

Description

This three-week clinical practice rotation provides an opportunity to enhance learning and gain supervised experience in the principles and practice of Pediatric Medicine. This SCPE rotation advances student knowledge and skills in communication with children and parents, familiarity with normal growth and development, and evaluation and management of commonly encountered conditions in the pediatric age group.

Instructional Objectives

ARC-PA Standards B3.02, B3.03, B3.04

The primary objective of students during a SCPE is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills. **Students will be responsible for this material regardless of whether the preceptor has explicitly covered each point.** The objectives to be achieved by completion of SCPE are in addition to the learning outcomes listed earlier in the Overview Syllabus section of this manual and are as follows:

- PEDS-1.0 Perform an accurate complete history and physical examination on a patient presenting for an annual well-child examination.
- PEDS-1.1 Perform an accurate problem focused history and physical examination for a presenting sick-child visit.
- PEDS-1.2 Describe the etiology, pathophysiology, clinical presentation, physical exam findings, differential diagnoses, diagnostic approach, management, complications, and patient education for common medical problems encountered in pediatric medicine, including the following conditions:

- **Dermatology**
 - Dermatitis (diaper, perioral)
 - Drug eruptions
 - Lichen planus
 - Pityriasis rosea
 - Stevens-Johnson syndrome
 - Toxic epidermal necrolysis
 - Erythema multiforme
 - Acne vulgaris
 - Lice
 - Scabies
 - Androgenetic alopecia
 - Exanthems
 - Verrucae
 - Burns
 - Urticaria
 - Contact dermatitis
 - Atopic dermatitis
 - Tinea
 - Impetigo
- **ENOT (Ears, Nose, Oral Cavity, and Throat)/Ophthalmology**
 - Conjunctivitis
 - Orbital cellulitis
 - Strabismus
 - Acute otitis media
 - Allergic rhinitis
- Hearing impairment
- Mastoiditis
- Otitis externa
- Tympanic membrane perforation
- Epistaxis
- Acute pharyngotonsillitis
- Epiglottitis
- Oral candidiasis
- Peritonsillar abscess
- **Cardiovascular**
 - Atrial septal defect
 - Coarctation of the aorta
 - Patent ductus arteriosus
 - Tetralogy of Fallot
 - Ventricular septal defect
 - Acute rheumatic fever
 - Kawasaki disease
 - Hypertrophic cardiomyopathy
 - Sincope
- **Pulmonary**
 - Acute bronchiolitis
 - Croup
 - Pneumonia (bacterial, viral)
- Respiratory syncytial virus
- Asthma
- Foreign body
- Hyaline membrane disease
- Cystic fibrosis
- **Hematology**
 - Anemia
 - Bleeding disorders
 - Leukemia
 - Lymphoma
 - Neutropenia
 - Brain tumors
 - Hemophilia
 - Lead poisoning
- **Endocrinology**
 - Short stature
 - Hypothyroidism
 - Hyperthyroidism
 - Hypercalcemia
 - Obesity
 - Diabetes mellitus
- **Gastrointestinal/Nutritional System**
 - Gastroenteritis
 - Dehydration
 - Appendicitis
 - Colic

- Gastroesophageal reflux disease
- Constipation
- Pyloric stenosis
- Intussusception
- Hirschsprung disease
- Foreign body
- Encopresis
- Hepatitis
- Jaundice
- Duodenal atresia
- Inguinal hernia
- Umbilical hernia
- Niacin deficiencies
- Vitamin A deficiency
- Vitamin C deficiency
- Vitamin D deficiency
- Lactose intolerance
- **Urology/Renal**
 - Cryptorchidism
 - Hydrocele
 - Paraphimosis
 - Phimosis
 - Testicular torsion
 - Enuresis
 - Hypospadias
 - Vesicourethral reflux
 - Glomerulonephritis
 - Cystitis
- **Orthopedics/Rheumatology**
 - Nursemaid elbow
 - Slipped capital femoral epiphysis
 - Osgood-Schlatter disease
 - Scoliosis
 - Congenital hip dysplasia
 - Avascular necrosis of the proximal femur
 - Neoplasia of the musculoskeletal system
 - Juvenile rheumatoid arthritis
- **Infectious Disease**
 - Atypical mycobacterial disease
 - Pinworms
 - Epstein-Barr disease
 - Erythema infectiosum
 - Herpes simplex
 - Influenza
 - Mumps
 - Roseola
 - Rubella
 - Measles
 - Varicella infection
 - Hand-foot-and-mouth disease
- **Psychiatry/Behavioral Medicine**
 - Pertussis
 - Child abuse and neglect
 - Attention-deficit/hyperactivity disorder
 - Autism spectrum disorder
 - Feeding or eating disorders
 - Depressive disorders
 - Anxiety disorders
 - Disruptive, impulse-control, and conduct disorders
 - Suicide
- **Neurology/Developmental**
 - Normal growth and development
 - Immunization guidelines
 - Anticipatory guidance
 - Teething
 - Febrile seizure
 - Seizure disorders
 - Meningitis
 - Turner syndrome
 - Down syndrome

- PEDS-1.3 Formulate differential diagnoses for common acute and chronic pediatric medical problems.
- PEDS-1.4 Appropriately order and interpret diagnostic testing for commonly presenting medical conditions. Recognize abnormal findings.
- PEDS-1.5 Know the indications, patient preparation, contraindications, side effects, procedure description and complications of the most common diagnostic modalities in pediatric care
- PEDS-1.6 Perform common diagnostic and therapeutic procedures in the outpatient pediatric medicine setting as appropriate under the direct supervision of the preceptor.
- PEDS-1.7 Orally present pertinent patient history and physical exam findings to the preceptor in a clear and concise manner.
- PEDS-1.8 Communicate effectively with patients, significant others, family members, and other members of the health care team regarding diagnosis and management plans.
- PEDS-1.9 Identify the indications, contraindications, and complications of common pharmacological agents utilized to manage pediatric medical conditions and disease.
- PEDS-1.10 Accurately calculate drug dosing for individual patients.
- PEDS-1.11 Know the indications, contraindications, side effects of vaccines and the immunization schedule for pediatric patients.
- PEDS-1.12 Appropriately document problem-focused H&Ps, well-child H&Ps, office progress notes, referral forms, and diagnostic orders.
- PEDS-1.13 Demonstrate knowledge of the following physical examinations: Developmental / Growth milestones, Newborn and infant physical exam, and Nutritional assessment.
- PEDS-1.14 Counsel and educate patients and parents concerning disease and injury prevention, disease prognosis, treatment options and side effects, patient compliance, anticipatory guidance and patient concerns.
- PEDS-1.15 Recognize the signs and symptoms, risk factors, patterns of injury, and legal obligations of child abuse.

Assignments

Experiential Logging

During the Pediatric SCPE, the minimum recommended number of patient encounters is 50.

Logging of all patient encounters/cases and time will be performed through Typhon's logging software. On the final day of the SCPE, students should ask their preceptor to electronically sign the patient encounter and time logs for the rotation for verification.

Charting

Via Blackboard submission, students will be required to submit a patient chart note every other week during this 3-week rotation. All identifying patient information must be deleted prior to submission. The charting score will be averaged to one grade for this component of the core rotations.

- Week One: A problem focused patient encounter is due in Blackboard by the first Saturday of SCPE, no later than 11:59 PM.
- Week Three: A Well Child visit encounter is due in Blackboard by the third Saturday of SCPE, no later than 11:59 PM.

Failure to perform this requirement will result in a penalty in the rotation grade calculations. Grading rubrics are provided in Blackboard.

EOR Exam – Pediatric

The Pediatric EOR exam is provided by PAEA and is based on the NCCPA blueprint for the PANCE. Students are expected to do additional reading and research on the exam topic list, even if not specifically addressed at the SCPE site.

<http://www.endofrotation.org/wp-content/uploads/2017/07/Pediatrics-Topic-List-2017.pdf>

<http://www.endofrotation.org/wp-content/uploads/2017/07/Pediatrics-Blueprint.pdf>