This clerkship module is a part of the Clinical Field Placement (CFP) series of courses over the clinical year of the Bethel PA program. The Student Clerkship Handbook and CFP syllabi expectations and requirements will be followed for grading requirements.

**Pediatrics Clerkship**

**Rotation Purpose**
In this rotation the student will learn the aspects of caring for the Pediatric patient from birth through adolescence. The focus will be on recognizing and managing common childhood illnesses, assessment of growth and development, immunizations, nutrition, psycho-social issues and preventive health care.

**Preceptor Requirements**
Board Certified Pediatrician or Certified PA/NP working with a Board Certified Pediatrician B3.05 & B3.06)

**Clinical Field Placement Courses Objectives**
At the end of this course, the PA student will be able to:

1. Develop the competencies for clinical practice and knowledge acquisition in all clinical settings (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
2. Demonstrate skills necessary to function in the healthcare environment with preceptor supervision (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
3. Appreciate different clinical settings and business practices, especially in areas designated as “medically underserved” (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
4. Synthesize and apply medical knowledge and treatment in an evidence-based manner in the care of patients (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
5. Synthesize aspects of the Christian faith to apply medical knowledge and clinical skills to patient care (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)

**Learning Outcomes**
At the conclusion of this rotation, the student will:
1. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of Pediatric patients with common presentations.
2. Demonstrate a sound approach to the evaluation and initial management of acute and chronic illnesses routinely encountered in Pediatrics.
3. Conduct a wellness visit for a Pediatric patient of any age or gender.
4. Conduct an encounter that includes patients and families in the development of screening and treatment plans.
5. Utilize evidence-based medicine to determine cost-effective diagnostic evaluation of common acute and chronic presentations.
6. Assess specific classes of pharmacologic agents along with their indications, contraindications and side effect profiles.
7. Judge the criteria utilized to determine whether hospitalization is required and the subsequent discharge criteria for a specific Pediatric disease/diagnosis.
8. Develop evidence-based health promotion/disease prevention plans for Pediatric patients of any age or gender.
9. Discuss the influence of psychosocial factors on a patient’s ability to provide a history and carry out a treatment plan.
10. Incorporate psychological issues into patient discussions and care planning.
11. Demonstrate interpersonal and communication skills that result in effective information exchange between Pediatric patients of all ages and professionals from other disciplines and other specialties.

12. Integrate their understanding of the professional aspects of the Pediatric PA by showing respect, compassion, and integrity to all patients and providers.

13. Demonstrate ethical principles for provision/withholding clinical care, confidentiality of patient information, informed consent, and providing cost-effective health care and resource allocation without compromising quality.

14. Characterize the legal and regulatory roles of the Pediatric PA.

15. Document and record information in the medical record that shows an understanding for the legal, medical, ethical, and financial aspects of quality medical care as it relates to the Pediatric patient.

16. Apply information technology to support patient care decisions and patient education when given a specific Pediatric disease or diagnosis.

17. Integrate evidence from scientific studies, apply knowledge of study design and statistical methods, apply information technology and access/evaluate on-line information as it relates to a specific Pediatric disease or diagnosis.

**Detailed Instructional Objectives**

Upon completion of the Pediatric rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the instructional objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the problem list below, the student will

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.

2. Elicit and record a complete and focused history, appropriate for the patient’s age, including chief complaint and HPI with pertinent review of systems, past medical history, family history and social history to include:
   - A) Appropriate use of questions
   - B) Listening to the patient
   - C) An organized approach to eliciting the patient’s history
   - D) Interpreting normal and abnormal historical data

3. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following:
   - A) An organized head-to-toe approach
   - B) Using proper technique
   - C) Selecting the sections of the physical exam pertinent to the patient’s complaint
   - D) Interpreting normal and abnormal findings in the context of the patient’s history

4. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of:
   - A) The most likely diagnoses, based on history and physical exam data
   - B) The most common entities
   - C) The most severe and/or life-threatening entities

5. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   - A) Risks and benefits
   - B) Sensitivity and specificity
   - C) Cost effectiveness
   - D) Obtaining informed consent
6. Develop, record and implement, as pertinent, a pharmacologic management plan to include
   A) Rationale for utilizing each drug, including mechanism of action
   B) Indications, contraindications and adverse reactions
   C) Potential drug-drug interactions
   D) Cost-effectiveness
   E) Documented patient education regarding side effects and adherence issues
7. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include
   as appropriate:
   A) Behavioral and psychosocial interventions
   B) Referrals to other health care providers
   C) Referrals to community resources
   D) Utilization of family resources
   E) Plans for follow-up care
8. Provide and record pertinent patient education regarding disease prevention and health
   maintenance, which is clearly explained to the patient and checked for understanding, to include:
   A) Nutrition
   B) Accident and violence prevention (eg. seat belts, helmets, screening for domestic
      violence)
   C) Physical activity/exercise
   D) Pertinent risk factors, including sports participation, environment, tobacco, alcohol,
      other drugs and genetic factors
   E) Warning signs/symptoms of diseases
   F) Plan for age appropriate screening and periodic health assessment
9. Provide patient counseling to include:
   A) Adjustment to states of health and disease as related to ADLs, sexuality, relationships,
      death and dying
   B) Consideration of patient’s health beliefs and practices, religious/spiritual beliefs and
      lifestyle choices
   C) Family issues
   D) Educational and leisure issues
   E) Anticipatory guidance appropriate to patient’s age
10. Monitor patients’ progress over time, to include:
    A) Reassessment of subjective and objective data
    B) Reconsideration of differential diagnosis, as needed
    C) Modification of management plan, based on patient’s health status and adherence issues
11. Chart progress notes following the SOAP format to include:
    A) Subjective data
    B) Objective data
    C) Assessment
    D) Plan
12. Make verbal case presentations to the clinical preceptor to include pertinent elements listed
    above, in an organized and time-efficient manner
Problem List
The following sections contain content that a student should understand; either by clinical exposure
or by reviewing didactic material that will help to guide student preparation for testing:

COGNITIVE
Students will be able to discuss the etiology, pathophysiology, pathology, clinical presentation,
differential diagnosis, management & procedures, clinical pharmacology, and patient education for
the following list of medical conditions or procedures.

A) Dermatologic
- Acne
- Eczema
- Scabies
- Tinea
- Cellulitis/Abscess/MRSA
- Impetigo
- Molluscum contagiosum
- Toxic epidermal necrolysis
- Burns, types, quantifying patterns of suspected abuse
- Psoriasis
- Pediculoses
- Alopecia
- Erythema multiforme
- Pityriasis rosea
- Spider bites
- Steven-Johnson syndrome
- Urticaria
- Contact dermatitis
- Erysipelas
- Drug eruption

B) ENT
- Otitis externa and media
- Sinusitis
- Allergic rhinitis
- Epistaxis
- Foreign bodies of ears, nose, and throat
- Pharyngitis/Tonsillitis
- Peritonsillar abscess
- Parotiditis
- Eustachian tube dysfunction
- Mastoiditis
- Perforated tympanic membrane
- Oral candidiasis

C) Ophthalmologic
- Conjunctivitis
- Strabismus
- Hordeolum
- Foreign body
- Orbital cellulitis
D) Endocrine
   - Diabetes mellitus
   - Phenylketonuria
   - Gynecomastia
   - Lead poisoning

E) Neurologic
   - Seizures
   - Meningitis
   - Cerebral palsy
   - Hydrocephalus

F) Hematology/Oncology
   - Anemias
   - Bleeding disorders
   - Sickle cell disease
   - G6PD
   - Leukemia

G) Pulmonary
   - Croup
   - Epiglottitis
   - Acute bronchiolitis
   - Bronchiectasis
   - Hyaline membrane disease
   - Influenza
   - Pneumonia
   - Asthma
   - Respiratory syncytial virus
   - Cystic Fibrosis

H) Cardiovascular
   - Atrial septal defect
   - Patent ductus arteriosus
   - Ventricular septal defect
   - Coarctation of aorta
   - Tetralogy of Fallot
   - Transposition of the great vessels
   - Characteristics of an innocent murmur

I) Gastrointestinal
   - Intussusception
   - Pyloric stenosis
   - Lactose intolerance
   - Meckel diverticulum
   - Celiac disease
   - Crohn’s disease/Ulcerative colitis

J) Genitourinary
   - Cryptorchidism
   - Urinary tract infections
   - Hydrocele
   - Enuresis
   - Phimosis/paraphimosis

K) Musculoskeletal
   - Legg-Calve Perthes
   - Nursemaid’s elbow
   - Developmental dysplasia of the hip
   - Slipped capital femoral epiphysis
Rotation Expectation

Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain content must be addressed, either by clinical exposure or by didactic materials that students can review to be prepared for end-of-rotation examinations and future Board Certification. Therefore, the following table contains the minimum diagnosis or presenting complaints to which students must be exposed, regardless of setting (B3.02)

<table>
<thead>
<tr>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>Infant Well-Child Check</td>
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<tr>
<td>Child Well-Child Check</td>
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<tr>
<td>Adolescent Well-Child Check</td>
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<tr>
<td>Otitis Media</td>
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<tr>
<td>Viral Disease</td>
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<tr>
<td>Upper Respiratory</td>
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<tr>
<td>Pharyngitis/Tonsillitis</td>
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<tr>
<td>Attention Deficit Disorder</td>
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</tbody>
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**Professional Development**

1. Relate and perform professionally in a working situation with other members of the health care team.
2. Demonstrate an openness to receive constructive criticism.
3. Demonstrate a willingness to recognize limitations and seek help from supervising preceptors and appropriate reference materials.
4. Perform duties with a professional attitude in such areas as attendance, and dress code.
5. Demonstrate sensitivity to the emotional, social and ethnic background of patients.
6. Recognize the important role of the team of providers in the care of the elderly
7. Recognize the impact that distance from a referral center has on patient care.
8. Identify the obstacles to obtaining medical care for those who are uninsured.
9. Recognize the impact that poverty, setting or socioeconomic class of patient, may have on your treatment plan
10. Demonstrate understanding of end-of-life planning

**Grading**

**Assessed Activity Weighting**

- Online Participation: 2%
- Patient Profiles: 10%
- Patient Encounter Logs: 4%
- Final Preceptor Evaluations: 40%
- Student Self Evaluations: 2%
- End-of-Rotation Exams: 40%
- End-of-Rotation Meetings Participation: 2%
- Total: 100%

**Final Grade Breakdown**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Letter Grade</th>
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<tbody>
<tr>
<td>95.00%</td>
<td>A</td>
</tr>
<tr>
<td>90.00%</td>
<td>A-</td>
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<tr>
<td>85.00%</td>
<td>B+</td>
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<tr>
<td>80.00%</td>
<td>B</td>
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<tr>
<td>77.00%</td>
<td>B-</td>
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<td>C+</td>
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<tr>
<td>63.00%</td>
<td>D+</td>
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<tr>
<td>60.00%</td>
<td>D</td>
</tr>
<tr>
<td>&lt;60.00%</td>
<td>F</td>
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</tbody>
</table>

**Clinical Tasks:**

1. Write problem oriented progress notes using the SOAP format.
2. Implement an appropriate treatment plan as approved and supervised by the preceptor.
3. Present oral cases presentation to the preceptor.
5. Demonstrate effective management of extended care facility patients.
6. Utilize appropriate community resources to implement patient care plans
**Text(s): RECOMMENDED RESOURCES**

Blueprints Pediatrics (Blueprints Series) by Bradley S Marino and Katie S Fine


Green, Steven M., *Pocket Pharmacopoeia*, Tarascon, 2013

**The Sanford Guide to Antimicrobial Therapy**, 2012