



## BCC 7140 Pediatrics Clerkship 2018-2019

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# Welcome Letter

Dear M3 Student,

Welcome to Pediatrics! The entire Pediatrics Team is very excited about having you with us over the next six weeks. The Pediatrics Team includes your regional campus Clerkship Director, your outpatient pediatric clerkship faculty member, the pediatricians and pediatric residents that you may work with on the inpatient rotation and the Education Director for Pediatrics. We hope that you will fully enjoy your time with us and learn new things about the care of children - whether or not you find pediatrics to be your ultimate career choice.

Pediatrics is the only specialty in which one may see, at one extreme, a 500gram premature infant, and at the other extreme, a 136kg (300 pound) football player for a sports physical exam. As is true in all of medicine, you will need to understand the pathophysiological basis of disease. However, in Pediatrics you also must understand the interaction between the disease and the child's developmental milestones and psychosocial processes. There will always be MUCH TO LEARN. Multiple resources are available electronically, and there are suggested textbooks and review texts that you may be interested in reviewing.

Please don't hesitate to challenge any of us with questions. Take the opportunity to ask your questions. Get involved and work hard. But, most of all ENJOY THE KIDS!! They are terrific "teachers" and fun.

If there is anything any of us can do for you while you are on the clerkship, please don't hesitate to let us know. For routine matters, contact your pediatric clerkship faculty member first. If something more urgent arises, please contact your regional campus Clerkship Director. I am always willing to talk with you about any of your experiences or concerns regarding the pediatrics clerkship. My phone number is (407) 835-4103. My e-mail address is [debra.andree@med.fsu.edu](mailto:debra.andree@med.fsu.edu).

I hope that you will have fun learning with and from the kids.

Sincerely,

Debra Andree, MD

Education Director, Pediatrics

## Overview

### **Definitions**

**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.

### **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 his/her 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 his/her 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 attendings during their inpatient rotation, or when available, pediatric residency programs as part of the "pediatric inpatient team."

### **Orientation**

Students are required to review the syllabus prior to the first day of the Pediatrics Clerkship. In addition to review of the syllabus, students may be asked to meet the Clerkship Director for a general orientation. 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 and on the [Canvas Organizational site for Core Clerkships](#).

### **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. Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site. **During off-cycle rotations during which Doctoring 3 is not schedule, students will work 5 days per week with Clerkship Faculty.**

You will have on-call responsibilities while on the inpatient service but are not required to sleep in the hospital overnight. Your inpatient call schedule will be determined by your Clerkship Director and the Inpatient Attending. Please speak with your Clerkship Director and attending physician about further details of being on-call. You will be told who to report to when on-call. Please make certain that you let that individual know how to reach you so that you will not miss out on important learning experiences. You are not to leave the hospital without letting your **attending know and receiving permission to do so.**

### **Student Workhour 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.

### **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

### ***PowerPoint Presentation***

You will be asked to create and deliver a PowerPoint presentation to your inpatient or outpatient faculty and/or Clerkship Director during the Pediatric Clerkship. This will cover a topic that is agreed upon between you and your attending or Clerkship Director. This presentation should be no longer than 10-15 minutes, with an additional 5-10 minutes allowed for questions.

### ***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. If your clerkship faculty pediatrician makes hospital rounds, you are expected to round with him/her. You should do at least one extensive 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.

### ***Patient Log (ETS)***

Students will enter 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 problems (conditions/diseases) for the Pediatrics Clerkship. Students typically encounter each of these conditions at least once during their 6-week Clerkship. They are typical of what any student might encounter at any medical school in a core pediatric clerkship.

### Expected ETS Encounter List:

Abdominal pain	ADHD
Allergic rhinitis	Asthma
Atopic dermatitis/Eczema	Breast-feeding problems and counseling of breast-feeding mothers
Cardiac murmurs	Care of the “well” newborn
Conjunctivitis	Cough (Acute and Chronic)
Developmental screening	Diabetes (Type 1 and/or Type 2)
Diarrhea	Fever
Fluid and electrolyte management	Growth problems, including Failure to Thrive (FTT)
Infectious diseases	Minor trauma
Nausea/Vomiting	Neonatal jaundice
Obesity	Otitis media
Pharyngitis	Pneumonia/Other pulmonary infections
Rash	Routine health care maintenance with age-appropriate anticipatory guidance
Seizure management	Sepsis/meningitis/cellulitis
URI	UTI

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 expected 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

### ***Documentation of Workhours***

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.

## ***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](http://www.aquifer.org) to set up an account under SIGN IN.

There has been a total of 32 cases developed, and these cases have been chosen to represent the curriculum that most medical schools feel ought to be taught in a third-year pediatric clerkship. If you intend to achieve optimum value from the Aquifer 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 conscientiously study these cases and take advantage of the linked resources tend to perform well on the NBME Pediatric Clinical Subject Examination. 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 Aquifer cases. 31 of the 32 cases are assigned during the Clerkship.

## ***Breastfeeding Modules***

The [Breastfeeding Module](#) is produced by the [American Academy of Pediatrics](#), and contains 5 sections (PowerPoints) on breastfeeding. It is a valuable resource for use in preparing to answer questions from breastfeeding mothers/parents. Each student is expected to review the all five sections and be prepared to discuss the 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

If the link to the Breastfeeding Module is broken, go to the aap.org website, on the right side under **Quick Links** you will see **Health Initiatives**. Click that link and then the second item under **Clinical Resources** is **Breastfeeding** – click on that link. On the left side you will find a list of links, choose the second one called **Resources**. Toggle over that to find and click on **Resources for Health Professionals**. About 1/3 of the way down the page, you will find **Breastfeeding Support and Promotion Speaker’s Kit, American Academy of Pediatrics Section on Breastfeeding, 2012**.

## ***Weekly Assignments***

Numbered cases are Aquifer, Breastfeeding content on AAP link

<b>Week 1</b>	
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

<b>Week 2</b>	
AAP Links	Breastfeeding
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	5-year-old with fever and adenopathy

CASE #12	10-month-old with cough
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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

Week 6	
Use time to review for the NBME Clinical Subject Exam on Pediatrics	

### ***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 Computer 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.

**Exam**

On the last day of the Clerkship, students will take the NBME Clinical Subject Exam on Pediatrics. There is a sample NBME pediatric exam available for self-assessment.

**Pediatric History & Physical Exam Template**

(Example only – it may need to be modified for the age and condition of child)

<b>IDENTIFYING DATA</b>
Patient’s, Parent’s or Guardian’s Initials: <b>(do NOT use patient’s name - this is potentially a HIPAA violation)</b>
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)
<b>CLINICAL HISTORY</b>
<b>Chief Complaint:</b> Include the patient’s age, ethnic origin, sex, and brief reason for admission in patient’s/parent’s words.
<b>Present Illness:</b> 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.
<b>Review of Systems:</b> - (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.
<ul style="list-style-type: none"> <li>• <b>General:</b> weight gain/loss, fever, activity level (if not inquired about in HPI)</li> <li>• <b>HEENT:</b> headache, change in vision, eye drainage or redness, hearing, photo/phonophobia, runny nose, ear pain, sore throat, neck pain, epistaxis</li> <li>• <b>Respiratory:</b> cough, wheezing, shortness of breath, tachypnea, snoring</li> <li>• <b>Cardiovascular:</b> cyanosis, dyspnea, excessive sweating in infancy, fatigability, syncope</li> <li>• <b>Gastrointestinal:</b> History of early feeding difficulties/reflux, diarrhea, constipation, stool abnormalities, encopresis vomiting in relation to infections and emotional difficulties, abdominal pain</li> <li>• <b>Genitourinary:</b> hematuria, dysuria, frequency, urgency, dribbling, enuresis, edema oliguria, menses/LMP</li> <li>• <b>Endocrine:</b> polyuria, polydipsia, heat/cold intolerance</li> <li>• <b>Neurological:</b> Inquire about convulsions (get details if they have occurred), tics, habit spasms, emotional liability, tremors and incoordination</li> <li>• <b>Musculoskeletal:</b> muscle pain, weakness, limp, arthralgias</li> <li>• <b>Dermatologic:</b> rashes, bruising, petechiae, changes in hair/nails, pruritis, color changes</li> <li>• <b>Psychological:</b> issues with school/learning, mood</li> </ul>
<b>PAST HISTORY</b>

<b>Pregnancy:</b> 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.
<b>Perinatal:</b> 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?
<b>Neonatal Period (0-28 days):</b> 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?
<b>Feeding History:</b> 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.
<b>Growth and Development:</b> 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 <a href="#">Bright Futures Handbook</a> ). Ages of bowel and bladder training. Sexual Development-for females include menarche.
<b>PAST MEDICAL HISTORY</b>
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)
<b>SURGICAL HISTORY</b>
Dates, nature of and complications from any operations.
<b>FAMILY HISTORY</b>
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?
<b>SOCIAL HISTORY</b>
May be identified also as Psychosocial History
Ask related to age:
Relationships with others
<ul style="list-style-type: none"> <li>• School Progress and Cognitive Assessment</li> <li>• Home Environment</li> <li>• Leisure activities/sports of child and family:</li> </ul>
Habits
<ul style="list-style-type: none"> <li>• Sleeping</li> <li>• Exercise and play</li> <li>• Urinary, bowel</li> </ul>

<ul style="list-style-type: none"> <li>• Behavior</li> </ul>
For Adolescent – HEEADSSS interview questions should be included
<b>IMMUNIZATIONS</b>
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).
<b>CURRENT MEDICATIONS</b>
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.
<b>ALLERGIES AND REACTIONS</b>
To medications, foods, environmental. List reactions.
<b>PHYSICAL EXAM</b>
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"> <li>• <b>Weight and Height:</b> 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.</li> <li>• <b>Head Circumference:</b> Record for this patient and give percentiles from comparison against normal range for age. Mention in any child less than 2-3 years old.</li> <li>• <b>BMI</b> – record if patient 2 years of age or greater along with percentiles for age and sex</li> <li>• <b>Temperature</b> (when taken) -method (tympenic, temporal, oral, axillary, rectal)</li> <li>• <b>Pulse rate</b></li> <li>• <b>Respiratory Rate</b></li> <li>• <b>Blood Pressure</b> (what extremity and in what position: sitting, supine, etc.) Refer to tables for interpretation of Blood Pressure based on sex, age, and height percentile.</li> <li>• <b>SpO<sub>2</sub></b> (when applicable)</li> </ul>
<b>General:</b> (Should give a description of patient so the reader can visualize the patient)
<b>Skin:</b> 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)
<b>Lymph Nodes:</b> location, size (measure), consistency, mobility, painful to touch, overlying skin changes
<b>Head:</b> Shape, size, hair, fontanelles & sutures (where indicated), any findings
<b>Eyes:</b> Symmetry, shape, color, pupils (size, shape, reactivity to light, accommodation), sclera, conjunctiva (including tarsal conjunctiva), red reflexes in young; fundoscopic exam, any additional findings
<b>Ears:</b> External configuration, canals, tympanic membranes (translucency, color, position, landmarks, cone of light, mobility)
<b>Nose:</b> deformities, septum, mucosa, turbinates, discharge, nasal flaring, etc.
<b>Mouth:</b> appearance of lips, teeth appearance/visible caries (number if infant), gums, palates, mucous membranes, tonsils (grade 1-4), uvula, pharynx, abnormal findings
<b>Neck:</b> symmetry, suppleness, range of motion, thyroid gland, position of trachea, masses, swellings
<b>Chest:</b> symmetry, deformities, excursion, retractions (subcostal, intercostal, suprasternal) breasts (Tanner Stage, size, abnormalities)
<b>Lungs:</b> quality of sounds, equality of sounds & aeration, adventitious breath sounds (crackles, wheezes, rales); transmitted upper airway sounds.
<b>Heart:</b> regular/irregular rate & rhythm, murmurs & characteristics (intensity, quality, transmission), clicks, rales, S1 & S2 characteristics, PMI location & quality

<b>Pulses:</b> comment on upper and lower peripheral pulses, symmetry, quality
<b>Abdomen:</b> 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
<b>Rectal:</b> <b>visual description is the main examination in pediatrics</b> , digital exam only when indicated by the history & at no other time.
<b>Genitourinary:</b> Tanner Staging, obvious abnormalities
<ul style="list-style-type: none"> <li>• Male: (+/- circumcision), testes (location – in inguinal canal or in scrotum, size, consistency, pain), etc., penis, meatus</li> <li>• Female: hymen etc., meatus</li> </ul>
<b>Musculoskeletal:</b> Include <b>all</b> extremities, hands, feet, & back/spine. Symmetry, deformities, range of motion, etc.
<b>Neurological:</b> 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.
<b>LABS/IMAGING/STUDIES</b>
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).
<b>PROBLEM LIST</b>
Identify all the patient’s problems. The following are examples of what comprise a problem list:
<ul style="list-style-type: none"> <li>• Patients clinical signs &amp; symptoms</li> <li>• Abnormal Physical exam findings,</li> <li>• Abnormal laboratory/imaging studies</li> <li>• Psychosocial Issues</li> <li>• Past and/or ongoing diagnoses that are relevant</li> <li>• Other important issues (example a parent with similar problem)</li> </ul>
<b>ASSESSMENT</b>
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, <b>go back to the Problem List</b> 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.
<b>PLAN</b>
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"> <li>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?</li> </ul>
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"> <li><b>*If you have more than one diagnosis</b>, then you need to include a plan for each diagnosis.</li> </ul>
What about the PRN follow-up & parameters that need to be followed?
<b>REFERENCES</b>
Include your references for the information you include in your discussions of Assessment/Differential and/or Plan – properly cited.

### Readings

The required reading for the Pediatrics Clerkship is the Aquifer Pediatrics case-based curriculum. Other resources are available through the FSU [COM Charlotte Edwards Maguire Medical Library](#) and Pediatrics specific texts and content can be located on the [Pediatrics Subject Guide](#) . Important resources are listed below.

- Harriet Lane Handbook
- Pediatric Care On-Line
- The Red Book

### Learning Resources

Most commonly used Pediatric Textbooks & Journals:

- [Teaching Files, Pediatrics – 320 Pediatric Cases](#) for you to review & engage in self study
- [Instant Work-ups: A Clinical Guide to Pediatrics, 1st Edition](#): to the point work-up algorithms for many common pediatric diseases
- [Pediatric Secrets](#)
- [Atlas of Pediatric Physical Diagnosis](#)
- [Pediatric Clinical Skills, Fourth Edition](#) – walks you through all the aspects of the pediatric physical exam – extensive
- This is to just name a few!! Also Under “[Subject Guides](#)” – filter to “[Case Reviews, Study Guides, & Step Exams](#)” – then click on “[Review Books by Subject N-Z](#)” – then [Pediatrics](#) – there are several review books available for pediatrics

### Pediatric Physical Exam Skills

1. Neonatal Exam
  - a) [Outline of Newborn exam in detail \(no video\)](#)
  - b) [Ballard Scoring](#) (new version):  
On the right side of the screen scroll down to "[Neonatal Exam; Dr. Thomas DeStefani](#)"
2. Physical Examination Skills
  - a) [Videos on all the organ systems for adults & newborn pediatric physical exam; on giving oral presentations. Self-examination on auscultation skills with audio clips of breath sounds, heart sounds, etc.](#)
  - b) [Pediatric Thyroid Exam](#)
  - c) [Heart Auscultation](#)
  - d) [Congenital Heart Disease](#) – fabulous animated
  - e) [Pediatric Neurodevelopmental Exam](#)  
Great set of videos on how to do a pediatric neurodevelopmental exam at different ages.
3. [Radiology](#) Here is an excellent pediatric radiology resource from the Univ. of Hawaii School of Medicine.
4. [Blood Types Tutorial](#)
5. Rare & Genetic Diseases/Syndromes/Disorders
  - a) [Pediatric Rare Diseases/Syndromes/Genetic disorders](#) Requires an account & can receive 2 full reports per 24hour period
  - b) [Genetics Home Reference](#)

### Podcasts

There are several podcasts that serve as useful learning resources, and you do need to sign up for an account. Recommend going back no more than about 3 years for any of the podcasts.

- <https://itunes.apple.com/us/podcast/pedscases.com-pediatrics-for/id330446233>
- <http://pedscases.libsyn.com>
- <https://reachmd.com/clinical-practice/pediatrics/>

### ***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 competencies.

### ***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.

### **College of Medicine Standard Clerkship Grading Policy**

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

#### **Clerkship Specific Grading**

1. If any remediation is required, the student is no longer eligible for “honors”, and will be assigned an initial grade of “IR” until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. All patient encounters entered in a timely manner, with 66% at the full or moderate level of participation in patient care (pass/fail)
4. Active participation in weekly Clerkship Director meetings
5. Clinical performance must be exemplary to be considered for honors
6. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10<sup>th</sup> percentile to pass the clerkship.

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.

In addition, you will take the NBME clinical subject exam in pediatrics at the end of the rotation. You will also have weekly quizzes based upon the Aquifer Cases. Your completion of the Aquifer Pediatric Cases is expected and Clerkship Directors may check/track your progress. Please note that the Aquifer Cases are based on the Committee of Medical School Education in Pediatrics (COMSEP) curriculum which is a national organization to guide pediatric medical education and has been adopted by more than 90% of Pediatric Clerkships in North America and is based on the standard of the Liaison Committee of Medical Education (LCME).

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 Pediatric Subject Exam**. There are no grade quotas, and it is possible for anyone to earn the grade of HONORS.

## **Policies**

### **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](mailto: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 the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: <https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships>.

Clerkship Competency	Assessment						
<i>Pediatrics</i>	NBME/End of Clerkship Exam	Observation by Faculty	Observation by Clerkship Dir.	Online Module	Oral Presentation	Patient Documentation	Project/Written Assignment
	<b>I. Communication Skills</b>						
A. The student demonstrated proficiency in the dyad interview and interacted effectively with the patient and caregiver.		x	x				
<b>II. History/Physical Exam</b>							
A. The student was able to recognize a child who is critically ill, and understood the need for immediate stabilization and hospitalization.		x		x	X		
B. Complete a written H/P to include all pertinent information and appropriate organization, assessment and plan.		x	x				
C. Complete a written SOAPnote to include all pertinent information and appropriate organization, assessment and plan.		x	x				
D. Oral Presentation Skills were Satisfactorily Demonstrated.		x	x				
E. Student demonstrated proficiency in the examination of children of varying ages, from newborn through the adolescent-aged patient.		x					
<b>III. Growth and Development</b>							
A. Student interpreted growth parameters to include height, weight, head circumference, and BMI.		x	x	x			
<b>IV. Anticipatory Guidance</b>							

A. Knew to include inpatient anticipatory guidance such as providing guidance for expected course of illness, discussion of supportive measures at home, along with reasons to return for medical care.		X	X				
B. Knew when to include discussion of some of the elements of outpatient age appropriate anticipatory guidance such as general discussions of nutritional, immunization, breastfeeding, & safety advice.		X	X				
C. Demonstrated the ability to utilize the HEEDSSS instrument when giving anticipatory guidance to the adolescent.		X	X				
<b>V. Assessment and Plan</b>							
A. Accurately calculated pediatric drug dosages. (The use of any point of care medical calculator, with the Harriet Lane Handbook being the preferred source, should be encouraged, but the student should have demonstrated the ability to calculate drug dosages according to the child's weight without using an electronic reference.)		X	X				
B. Accurately write 3-5 prescriptions (These can be "pretend" prescriptions for practice).		X	X				
<b>VI. Procedures</b>							
A. Working with the nursing staff, and/or with residents the student performed a complete admission on a pediatric patient, including vital signs. Working with the nursing staff, the student will perform a complete "check- in of the child, including vital signs.		X					
B. Working with the nursing staff, the student will perform a complete "check-in" of the child, including vital signs.		X					