



The Florida State University
College of Medicine

BCC 7140

Pediatrics Clerkship

2011-2012

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Instructors

Education Director

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. Michael Jampol
Daytona	Dr. Michael Bell
Orlando	Dr. Joan Meek
Pensacola	Dr. Michelle Grier-Hall and Dr. Robert Wilson
Sarasota	Dr. Cynthia Samra
Tallahassee	Dr. Caulley Soto
Immokalee	Dr. Karimu Smith-Barron

Dear M-3 Student:

Welcome to Pediatrics! The entire pediatric team is very excited about having you with us over the next six weeks. The Pediatric 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, 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.....and fun.

If there is anything any of us can do for you while you are on service, please don't hesitate to let us know. For a routine matter, you should first contact your pediatric faculty member. If something more urgent arises, please contact your onsite clerkship director. I am always willing to talk with you about any of your experiences or concerns regarding the pediatric clerkship. I will also be happy to talk with anyone about careers in Pediatrics and Pediatric Residency Programs. My phone number is (850) 644-2358. My e-mail address is 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

Definition of a Pediatrician

Pediatrician describes a medical specialist who deals with the diseases of and prevention and promotion of health in infants, children (hereafter used to include infants, children, and adolescents) and adolescents. Pediatrics involves recognition of normal and abnormal mental and physical development as well as the diagnosis and management of acute and chronic problems.

Pediatrics is a 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. 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.

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.

Clerkship Description

Pediatrics is a six-week clinical clerkship that encompasses both outpatient and inpatient responsibilities.

Each student will spend four of the six 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 also become proficient 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 this faculty member.

Students at each regional campus will spend two weeks on the 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. Any student assigned to a rural track for his/her outpatient pediatric experience will spend the two-week inpatient portion at one of the six main regional campus sites.

Clerkship directors at the regional campuses meet on a weekly basis with each student for case-presentations, discussion of weekly computer case assignments and special topics, and discussion of case-related ethical issues. Each student will be observed at least once in patient interactions by the Clerkship Director. The Education Director of Pediatrics will assign the final grade based upon faculty evaluations, performance in the weekly clerkship meetings, and performance on the NBME Pediatric Shelf Exam.

Outpatient Service

You will be working with a carefully selected pediatrician in his or her office, and will spend four days per week with this individual. The physician will orient you on the first day to the office practice, and introduce you to the other staff members. If your faculty member makes hospital rounds, you are expected to round with him/her. You will care for infants in the normal newborn nursery, and see patients in the office daily. You should do at least one extensive workup per day on a patient that you have no information on, 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 and discuss in detail some of 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 electronically all of your patient encounters and procedures so that we can assure that you receive the needed experiences. It is expected that at least 2/3 of your patient encounters will involve moderate or full participation.

There will be a mid-rotation feedback session with your faculty member in which your strengths and weaknesses will be discussed. Any areas that need improvement will be brought to your attention at this meeting.

As in all third year rotations, one-half day each week is spent at the student's Doctoring 3 longitudinal clinical experience, and one-half day per week is devoted to the Doctoring 3 didactic sessions.

Inpatient Service

You will be working with an attending physician and perhaps resident physicians as well. You will be caring 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), present your patients to the attending during attending rounds, and attend any Grand Rounds or noon conferences that may be scheduled. You are required to attend your weekly longitudinal clinic and Doctoring 3 course. You are expected to do a comprehensive work-up on one new patient per day, and should follow at least 2 or 3 other 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 work-up, i.e., you will take

the history and perform the physical exam before talking to anyone who may have already seen the child. This work-up should be complete, and will require extensive time to perform and write-up.

It is very likely that you may work with sub-specialist consultants 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, you should take the advantage to learn how to teach baby-care to the mother while she is hospitalized. You will have call while on the inpatient service, but you will not sleep in the hospital overnight. Your call will likely end by 10 pm unless there is a patient to admit. You will be on call one night each of the two weeks of your inpatient rotation, and will also take call on either the Saturday or Sunday of the weekend separating the two weeks of the rotation. Please speak with your attending about further details of the call. You will be told who you are on call with. 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 will likely be asked to present a PowerPoint presentation to your inpatient faculty during the last week of your inpatient rotation. This will be on a topic that is agreed upon between you and your attending faculty member. This will be a 10-15 minute presentation. You are not to leave the hospital during the day without letting your attending know and getting permission to do so. Take some extra time to get to know the children and their families. Playing games with the children can help to establish comfortable relationships.

On both the outpatient and the inpatient services, students will adhere to the ACGME 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.

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 (In hospital)
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

These encounters are monitored by the Clerkship Directors through the CDCS data entries. If it becomes apparent to a Clerkship Director that a student has not had exposure to the expected patient encounters, every effort will be made to specifically select the required patients for that student to see. If these opportunities for specific patient encounters do not occur, the student will be exposed to the experiences secondarily

through reading assignments, completion of CLIPP Cases, or discussion with clerkship faculty.

There is a CD ROM on breastfeeding produced by the American Academy of Pediatrics. This has been placed on Blackboard so that each of you may access it directly. The viewing of this module is a requirement for each student. This is a very valuable resource to use in preparing to answer questions from breastfeeding mothers.

Weekly Assignments

Week 1	Week 2
CASE # 1 Evaluation and Care of the Newborn Infant	Module on Blackboard Breastfeeding
CASE #2 Infant well child visit (2, 6, and 9 months)	CASE #7 Newborn with respiratory distress
CASE #3 3 year old well child visit	CASE #8 6 day old with jaundice
CASE #4 8 year old well child check	CASE #9 2 week old with lethargy
CASE #5 16 year old girl's health maintenance visit	CASE #15 4 week old with vomiting
CASE #6 16 year old boy's pre sports physical	CASE #18 2 week old with poor feeding
	CASE #25 2 month
Week 3	Week 4
CASE #10 Infant with a fever	CASE #11 5 year-old with fever and adenopathy
CASE #12 10-month-old with a cough	CASE #17 4-year-old refusing to walk
CASE #14 18-month-old with congestion	CASE #24 2-year-old with altered mental status
CASE #19 16-month-old with first seizure	CASE #28 18-month-old with developmental delay
CASE #26 9-week-old not gaining weight	CASE #30 2-year-old with sickle-cell disease
CASE #29 Infant with hypotonia	CASE #31 5 year-old with puffy eyes

Week 5**Week 6**

Week 5	Week 6
CASE #13 6-year-old with chronic cough	Use time to review for pediatric subject exam (SHELF Exam)
CASE #16 7-year-old with abdominal pain and vomiting	
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 #27 8-year-old with abdominal pain	

Electronic Patient Log

Please conscientiously and promptly record all patient encounters, including diagnoses, patient demographics, and your extent of involvement in any visit or procedure performed on the patient. **Record any newborn encounter by entering the age as 0 weeks. If any other age is recorded, the data does not reflect the visit as a newborn visit. Please record any developmental assessments you perform as ADLs on the procedure log.**

Weekly Clerkship Director's Meeting

You will meet weekly with your clerkship director, and the meeting time will be determined by the clerkship director. During these meetings, you will be expected to discuss your patient log entries, the CLIPP Computer Cases, the breast-feeding module, and any other topics that may be assigned you by your clerkship director. (**SEE REQUIRED MATERIALS**) You will be given a weekly quiz over the CLIPP Cases. You are expected to come prepared for these meetings. The scores obtained on the CLIPP quizzes are considered when a student is on the borderline between the grade of Pass and Honors. This meeting is also the time to discuss any concerns that you may have about how the rotation is going with your clerkship director. 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.

Reynold's Grant

The FSUCOM has received a significant grant from the Reynold's foundation that requires integration of geriatric topics throughout the curriculum. This integration includes integration of geriatric themes in the core clerkships. There are multiple possible themes that are either common to, or important to, both the pediatric patient and the geriatric patient. Of these possibilities, 4 areas are currently being emphasized.

When students are assessing childhood developmental milestones, they are essentially performing functional assessments similar to the physician evaluating ADLs and IADLs in the adult and geriatric patient. Geriatric patients may well lose some of their earlier attained functional abilities. The student on the Pediatric Clerkship should routinely record developmental assessment as assessment of ADLs in the CDCS log.

Just as infants and children may have nutritional deficiencies and fail to thrive, nutritional deficiencies are common in the geriatric population. Many of the geriatric patients may not have the desire to eat sufficiently, and may be dependent on others to feed them.

Since dyad communication is so important in pediatrics, it is important to try to assess the ability of the caretaker to follow the instructions given. It is common for many children to be brought to the pediatrician's office by grandparents, and some assessment of the caretaker's ability to understand instructions needs to be ascertained. Dementia is not uncommon in the geriatric patient, and if the person caring for the child suffers from this condition, it will likely impact on the overall care of the child.

Unfortunately, both child abuse and elder abuse are prevalent in our society. Signs of child abuse should be screened for routinely, and if suspected, reported to the appropriate authorities. Elder abuse also must be reported to authorities.

Both of these groups, children and the older adult, are at the mercy of those caring for them.

Competencies-Objectives-Assessment

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 is **(1) critical competency**:

The student will be able to recognize the child who is seriously ill

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:
 - i. Psychosocial development
 - ii. Language development
 - iii. Motor development
 - iv. 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 assessing 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
 - 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:
 - i. The student successfully separates the patient from the parent for the HEADSS interview
 - ii. The student remembers to address the issue of confidentiality with the adolescent
 - iii. 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-judgemental manner
 - iv. 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

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

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

sdrc@admin.fsu.edu

<http://www.fsu.edu/~staffair/dean/StudentDisability>

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, found at <http://dof.fsu.edu/Academics/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 pages 27-29** of [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 under "Course Pages" 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.

Required Materials

Each student will be utilizing 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 and receiving a password.** This password will allow you access to the pediatric cases. There have been a total of 31 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. The cases vary in length, but most will require between 1and1/2 to 2 hours to complete conscientiously. You will be assigned six of these cases per week, so that the final week of your clerkship can be reserved for review time to study for the Shelf exam. There will be weekly quizzes over the CLIPP cases.

Suggested Materials

Pediatric Clerkship Guide, 2nd Edition (Jerold C. Woodhead) Mosby, St. Louis, 2008

Pediatrics for Medical Students, 2nd Edition (Bernstein and Shelov) Lippincott Williams and Wilkins, Baltimore, Maryland, New York, New York, and Philadelphia, Pennsylvania, 2003

Guidelines for Perinatal Care, 6th Edition, American Academy of Pediatrics and The American College of Obstetricians and Gynecologists, 2007

Bates' Guide to Physical Examination and History Taking, 9th Edition (Bickley and Szilagyi) Chapter 18: Assessing Children: Infancy Through Adolescence, Lippincott Williams and Wilkins, Baltimore, Maryland, New York, New York, and Philadelphia, Pennsylvania, 2007

Grading

Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the [FSUCOM Student Handbook](#) -page 31.

Evaluation

Your evaluation will be based on your performance in the physician's office and on the inpatient rotation, your knowledge base when discussing cases with your pediatric 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. In addition, you will take the NBME SHELF 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 SHELF exam. If your average score on these tests is 90% or higher, your grade may be elevated to an HONORS. At the end of the rotation, you will be asked by your Clerkship Director to evaluate your experience on the clerkship, and this feedback is very important in helping to improve the rotation. The details of the grading requirements are included in this document. There are no quotas. It is possible for everyone to earn Honors, but this is unlikely. Your final grade is assigned by the Education Director for Pediatrics, and is based on all of the above mentioned data.