatient **or** Outpatient		x	
1	Otitis media*	Inpatient **or** Outpatient		x	
1	Pharyngitis (strep or viral)*	Inpatient **or** Outpatient		x	
1	Pneumonia (any type)	Inpatient **or** Outpatient		x	
1	Rash (any type)*	Inpatient **or** Outpatient		x	
1	Viral Upper Respiratory Infection (URI)	Inpatient **or** Outpatient		x	

There are several conditions and procedures (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 and procedures.

Condition			Procedure
ADHD	Intrauterine Growth Restriction	Newborn Transient Tachypnea	Injection
Cough, Chronic	Minor trauma	Otitis Externa	
Croup/Stridor	Neonatal Abstinence Syndrome	Pediatric Failure to Thrive	
Diabetes Mellitus Type 1	Neonatal Apnea	Seizure management	
Diabetes Mellitus Type 2	Neonatal Asphyxia	Sepsis/meningitis/cellulitis	
Electrolyte disorder (fluid management)	Neonatal Jaundice	Urinary tract infection	
Infectious diseases	Neonatal Problem, Other		

Patient Log (ETS) Monitoring Policy

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students 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 student involvement during the history, physical exam, assessment and treatment plan. The complexity of these components will vary, but for the purposes of choosing a level of participation, three categories have been created, *all of which include supervision of the medical student.* The student will select the level of participation that most closely describes their involvement in the patient encounter.

- **Observe** should be selected when the student observes a clinician conducting the patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Alternate Educational Experiences

Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Online Curriculum

Aquifer Online Cases

Aquifer Pediatrics Curriculum is a national curriculum sponsored by the Committee on Medical Student Education in Pediatrics. There are 32 pediatrics cases available, 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. Students are encouraged to carefully study the embedded 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. Students are assigned 6-7 cases per week, so it is suggested that one case be completed per day. Formative weekly quizzes are used to track progress on learning objectives. Quiz instructions are located on the Pediatrics Canvas homepage; general login information for Aquifer is located on the main Canvas homepage.

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

Weekly Schedule for Online Cases

The table below outlines the weekly schedule for Aquifer Pediatrics and the AAP Breastfeeding Modules.

Week 1	Pediatrics 01: Newborn male infant evaluation and care
	Pediatrics 02: Infant female well-child visits (2, 6, and 9 months)
	Pediatrics 03: 3-year-old male well-child visit
	Pediatrics 04: 8-year-old male well-child check
	Pediatrics 05: 16-year-old female health maintenance visit
	Pediatrics 06: 16-year-old male preparticipation evaluation
Week 2	Pediatrics 07: 2-hour-old male newborn with respiratory distress
	Pediatrics 08: 6-day-old female with jaundice
	Pediatrics 09: 2-week-old female with lethargy
	Pediatrics 10: 6-month-old female infant with a fever
	Pediatrics 11: 4-year-old male with fever and adenopathy
	Pediatrics 12: 10-month-old female with a cough
	Completion of AAP Breastfeeding Modules
Week 3	Pediatrics 13: 6-year-old female with chronic cough
	Pediatrics 14: 18-month-old female with congestion
	Pediatrics 15: Two siblings: 4-year-old male and 8-week-old male with vomiting
	Pediatrics 16: 7-year-old female with abdominal pain and vomiting
	Pediatrics 17: 4-year-old female refusing to walk
	Pediatrics 18: 6-week-old male with poor feeding
Week 4	Pediatrics 19: 16-month-old male with first seizure
	Pediatrics 20: 7-year-old male with a headache
	Pediatrics 21: 6-year-old male with bruising
	Pediatrics 22: 16-year-old female with abdominal pain
	Pediatrics 23: 15-year-old female with lethargy and fever
	Pediatrics 24: 2-year-old female with altered mental status
Week 5	Pediatrics 25: 2-month-old male with apnea
	Pediatrics 26: 9-week-old male not gaining weight
	Pediatrics 27: 8-year-old female with abdominal pain
	Pediatrics 28: 18-month-old male with developmental delay
	Pediatrics 29: Infant male with hypotonia
	Pediatrics 30: 2-year-old male with sickle cell disease
	Pediatrics 31: 5-year-old female with puffy eyes

Course 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:

- Aquifer Pediatrics cases
- Breastfeeding slides
- Case presentations
- Case-related ethical issues
- Patient encounters
- Pediatrics weekly quiz

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, students will be asked by the Clerkship Director or Clerkship Administrator to evaluate their experience on the Pediatrics Clerkship; this feedback from students is very important in helping to improve the clerkship.

End of Clerkship Exam

On the last day of the clerkship, students will take the NBME Clinical Subject Examination in Pediatrics. LIC students will sit for the exam according to the LIC Student Guide and are encouraged to delay until near the end of the academic year. There are NBME self-assessment tools available by request to your Student Support Coordinator. Contact your student support coordination for the student voucher availability policy.

Learning Resources

Institutional Resources

The Maguire Medical Library offers 24/7 remote access to online resources that support the **core clerkships.** They include Mobile Resources, Point of Care, and Subject Guides.

Required Readings

Although there are no required textbook readings for the Pediatrics clerkship, there are many helpful textbooks on the Pediatrics Subject Guide.

Recommended Reading

1. Pediatric textbooks:
   Please browse any or all of the titles in the Medical Library->Subject Guides>Pediatrics>Books->Texts
2. Frequently used pediatric journals:
   Please browse any or all of the titles in the Medical Library->Subject Guides>Pediatrics>Journals and Databases
   - *Archives of Diseases of Pediatrics* has a section titled "Review" for cases pertaining to that topic
   - *Contemporary Pediatrics* has "Pediatric Puzzler, Pediatrics" which discusses a challenging case
   - *Pediatrics in Review* has challenging cases under "Index of Suspicion"

Electronic Resources

All of the following are found in the Medical Library with direct links to each resource.

1. **Mobile Apps commonly used by pediatricians** (Subject Guides>Mobile Resources>Mobile Apps)
   - Pediatric Care Online / Red Book (App) - contains point of care pediatric topics as well as the AAP Pediatric Infectious Disease resource-The Red Book
   - uCentral (App) - contains Harriet Lane Handbook, 5-Minute Pediatric Consult, Calculators, Johns Hopkins ABX Guide and DMS-5 Handbook of Differential Diagnosis
   - Micromedex (App) – contains 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. **Pediatric Physical Exam Skills – Neonatal** (Subject Guides>Pediatrics>Other Resources>History & Physical Exam)
   - Evaluation and Care of the Normal Neonate
   - Newborn exam video by Dr. Thomas DeStefani (Univ. of Chicago - Loyola)
3. **Pediatric Physical Exam Skills** (Subject Guides>Pediatrics>Other Resources>History & Physical Exam)

- Bates Physical Examination Videos (Physical Diagnosis Screening Exam (Click "List of Videos" link at left to view organ system videos 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)

4. **Pediatric Radiology**
    - Radiology Cases in Pediatric Emergency Medicine (Univ. of Hawaii School of Medicine). The cases are outdated, but it does not change the relevance of the radiographic findings.
5. **Blood Types**
    - Blood Types Tutorial (Biology Project from the University of Arizona)
6. **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 (NIH provides consumer-friendly information about effects of genetic variation on human health)
7. **Podcasts** offer useful learning resources; may need to sign up for account (review topics published in last 3 years)
    - Charting Pediatrics
    - Pediatric Emergency Play Book
    - Peds Soup, A Pediatrics Podcast
    - ReachMD Clinical Practice Pediatrics

Evaluation and Grading

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 (pass/fail)
4. Timely documentation of all required problems and procedures according to location of service and level of participation (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

Evaluation

1. *Formative* A 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. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. *Summative* An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship, as well as by the resident the student worked with during the sub-internship. 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.

Grade Assignment

The final grade is assigned by the Education Director 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. There are no grade quotas, and it is possible for any student to earn the grade of honors.

Course Objectives

The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective 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 clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Objectives	EPO	Assessment						
Pediatrics Clerkship	**Educational Program Objectives**	**End of Clerkship Exam**	**Faculty Observation**	**Clerkship Director**	**Oral Presentation**	**Patient Documentation**	**Assignments**	**Online Modules**
Demonstrate proficiency in the dyad interview and interacted effectively with the patient and caregiver.	1.1, 1.5, 4.1, 5.1, 8.7		x					
Demonstrate the ability to work with nursing staff to observe or administer at least one immunization to a child.	1.2, 4.2, 8.5, 8.7		x					
Demonstrate proficiency in the examination of children of varying ages, from newborn through the adolescent-aged patient.	1.3, 5.3, 8.7		x					
Demonstrate the ability to work with nursing staff, and/or with residents in order to perform a complete pediatric admission, including vital signs.	1.3, 4.3, 5.1, 7.2, 8.5, 8.7		x					
Demonstrate the ability to work with nursing staff to perform a complete "check-in" of the child, including vital signs.	1.3, 4.3, 5.1, 8.5, 8.7		x					
Interpret growth parameters to include height, weight, head circumference, and BMI.	1.4, 2.1	x	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.	1.5, 4.1, 5.2, 8.7, 9.1		x	x	x			
Provide outpatient age appropriate anticipatory guidance such as general discussions of nutritional, immunization, breastfeeding, & safety advice.	1.5, 4.1, 5.5, 8.7, 9.1		x	x	x			
Demonstrate the ability to utilize the HEEADSSS instrument when giving anticipatory guidance to the adolescent.	1.5, 4.1, 9.1		x	x	x			
Recognize a child who is critically ill and understand the need for immediate stabilization and hospitalization.	1.6	x	x	x	x			
Demonstrate the ability to perform accurate calculations of pediatric drug dosages.	1.6, 2.2, 2.3	x	x	x				
Student will assess learning needs, prepare and present on a pediatric topic.	3.3, 5.4, 7.3				x		x	
Complete a written History and Physical to include all pertinent information and appropriate organization, assessment and plan.	4.2		x	x		x		
Complete a written SOAP note to include all pertinent information and appropriate organization, assessment and plan.	4.2		x	x		x		
Demonstrate satisfactory oral presentation skills.	4.2, 8.7		x	x	x			
Demonstrate the ability to write 3-5 accurate prescriptions.	6.6		x	x				
Demonstrate the ability to work collaboratively with other health care professionals.	5.1, 7.1, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8	x	x	x				

FSU Policies

Absence and 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.

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.**

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 Office of Accessibility Services; 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 Office of Accessibility Services 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:

Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
Email: oas@fsu.edu
https://dsst.fsu.edu/oas

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.

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.

Student Work Hours Policy

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.
Documentation of work hours: Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

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.

Appendix: 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.
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.
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.
• **General:** weight gain/loss, fever, activity level (if not inquired about in HPI)
• **HEENT:** headache, change in vision, eye drainage or redness, hearing, photo/phonophobia, runny nose, ear pain, sore throat, neck pain, epistaxis
• **Respiratory:** cough, wheezing, shortness of breath, tachypnea, snoring
• **Cardiovascular:** cyanosis, dyspnea, excessive sweating in infancy, fatigability, syncope
• **Gastrointestinal:** History of early feeding difficulties/reflux, diarrhea, constipation, stool abnormalities, encopresis vomiting in relation to infections and emotional difficulties, abdominal pain
• **Genitourinary:** hematuria, dysuria, frequency, urgency, dribbling, enuresis, edema oliguria, menses/LMP
• **Endocrine:** polyuria, polydipsia, heat/cold intolerance
• **Neurological:** Inquire about convulsions (get details if they have occurred), tics, habit spasms, emotional liability, tremors and incoordination
• **Musculoskeletal:** muscle pain, weakness, limp, arthralgias
• **Dermatologic:** rashes, bruising, petechiae, changes in hair/nails, pruritis, color changes
• **Psychological:** issues with school/learning, mood
PAST HISTORY
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.
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?
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?
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.

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.
PAST MEDICAL HISTORY
Illnesses/Problems: onset, nature of chronic health conditions or repeated conditions and any serious non-chronic conditions.
Accidents/Injuries: Date, nature/complications
Hospitalizations: Date, nature/complications
(Mention complications only if relevant to present illness or serious in nature)
SURGICAL HISTORY
Dates, nature of and complications from any operations.
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
• School Progress and Cognitive Assessment
• Home Environment
• Leisure activities/sports of child and family:
Habits
• 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:

• **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.
• **SpO_2** (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
• 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:
• Patients clinical signs & symptoms
• Abnormal Physical exam findings,
• Abnormal laboratory/imaging studies
• Psychosocial Issues
• 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*. ADHD – Example:* 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. *Social issues- example:* 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).
• 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.
• ***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.