



The Florida State University  
College of Medicine

# **Pediatrics Clerkship**

**BCC 7140**

**2016-2017**

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# Instructors

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## ***Education Director***

### **Dr. Harold Bland**

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## ***Clerkship Directors***

Campus	Director
Daytona	Dr. Michael Bell
Ft. Pierce	Dr. Michael Jampol
Orlando	Dr. Debbie Andree
Pensacola	Dr. Michelle Grier-Hall and Dr. Robert Wilson
Sarasota	Dr. Cynthia Samra
Tallahassee	Dr. Caulley Soto
<i>Immokalee</i>	Dr. Scott Needle
Marianna LIC	Dr. Steven Spence

# Announcements

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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 500 gram 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. There is no such thing as a stupid question. 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 (941) 316-8120. My e-mail address is [harold.bland@med.fsu.edu](mailto:harold.bland@med.fsu.edu).

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

Sincerely,

*Harold Bland, MD*

Harold Bland, M.D.

Education Director, Pediatrics

# Course Overview

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## ***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.

## ***Clerkship Description***

The Pediatrics Clerkship is a six-week clinical clerkship that includes both outpatient and inpatient responsibilities. 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.

Students at each regional campus will spend two weeks on the Pediatric inpatient service. Students in Orlando and Pensacola will work with the Pediatric Residency programs for their inpatient experience, and will function as part of the "Pediatric Team". Students at the other regional campuses will work with Pediatric hospitalists during their inpatient rotation.

Students who are assigned to the Longitudinal Integrated Clerkship in Marianna will have a different schedule. They will meet with a pediatrician ½ day per week for the entire school year, and will not work with pediatric hospitalists at a regional campus. They will see inpatients as part of their LIC experience.

Clerkship Directors meet with clerkship students on a weekly basis for case-presentations, discussion of weekly CLIPP Case assignments and special topics and discussion of case-related ethical issues. Students doing outpatient Pediatrics in Immokalee will teleconference each week with the Clerkship Director at your home regional campus. **For students in Immokalee, you must contact the appropriate Clerkship Director to schedule the weekly teleconference sessions.** The Regional Campus Pediatric Clerkship Director will observe each student in at least one patient interaction. The Education Director will assign the final grade based on faculty evaluations, assessment of student performance by the Regional Campus Clerkship Director, and performance on the NBME Pediatric Clinical Subject Exam.

### ***Outpatient Service***

You will work with a carefully selected Pediatrician in his/her office four days per week. The physician will orient you on the first day to the office practice, and introduce you to the other staff members. 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. On one afternoon per week, the Clerkship Director at your campus will meet with you to talk about some of your experiences and to discuss the CLIPP Cases that have been assigned. **Please remember to record all your patient encounters and procedures in E\*Value.** It is expected that at least 2/3 of your recorded patient encounters will involve moderate or full participation.

There will be a mid-rotation feedback session with your outpatient pediatrician. At this session, you will receive feedback about your strengths and weaknesses. Areas of performance that need improvement will be brought to your attention during this meeting.

As in all third year rotations, one-half day each week is spent in Doctoring 3 (Chronic Care Clerkship and Wednesday afternoon didactic sessions at the Regional Campus).

### ***Inpatient Service***

You will work with an attending pediatric hospitalist, and at some campuses, resident physicians. 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.

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**.

You will be asked to create and deliver a PowerPoint presentation to your inpatient faculty and/or Clerkship Director during the last week of your inpatient rotation. 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.

Take some extra time to get to know the children and their families. Playing games with the children can help to establish comfortable relationships.

You will have weekly scheduled meetings with your Clerkship Director.

On both the outpatient and the inpatient services, students will adhere to the ACGME work rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

### ***Minimum Required Cases for Pediatrics***

The listed conditions/diseases reflect what students are encountering on their pediatric clerkship rotations. These conditions are what any student in a core pediatric clerkship in any medical school would be expected to encounter. Each student should encounter each of these conditions at least once

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 I and/or Type II)
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

Your E\*Value entries are monitored by the Clerkship Directors to assure that you encounter these conditions/diseases. If it becomes apparent that you are not encountering the expected patient conditions, every effort 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 CLIPP Cases, or discussions with the Clerkship Director.

### ***Weekly Assignments (note: numbered cases are from CLIPP cases)***

<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>	
<b>AAP links</b>	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

<b>Week 3</b>	
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

<b>Week 4</b>	
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

<b>Week 5</b>	
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

<b>Week 6</b>	
<b>Use time to review for pediatric subject exam (NBME Exam)</b>	

## ***Electronic and Required Reading Resources***

- ***The CLIPP Curriculum on [www.med-u.org](http://www.med-u.org)***

Each student will utilize the CLIPP curriculum which is a national curriculum sponsored by the Committee on Medical Student Education in Pediatrics (COMSEP). CLIPP stands for **Computer Learning In Pediatric Programs**. **Each student must register individually by going to [www.med-u.org](http://www.med-u.org) to receive a password.** This password will allow you access to the pediatric cases. There have 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 CLIPP Cases, I encourage you 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 Subject Examination. The cases vary in length, **but most will require between 60-90 minutes for completion if done conscientiously**. You are assigned six cases per week, and I suggest that you try to complete one case per day. There will be weekly quizzes over the CLIPP cases. The final week of your clerkship is reserved for review time to study for the NBME Clinical Subject Exam in Pediatrics.

- **Breastfeeding Modules at AAP.org**

In addition to the CLIPP curriculum, there are 5 sets of slides on breastfeeding produced by the American Academy of Pediatrics. The following link is provided for you to access these slides. **The breastfeeding module will be discussed during week 2, and the slides are available at the [AAP website](#):**

Scroll about three quarters of the way down the page under **TRAINING MATERIALS** for the ***“Breastfeeding Support and Promotion Speaker’s Kit, American Academy of Pediatrics Section on Breastfeeding, 2012”***. There are **5 different sections** to review.

Each student is expected to review the entire set of slides, and be ready to discuss them in week 2. This is a very valuable resource to use in preparing to answer questions from breastfeeding mothers.

### ***Electronic Patient Log (E\*Value)***

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. Prompt and complete data entry into E\*Value is a requirement to pass the clerkship.

### ***Weekly Clerkship Director’s Meeting***

- You will meet weekly with your Clerkship Director, at the time determined by him/her. During these meetings, you will be expected to discuss your patient log entries, the CLIPP Computer Cases, the breast-feeding slides, and any other topics that may be assigned you. You are expected to come prepared for these meetings.

You will be given a weekly quiz over the CLIPP Cases. The scores obtained on the CLIPP quizzes are considered when a student is on the borderline between the grade of Pass and Honors. Thus, if a student scores between the 72<sup>nd</sup> and the 74<sup>th</sup> percentile on the NBME Pediatric Subject exam, and she/he performs at an HONORS level clinically, strong performance on the CLIPP quizzes (average weekly score 90% or higher) would help a student earn an HONORS grade.

- This weekly meeting is also the time to discuss with your clerkship director any concerns that you may have about how the rotation is going. He/she is your advocate, and will be most willing to help you if you let her/him know there is a problem. Please don't wait until the end of the rotation to voice concerns about how the rotation is going for you. You will have a mid-rotation feedback session in which your clerkship performance to that time will be discussed.

## Suggested Resources

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### FSU College of Medicine Library:

- **U-Central:** has [Harriet Lane Handbook](#), which is the book that all pediatric residents have carried around in their lab jackets & your attendings still use almost daily. It is their go-to resource for a quick review of topics. **You are to use this drug formulary in pediatrics *in lieu of Epocrates*** (many errors found in pediatric prescribing information); also 5 Minute Clinical Consult has about 200 pediatric topics.
- **Pediatric Care On-Line:** all about pediatrics. Extensive resource. There is an app and mobile formatted website. The app has been recently upgraded but still does not offer everything that the Mobile Formatted Website Full Content offers. The [Red Book](#) - a premier pediatric infectious disease publication is available in both formats. You do have to create an AAP account for either. It will be necessary to sign into "Off Campus Access" in each time that you wish to use the mobile formatted website.
- **Pepid:** CRC Platinum Suite- in addition to having both pediatric medical & drug information you have access to all of the well child visit information that you will need in the office.
  - **Under Clinical Rotations** - Go to "Pediatrics"; then "Medical"; then "Evaluation/Guidance"; then down to "Well Child Exam"
- **Dynamed Plus:** vast amount of pediatric topics; evidence based
- **Essentials Evidence Plus**
- **More from the [Main Library Webpage:](#)**
  - **"Academic/Research" Box: phenomenal resources of textbooks/journals/other resources**
    - [Subject Guides](#) – filter Specialty to Pediatrics - There is a huge list of very helpful resources including:
    - [Teaching Files, Pediatrics](#) – 320 Pediatric Cases for you to review & engage in self study
    - [Instant Work-ups: A Clinical Guide to Pediatrics:](#) to the point work-up algorithms for many common pediatric diseases
    - [Pediatric Secrets](#)
    - [Atlas of Pediatric Physical Diagnosis](#)
    - [Pediatric Clinical Skills](#) – walks you through all the aspects of the pediatric physical exam – extensive
    - This is to just name a few!!

- “Quick Links”-
  - [Clinical Key](#) - type in your topic. On the next page– Filter by Source (whichever you choose) & Specialty to “Pediatrics”, this gives you a plethora of information at your fingertips your fingertips!
    - Try filtering by Source to “guidelines” & you have all of the guidelines you could hope for
  - [Access Medicine Case Files Collection](#) - Choose Clinical Rotation Cases, then scroll down to [Case Files Pediatrics](#)

### ***Sample Peds’ Shelf Exam – Self Assessment***

[There is a sample NBME peds exam](#) that you can take & self-assess. I believe the cost is \$20 for the service. It is part of the " Clinical Science Mastery Series." This exam contains actual retired questions from prior shelf exams. The student will need to create an account

### ***Neonatal Information:***

- [Outline of Newborn exam in detail \(no video\)](#)
- [Ballard Scoring \(new version\): www.ballardscore.com/](#)

### ***Physical Examination Skills***

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.

- [Neonatal Exam by Dr. Thomas DeStefani with Loyola](#)  
On the left side of the screen scroll down to list of videos, and then find “Neonatal Exam; Dr. Thomas DeStefani”. You will find that there is a Mac & Windows version of the videos.
- [Auscultation of the lungs by Dr. David Cugell.](#)  
Also note that that there are multiple videos for other physical exam screenings that might be useful in your other clerkships.
- [Child & Adolescent Hip Exam from Children’s Hospital of Philadelphia](#)

### ***Otitis Media –videos of the tympanic membrane & pathologies***

### ***Heart Auscultation from University of Washington***

### ***Radiology from the University of Hawaii***

[Congenital Heart Disease](#) – fabulous animation

[Pediatric Neurodevelopmental Exam](#) from **University of Utah**

Great set of videos on how to do a pediatric neurodevelopmental exam at different ages:

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

[Pediatric Rare Diseases/Syndromes/Genetic disorders:](#)

Requires an account & can receive 2 full reports per 24 hour period.

[Genetics Home Reference:](#)

**Podcasts**

Recommend going back more no more than about 3 years for any of the podcasts.

<https://itunes.apple.com/us/podcast/pedscases.com-pediatrics-for/id330446233>

(Here is the website that goes with this: <http://pedscases.libsyn.com>)

<https://itunes.apple.com/us/podcast/medscape-pediatrics-podcast/id359778806>

<https://reachmd.com/clinical-practice/pediatrics>

(An app = Mobile Radio) - this is an app for your cell phone & you can register & choose “peds podcasts”

***Pediatric History and Physical Exam Template***

**PEDIATRIC HISTORY AND PHYSICAL EXAM TEMPLATE**

**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):

**CLINICAL HISTORY**

Chief Complaint: Include the patient's age, ethnic origin, sex, and reason for admission.

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? Pay special attention to recording “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 affected the patient’s lifestyle? The HPI should conclude with a description of the visit to clinic or emergency department which resulted in the present admission.

Past History:

Prenatal/Perinatal: Duration of pregnancy, maternal illness prior or during pregnancy, maternal conditions during pregnancy. Details of labor and delivery. Condition of infant at birth. APGAR scores (if available). Gestational age. Drugs taken during pregnancy.

Birth and Neonatal Period: Condition and vigor of infant at birth. Birth weight, postnatal problems such as neonatal cyanosis, jaundice, convulsions, skin eruptions, initial feedings, etc.

Feeding History: Initial feeding, breast or bottle, what kind of feedings. Tolerance for feeds. Weaning. Addition of solid foods. Current dietary intake, balance, and child’s attitude toward eating. Vitamin supplements. Usually discussed in detail when patient less than 2-3 years old.

Growth and Development: Birth weight, length and head circumference. History of dentition. When did anterior fontanelle close. Weight at different ages (if known to informant.) Developmental landmarks: First smile, held head erect, rolled over, recognized people, sat alone, stood with support, stood alone, crawled, walked, used words and sentences. If the child is greater than 4-5 years, a global statement such as “the developmental history is normal” is acceptable.

Past Illnesses/Review of Systems:

Infectious disease (measles, rubella, mumps, chicken pox, pertussis diphtheria, poliomyelitis, scarlet fever), details of onset, severity and complications or residuals.

Respiratory system: Functional status. Details of otitis media, tonsillitis, repeated URI’s, allergy, bronchitis, pneumonia, cervical adenitis, chronic cough, croup, mouth breathing, persistent fevers, sleeping patterns.

Gastrointestinal system: History of early feeding difficulties, diarrhea, constipation, stool abnormalities, vomiting in relation to infections and emotional difficulties.

Cardiovascular system: Inquire about cyanosis, dyspnea, excessive sweating in infancy, fatigability, syncope, joint pains and epistaxis.

Genitourinary system: Significant items are infections of urinary tract, hematuria, dysuria, frequency, urgency, dribbling, enuresis, edema oliguria. Repeated bouts of unexplained fever.

Nervous system: Inquire about convulsions (get details if they have occurred), tics, habit spasms, emotional lability, tremors and incoordination.

Psychological: Inquire (appropriate to age) for restlessness, tantrums, night terrors, tics. How does child get along with his associate at play, in nursery school, in school. Some indication of the parent’s attitude toward the child can be obtained from these and other questions.

Surgical History: Dates, nature of and complications from any operations.

Accidents/Injuries: Date, nature of and complications of any injuries. Mention only if relevant to the present illness or serious in nature.

Immunizations: tabulate dates of all immunizations and tests for immunity. This may be summarized as: “immunizations are up-to-date.”

Current Medications: Name, dosage form, dose, frequency, and how long patient has taken it if germane to presenting problem.

Family History: Age, physical condition and state of health of each parent and sibling. List mother’s pregnancies in chronological order, giving details and outcome of each. If siblings have died, give the nature of the condition leading to the death and the results of postmortem or other

examinations.

Recent acute illnesses in the family need to be described. Chronic illnesses among members of the family need to be noted. If the CC and PI suggest the possibility of a heritable condition, explore the family for the pattern of similar conditions within the immediate family and forbears. Check for parental consanguinity. Mention only if clearly relevant to the current admitting problem.

Social History: Explore the living conditions for the family to obtain a knowledge of the environment in which the patient lives in order to appreciate the chance for exposure to specific infections, poisons and toxic substance, as well as to appreciate pertinent psychological and emotional factors which might be involved in the present illness.

## **PHYSICAL EXAMINATION**

General information: for example: "in general the patient was a health appearing, chubby infant no acute distress."

Vital signs:

Weight and Height: Record for this patient and give percentiles from comparison against normal range for age.

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.

Temperature (when taken)

Pulse rate

Respiratory Rate

Blood Pressure (what extremity and in what position: sitting, supine, etc.)

SpO<sub>2</sub> (when applicable)

General Inspection: Habitus, Choice of posture. Type and amount of spontaneous movement. Restless, irritable, calm, apprehensive, drowsy, apathetic, stuporous, comatose. Signs of pain. Nature and quality of breathing. Color of skin and lips (Cyanotic, pale, flushed) Nature of cry (short catchy cry of pneumonia, hoarse cry of laryngitis, sharp painful cry of acute inflammatory process of fracture when body or bed is touched.)

Head: Sutures and fontanel; open or closed. Craniotables. Scalp (lesions, edema, hair distribution, parasites). Shape normal or abnormal.

Eyes: Condition of conjunctivae and lids. Ptosis, strabismus, other paralysis. Pupillary reactions and asymmetry. Corneal ulcers or opacities. Scleral appearance (jaundice, blue, inflamed). Gross visual acuity in older children.

Ears: Examine external canals for lesions and infection, tympanic membrane for inflammation, bulging, retraction, perforation, serous fluid behind drum, mobility.

Nose: Appearance of mucous membranes and presence of foreign bodies, purulent or serous drainage, blood-tinged drainage. Nasal flaring.

Mouth: Appearance of mucous membranes of lips, gums and buccal areas. Number of teeth, presence of caries. Look for enanthemata. Condition of tonsils, soft and hard palate, posterior oropharynx. Presence of exudates, membranes, petechiae or vesicular or ulcerous lesions.

Neck: Mobility, head tilt, limitation of motion, nuchal spasm or rigidity. Position of trachea. Presence of masses or swellings.

Chest: Shape and symmetry in relation to patient's age. Symmetry of movements with respiration. Supersternal, infrasternal or intercostals retractions.

Lungs: Quality of breathing, breath sounds, voice sounds should be described. Variations of



symmetry of transmission or quality of these sounds should be described. Presence of adventitious sounds such as crackles, wheezes or rubs.

Heart: Description of rate, rhythm, quality of heart sounds, location of PMI, presence and location of murmurs, description of murmurs (intensity, quality, transmission) sometimes the heart is examined first in apprehensive infants.

Abdomen: Symmetry. Status of umbilicus. Presence or absence of palpable organs or masses. Tenderness. Distention. Presence of signs of ascites. Percussion note. Quality of bowel sounds.

Genitalia:

Males: phimosis, paraphimosis, meatal stenosis, hypospadias descent of testes, inguinal hernia, hydrocele.

Females: Perforate hymen, normal location of urethra, vaginal discharge (nature and quantity). Presence of any dermatitis. Position, tone and appearance of anus.

Trunk and Spine: Symmetry, presence of spinal curvature (describe)

Extremities: Look for clubbing, cyanosis, venous engorgement, nail abnormalities, lesions of skin, palms and soles, edema, hemorrhage, and contusion. Check for asymmetry or deformities. Check for presence and strength of central and peripheral pulses. Check for capillary refill.

Skin: Rashes, turgor, edema, erythema, cyanosis, pallor

Superficial Lymph Nodes: Cervical, axillary, inguinal, and epitrochlear. Size, consistency, tenderness (measure with tape).

Neurological: Status of cranial nerves. Check DTR's, clonus, Babinski response, abdominal and cremasteric reflexes. Check for touch and pain sensation. Mental status (orientation). Cranial nerves II thru XII. Motor. Sensory (pain, light touch). Reflexes. Coordination and gait. Infants: the primitive reflexes, including moro. Tonic neck, Parachute, etc.

## **ASSESSMENT**

List pertinent diagnoses or problems in order of importance beginning with problem that most directly resulted in the patient's admission. Include the appropriate ICD-9 code for each. For each problem, list your differential diagnoses beginning with most likely one.

Example:

1) Wheezing (786.07) Differential diagnosis: asthma, bronchiolitis, cystic fibrosis, or gastroesophageal reflux disease

2) Allergic rhinitis (477.5)

OR

1) Status asthmaticus (493.9)

2) Acute respiratory failure (518.81)

3) Influenza virus infections (??)

## **PLAN**

List your treatment plan as you would if you were writing orders to admit this patient.

## **DISCUSSION**

Give a brief two-paragraph rationale for your differential diagnosis and selection of most likely diagnosis and for your treatment plan. List pertinent clinical questions that remain regarding

diagnosis and plan for treatment.

Diagnostic Studies are traditionally mentioned after the physical exam, however, some attendings may prefer a discussion of the assessment and plan prior to mentioning lab results. Remember that if lab results are obtained prior to patient's arrival at the current hospital, they are appropriately mentioned in the HPI.

## Competencies-Objectives-Assessment

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The course objectives are designed to achieve the clinical competencies and objectives of the Florida State University College of Medicine as applied to pediatrics, as well as to incorporate the educational objectives of a third year-clinical clerkship in pediatrics as defined by the Committee on Medical Student Education in Pediatrics. **There will be six competency areas that will be implemented and specifically evaluated in the pediatric clerkship**

### I. Communication Skills

- A. The student demonstrates proficiency in the dyad interview and interacts effectively with the patient, family, and the caregiver
  - 1. Assessed by the clerkship faculty pediatrician and by the Clerkship Director via direct observation of the student during a patient encounter

### II. History/Physical Exam

- A. The student will be able to recognize the child who is critically ill, and understand the need for immediate stabilization and hospitalization
  - 1. Assessed via a combination of FOSCE cases and CLIPP Case discussions
- B. Complete written H/P on Inpatient and Outpatient Rotations.
  - 1. Assessed, critiqued and discussed with the Clerkship Director
  - 2. Student will receive model templates for reference (Included in the syllabus)
- C. Oral Presentation Skills Satisfactorily Demonstrated
  - 1. Inpatient expectations are generally much more detailed than outpatient expectations, and are assessed by clerkship faculty pediatricians and Clerkship Director
  - 2. Outpatient expectations with the problem-focused visit, are evaluated by clerkship faculty pediatricians and the Clerkship Director
- D. Student will demonstrate proficiency in the examination of children of all ages, from newborn through the adolescent-aged patient
  - 1. These skills will be evaluated by the clerkship faculty pediatricians

### III. Growth and Development

- A. Student will interpret growth parameters to include height, weight, head circumference, and BMI.
  - 1. The student will recognize growth patterns consistent with failure to thrive (FTT).
  - 2. If paper growth charts are available, the student will accurately plot the measurements on the appropriate growth chart.
  - 3. This skill will be evaluated by the clerkship faculty pediatrician and the Clerkship Director
- B. Student will successfully complete the CLIPP Case that addresses growth and development
  - 1. The Clerkship Director will evaluate by the use of the CLIPP Quiz, as well as case discussion

#### **IV. Anticipatory Guidance**

- A. The student knows which specific topics are important to discuss at the various ages, but not the details of all of the specifics at the third-year level. These general topics should include nutritional, immunization, breast-feeding, and safety advice. The student must demonstrate the ability to utilize the HEADDSS instrument when giving anticipatory guidance to the adolescent patient
  - 1. The assessment of these competencies would be shared between the clerkship faculty pediatrician and the Clerkship Director

#### **V. Assessment and Plan**

- A. Accurately calculate pediatric drug dosages. (The use of an electronic drug resource such as Harriet Lane should be encouraged, but the student should demonstrate the ability to calculate drug dosages according to the child's weight without using a PDA reference)
  - 1. The clinical faculty pediatrician will be primarily responsible for this evaluation, but the Clerkship Director may include this evaluation of the student as well
- B. The student will accurately write 3-5 prescriptions (These can be "pretend" prescriptions for practice).
  - I. this activity may best be taught in the weekly Clerkship Director's Meeting, but certainly encouraged by teaching faculty as well

#### **VI. Procedures**

- A. Working with the nursing staff, the student will observe or administer at least 1 immunization to a child
- B. Working with the nursing staff, the student will perform a complete "check-in" of the child, including vital signs

## ***Learning Objectives***

The student will:

- I. Demonstrate appropriate core knowledge of the Pediatric Patient**
  - A. Describe the signs and symptoms of the common acute pediatric illnesses (as based on the COMSEP curriculum)
  - B. Describe the signs and symptoms of the common chronic pediatric illnesses (based on the COMSEP curriculum)
  - C. Be able to RECOGNIZE THE CRITICALLY ILL CHILD
  
- II. Participate in Pediatric Inpatient Care**
  - A. Obtain and present the historical and PE findings necessary to assess the hydration status of a child
  - B. Calculate and write orders for “rescue” bolus IV fluids
  - C. Calculate and write orders for IV maintenance fluids
  - D. Calculate drug dosages for a child based on body weight
  - E. Discuss the “ABC” assessment of a critically ill or injured child
  - F. Demonstrate knowledge of how to use ORS for mild to moderate dehydration
  - G. Interpret laboratory and imaging studies
  - H. Observe the delivering of “bad news”
  - I. Recognize the readiness for newborn discharge
  - J. Participate in negotiating a discharge plan with a family
  
- III. Demonstrate an ability to provide age-appropriate anticipatory guidance**
  - A. Identifying when a child is ill (teaching the parent to do this)
  - B. Injury prevention, including infant safe-sleep position
  - C. Nutrition
  - D. Growth and Development
  - E. Immunizations
  - F. Poisoning hazards
  - G. Choking hazards
  - H. Water safety and prevention of drowning
  
- IV. Advise mothers regarding Breast-feeding issues**
  - A. Describe advantages of breast-feeding
  - B. Recognize common difficulties experienced by breastfeeding mothers
  - C. Advise how to approach the jaundiced newborn who is being breast-fed

- D. Experience working with allied health professionals who teach breast-feeding (lactation consultants, OB nurses, nursery nurses, etc)

**V. Demonstrate the ability to assess Growth and Development**

- A. Accurately measure and plot OFC, height, and weight on age-appropriate standardized growth charts
- B. Recognize normal and abnormal growth patterns, particularly FTT
- C. Calculate the BMI and use this in the assessment for obesity
- D. Demonstrate an ability to assess the following using appropriate resources:
  - 1. Psychosocial development
  - 2. Language development
  - 3. Motor development
  - 4. Physical maturation, including signs of puberty (Demonstrate knowledge of the Tanner Scale)
- E. Demonstrate an understanding of gestational age as it relates to growth and development

**VI. Perform accurate and comprehensive physical examinations:**

- A. Perform a complete newborn physical examination, to include the Ortolani and Barlow hip maneuvers, as well as assess for the red reflex
- B. Observe a gestational age assessment using the Ballard scale
- C. Perform complete physical examinations of the infant, including hip examinations
- D. Perform complete physical examinations on toddlers
- E. Perform complete physical examinations of the school-age child, including sports-assessment physical exams
- F. Perform at least 1 physical exam on an adolescent patient that demonstrates respect for privacy and modesty, and employs a chaperone when appropriate. Include the HEADSS.
- G. Learn techniques for examining the infant and toddler while on mother's lap
- H. Look for signs of physical or sexual abuse as part of all physical examinations; Summarize the physical findings expected in the "shaken-baby" syndrome, and describe the responsibilities for reporting suspected events

**VII. Successfully conduct "dyad" interviews:**

- A. Student must include age-appropriate questions to the child as well as the questions to the parent or caretaker
- B. Conduct a full adolescent interview using the HEADSS method to ask sensitive questions:
  - 1. The student successfully separates the patient from the parent for the HEADSS interview

2. The student remembers to address the issue of confidentiality with the adolescent
3. The student addresses the life style-choices of the adolescent (potential high-risk behaviors), including alcohol use, tobacco use, recreational drug use, and sexual behaviors. If the adolescent is engaged in high-risk behaviors, the medical student responds in a non-judgmental manner
4. The medical student will specifically ask the adolescent about any suicidal thoughts

**VIII. Demonstrate professionalism in relating to children, families, faculty, and staff**

- A. Self-analyze to become aware of personal biases or prejudices
- B. Respect cultural differences observed in varying patient populations
- C. Observe rules of privacy and confidentiality

## **Policies**

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### ***Americans with Disabilities Act***

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.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146

Phone: (850) 645-8256      Fax: (850) 645-9452

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  
Voice: (850) 644-9566  
TDD: (850) 644-8504  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)  
<http://dos.fsu.edu/sdrc/>

## **Academic Honor Code**

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. (Florida State University [Academic Honor Policy](#) )

## **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.

## **Library Policy**

The [COM 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 on the Pediatric Subject Guide 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.

# **Grading**

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

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 in Orlando and Pensacola, 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 CLIPP Cases. Your performance on these quizzes may help you if you are on the borderline between receiving a grade of HONORS versus PASS because of not scoring quite high enough on the NBME clinical subject exam. If your average score on these weekly tests is 90% or higher, your grade may be elevated to an HONORS if you have performed at an HONORS level clinically.

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. At the end of the rotation, you will be asked by your Clerkship Director to evaluate your experience on the Pediatrics Clerkship, and this feedback from each of you is very important in helping to improve the rotation.

## **Longitudinal Integrated Curriculum (LIC)**

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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](#). The Pediatrics Clerkship Blackboard site also has a content area with specific dates and deadlines for the Pediatrics clerkship that will be presented over the course of the entire year, with multiple evaluations and formative assessment periods.