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Graduate Programs—NEW COURSE PROPOSAL

DEPARTMENT NAME: **BMED**

COLLEGE OF: **BIOMEDICAL SCIENCE—MEDICAL EDUCATION PROGRAM**

RECOMMENDED COURSE IDENTIFICATION:

PREFIX _____ BMS _____ COURSE NUMBER 7140 _____ LAB CODE (L or C) _____

(TO OBTAIN A COURSE NUMBER, CONTACT ERUDOLPH@FAU.EDU)

COMPLETE COURSE TITLE _____

EFFECTIVE DATE

(first term course will be offered)

CREDITS: **6**

TEXTBOOK INFORMATION:

Nelson Textbook of Pediatrics, 18th edition Kliegman, Behrman, Jenson and Stanton Saunders
 Atlas of Pediatric Physical Diagnosis, 5th Edition Zitelli and Holly Mosby

GRADING (SELECT ONLY ONE GRADING OPTION): REGULAR X _____ PASS/FAIL _____ SATISFACTORY/UNSATISFACTORY _____

COURSE DESCRIPTION, NO MORE THAN 3 LINES: The Pediatrics Clerkship is a six week clinical rotation that provides the third year student with a solid foundation in the evaluation, diagnosis, and treatment of pediatric patients from the neonatal period through adolescence.

PREREQUISITES W/MINIMUM GRADE: *

COREQUISITES:

OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):

PREREQUISITES, COREQUISITES & REGISTRATION CONTROLS SHOWN ABOVE WILL BE ENFORCED FOR ALL COURSE SECTIONS.

* DEFAULT MINIMUM GRADE IS D-.

MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE: **M. D.**

Other departments, colleges that might be affected by the new course must be consulted. List entities that have been consulted and attach written comments from each.

_____ TBD _____
 Faculty Contact, Email, Complete Phone Number

SIGNATURES

SUPPORTING MATERIALS

<p>Approved by:</p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p>	<p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Syllabus—must include all details as shown in the UGPC Guidelines.</p> <p>Written Consent—required from all departments affected.</p> <p>Go to: http://graduate.fau.edu/gpc/ to download this form and guidelines to fill out the form.</p>
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Email this form and syllabus to diamond@fau.edu and eqirjo@fau.edu one week **before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

FAU Medical Education Program. 2013-2014

Syllabus :

1. **Course title** : Pediatrics Clerkship
Course number: BCC 7140
Number of credit hours: 6

Lecture/small group Hours: up to 4 hrs/week at Bethesda Memorial Hospital, per Blackboard.
Clinical Hours: up to 80 hrs/week at BMH, community physician offices, as indicated in Blackboard

Students must follow the same duty hour rules followed by residents. Duty hours must not exceed 80 hours/week, averaged over a four-week period. Students must have one day (24 hrs) in seven free from all clinical/educational responsibilities, averaged over a four-week period.

Dress Code:

Professional clinical dress is required at all times. Suggested dress for women is dress, skirt, and blouse, or dress pants. Suggested dress for men is shirt, tie, and dress pants.

White coats should be worn and must be clean. The regional campus-issued white coat can be worn. White coats can be optional for the pediatric practices as sometimes they scare small children.

FAU Medical Education Program and hospital identification badges must be worn at all times.

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

- a. term:
- b. not an online course
- c. appropriate hospital wards and clinics.

4. Instructor information:

Course Director: TBA

Course support: Bethesda Clerkship Program Assistant
Ms. Sarah Mueller
Office: BMH, lower level
Phone: 561-292-4891
Fax: 561-374-5769
E-mail: fau.smueller@fau.edu

Please note: Any official student communication from the director or program assistant will be sent via e-mail to students at their FAU e-mail addresses. *If students would like to meet with the course director, they must call or e-mail the course director to schedule an appointment.*

5. TA contact information:

N/A

6. Course description:

Rationale:

The Continuity Medicine Curriculum uses a chronic illness model and an integrated patient care approach to prepare students for medical practice.

The curriculum continues to place a priority on active, collaborative, learner-centered methodologies to prioritize the knowledge, skills and attitudes required of physicians to practice in today's health care system. The clerkships of the Bethesda experience will overall allow students to follow their patients through their care and treatment and participate in the medical, surgical, diagnostic and therapeutic aspects of the care required for management of acute and chronic illnesses. Students will continue to spend time with their Integrated Patient Care community preceptor following their patient panel and other patients presenting with acute and chronic illnesses.

Clinical experiences are designed to emphasize interdisciplinary, team-based, complex disease management with a major focus on continuity care, health maintenance and disease prevention. The third year clerkships will strive to not only integrate the basic and clinical sciences, but also the behavioral and social sciences with continued emphasis on these areas:

- Humanistic medicine
- Professionalism
- Reflective Practice and Self-Improvement
- Quality Improvement and Outcomes Management
- Patient Safety
- Information Management and Evidence Driven Decision Making
- Comprehensive Chronic Disease Management
- Inter-professional Care and Teamwork
- Population Based Medicine

The Pediatrics Clerkship is a six week clinical rotation that provides the third year student with a solid foundation in the evaluation, diagnosis, and treatment of pediatric patients from the neonatal period through adolescence. The clerkship will be based at Bethesda Memorial Hospital in Boynton Beach, and will be a combination of inpatient and outpatient experiences.

By the end of this clerkship, students will demonstrate the ability to obtain a complete age-appropriate pediatric history which elicits information necessary for diagnosis and treatment and will demonstrate knowledge of appropriate health supervision, anticipatory guidance, and preventive medicine in pediatrics. Students will demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health care providers. Students will be assigned one-on-one to a general pediatrician preceptor and will spend at least two half days a week seeing continuity patients in their offices. The students will also spend three weeks each on the inpatient pediatric ward service and on the Nursery/NICU service. Additional time will be spent in the pediatric emergency department and outpatient specialty clinics. All faculty have participated in faculty development sessions to orient them to the FAU Medical Education Program goals, expectations for student learning and performance, as well as assessment of student clinical performance.

Academic half-days will include lecture, small-group activities, and student report. Assessment will be achieved by the use of the NBME Subject Exam in Pediatrics, pediatric oral examinations, student case presentations and small group performance, as well as clinical performance evaluations by faculty preceptors,

Clerkship activities:

Prior to day 1 of the clerkship, students are expected to contact their assigned pediatric preceptor to arrange for a precise time and meeting place. Contact information for the preceptors is posted on Blackboard under "Handouts and links".

The student schedule will be available through Blackboard and will include clinical assignments for the Pediatric ward/PICU, ER, Nursery/NICU, pediatric outpatient offices, and any specialty clinic if applicable.

The Clerkship will be divided into two halves. Students will be assigned in pairs for each half of the rotation to either the pediatric inpatient ward/PICU or the Nursery/NICU. The assignments will alternate every three weeks, with daily activities to begin with pre-rounds on patients at 8 a.m., and rounds with the attending from

approximately 9-10 am. After rounds, students will participate in ward activities and spend time with patients and families. In the afternoons, students will go to either the Pediatric Emergency Department or spend the afternoon seeing patients with their pediatric preceptor. Students are expected to accompany their preceptor to the hospital for rounding and other clinical activities related to their census of patients.

Typical weekly template:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	PICU/Ward or NICO/Nursery	PICU/Ward or NICO/Nursery	PICU/Ward or NICO/Nursery	PICU/Ward or NICO/Nursery	¥ Specialty experiences or Community preceptor
PM**	Community preceptor or ED	Community preceptor or ED	Community preceptor or ED	Academic half- day*	¥ Specialty experiences or ED
Evening			Evening shift in ED for 1 student each week		

* Week 4: PS4 curriculum.

** Students are expected to work with the preceptor as much as possible, but this time may be used for the IPC4 community preceptor visit.

Please note that students will follow the schedule in pairs, but will be matched individually with a community preceptor for their clinic time. The mornings will alternate every three weeks, thus providing continuity of care for daily rounds. The afternoons will alternate on a daily basis, ensuring that the students will have their continuity clinic experience spread out over the course of each week thus providing a better opportunity to follow-up on previously seen patients.

Friday mornings and afternoons will provide an opportunity for the students to be involved in some pediatric specialty care, such as pediatric cardiology, pediatric dermatology and pediatric ENT, and enable them to see patients in an outpatient specialty clinic to help with examination skills.

Day 1 Orientation: please assemble promptly at 9am in the nursery/NICU.

9:00 am	Nursery/NICU	TBA	NICU/Nursery
10:00 am	Pediatric Ward Introduction	TBA	PICU/Ward
11:00 am	Clerkship Coordinator	TBA	BMH 4N
12:00 pm	Lunch (on your own)		
12:20 [,	Emergency	TBA	Pediatric ED
1:00 pm	Go to scheduled afternoon session		

Didactic topic schedule:

The lecture and didactic schedule to support this clerkship is outlined below. Please consult Blackboard for supporting materials, times and locations. There may be occasional changes in the order of this outline.

Clerkship Week	Lecture Topic
Week 1	Health supervision/preventive care Fluid and electrolytes Growth and nutrition Pediatric cases (focus: physical findings)
Week 2	Immunizations and vaccine controversies Development and behavior Fever and common pediatric infections Newborn medicine
Week 3	Student case report Injury prevention Pediatric emergencies (including burns, poisoning and abuse)
Week 4	Student case report Pediatric cases (focus: respiratory) Physicianship Skills 4
Week 5	Student case report Pediatric dermatology Adolescent medicine Pediatric cases (focus: cardiovascular)
Week 6	Pediatric oral examination Pediatric review cases and final feedback

Specific student responsibilities:

- **Online patient log documentation of clinical exposure:** Students are required to document all significant clinical experiences during the clerkship in the CMC pediatrics clerkship log posted on Blackboard.
- **Pediatric subspecialty exposures:** These experiences in cardiology, otorhinolaryngology (ENT), and dermatology with practicing physicians in the community will allow students to shadow a pediatric sub-specialist during patient encounters either in their office, at the hospital, or while performing procedures. Students will observe the physician's approach to the history, physical examination, differential diagnosis, and management of their pediatric patients. Whenever possible, the student can participate in the physical exam portion of the patient encounters. Details of assignments are posted to the student e-dossier in Blackboard, while practice locations are posted to 'Handouts and link'.
- **Call time:** Students will be assigned to be "on call" in the Emergency Department on one weekday evening (5pm to 10pm) and one weekend day (3pm to 10pm) during the rotation.
- **Academic half-day student case report:** The structure of the weekly case report is as follows: the student should choose a pediatric clinical case that has been experienced in an inpatient, outpatient, or emergency department setting.
 1. The student should prepare a concise, well organized, oral case presentation that should include all relevant parts of the history, physical examination, laboratory evaluation, and studies performed. A complete differential diagnosis that can be discussed interactively during the presentation should be included. Plan to speak 20-30 minutes.
 2. Use the case discussion to make a few salient teaching points about the differential diagnosis or the final diagnosis. This is the student's chance to be the teacher for the colleagues!
 3. Include any relevant developmental, social, and multidisciplinary factors that influenced the case.
 4. Discuss useful EBM approaches and/or references and resources used in preparing the case.
 5. The presentation can be made with the assistance of a simple PowerPoint or with paper handouts. Hard-copy material must be submitted to the clerkship discipline coordinator upon completion of the presentation to assist with the evaluation.
 6. This presentation contributes 5% toward the Clinical presentations/small group participation/lecture attendance component (the evaluation form used by the examiners is posted on Blackboard for reference), and questions/concerns should be directed to the clerkship discipline coordinator.
- **Clinical presentations/small group participation/lecture attendance:** The student's participation and attendance will be evaluated during the academic half-day. Each student will be required to present a clinical case report once during the clerkship at the academic half-day.
- **Mid-Clerkship Evaluation:** Students will meet with the Clerkship Pediatrics Coordinator for a mid-clerkship evaluation and feedback session.

At this time, clinical patient logs will be reviewed, feedback on clinical activities will be discussed, and completion of assigned CLIPP cases will be confirmed. If certain critical clinical experiences have been

lacking, a plan will be made to expose the student to those experiences either in a clinical manner or with CLIPP or paper-based cases. Any students exhibiting substandard performance will be provided with a plan toward remediation and improved performance.

• **Completion of CLIPP cases:** The Computer-assisted Learning in Pediatrics Program (CLIPP) is a comprehensive Internet-based learning program. Access information is posted on Blackboard. It is expected that each CLIPP case will take a student approximately 45 minutes to complete. These cases are mandatory for completion by the student:

2,10,13,14,15,16,18,19,20,23,27,31 (12 in total)

The remainder of the cases are optional, but are highly recommended. Additional CLIPP cases may be assigned at the discretion of the clerkship pediatric coordinator after the mid-point feedback session, based on what individual clinical experiences may be deficient.

7. Course objectives/student learning outcomes:

Competency Based Objectives:

Competency-based objectives for the clerkship:

The objectives for the regional campus clerkship are aligned with those of the corresponding disciplines of the main campus. In addition, objectives specific to the Continuity Medicine Curriculum (CMC) have been added, to continue the emphasis on chronic illness and care.

The objectives continue to be presented in the context of the six ACGME competencies that provide the framework for graduate medical education. Each competency can be specifically mapped back to the institutional objectives of the FAU Medical Education Program and of the CMC (found on Blackboard).

Student skills, behaviors and knowledge related to the objectives will be assessed by faculty in different ways and at different times in the clerkship, as described in the assessment section of this document.

I. Patient Care

A. Pediatric History and Interviewing Skills

Overall Goal:

By the completion of the clerkship, the student will demonstrate the ability to obtain a complete age-appropriate pediatric history which elicits information necessary for diagnosis and treatment.

Specific Objectives:

- Perform a complete pediatric history, including identifying data, chief complaint, history of present illness, past medical history (prenatal history, birth history, neonatal history surgical history), feeding/nutritional history, developmental history, behavioral history, immunization history, environmental history, medications, allergies, family history, social history, and review of systems.
- Understand and recognize the differences in the interview according to variations in age, developmental stage, and cultural background.
- Recognize the importance of, and be able to, obtain and interpret historical data from multiple sources including family members, primary care providers, subspecialists, and medical records.
- Demonstrate effective interview skills, including appropriate initiation of interview, establishment of rapport, appropriate use of open-ended and closed questions, techniques for asking "difficult" questions, clarification skills, and appropriate summation and closing of interview.
- Demonstrate respect, empathy, responsiveness, and a non-judgmental attitude regardless of the patient's problems, personal characteristics or background.
- Identify strengths and weaknesses in his or her own history-taking skills

B. Pediatric Physical Examination

Overall Goal:

By the completion of the clerkship, the student will be able to perform an age-appropriate pediatric physical examination.

Specific Objectives:

- Recognize the importance of differences in the physical examination according to age, sex, and stage of

development.

- Perform a complete newborn examination including general appearance, determination of gestational age, measurements (plot weight, height, and head circumference and determine percentiles), vital signs, skin, lymph nodes, head, neck, eyes, ears, nose, oropharynx, chest, lungs, heart, abdomen, genitalia, anus, musculoskeletal, and nervous system.
- Perform complete infant and toddler examinations including general appearance, measurements (plot weight, height, and head circumference and determine percentiles), vital signs, skin, lymph nodes, head, neck, eyes, ears, nose, oropharynx, dentition, chest, lungs, heart, abdomen, genitalia, musculoskeletal, and nervous system.
- Perform a complete school-age child examination including general appearance, measurements (plot weight, height, and determine percentiles), vital signs including blood pressure, skin, lymph nodes, head, neck, eyes, ears, nose, oropharynx, dentition, chest, lungs, heart, abdomen, genitalia (with Tanner Staging), musculoskeletal, and nervous system.
- Perform a complete adolescent examination including general appearance, measurements (plot weight, height, and determine percentiles), vital signs, skin, lymph nodes, head, neck, eyes, ears, nose, oropharynx, dentition, chest, lungs, heart, abdomen, genitalia (with Tanner Staging), musculoskeletal including scoliosis exam, and nervous system.
- Differentiate between normal and abnormal physical exam findings.
- Demonstrate respect, sensitivity, and flexibility while performing the physical examination.

C. Patient Write-ups and Progress Notes

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in writing a comprehensive patient history, physical examination, assessment, and plan, as well as, daily progress notes.

Specific Objectives:

- Demonstrate the ability to write daily progress notes that should include date, time, hospital day, age, problems/diagnosis, what occurred over the prior 24 hours, medications (including day# out of total days), physical examination, intake/output, weight if pertinent, labs, cultures, radiographic results, assessment (preferably done by problem), and plan.
- Demonstrate the ability to complete patient write-ups for both in-patients or out-patients which include patient's name, age, date, informant, chief complaint, history of present illness, past medical history (including prenatal history, birth history, neonatal history, surgical history), developmental history, behavioral history, environmental history, nutritional history, immunization history, medications, allergies, family history, social history, review of systems, physical examination, laboratory data, radiographic data, assessment and treatment plan.
- Demonstrate effective and organized documentation that facilitates communication with other health care providers.

D. Case presentations

Overall Goal:

By the completion of the clerkship, the student will demonstrate an ability to present a clear, organized, and concise pediatric case presentation.

Specific Objectives:

- Oral presentation will include all pertinent aspects of the patient's history, physical examination, laboratory evaluation and hospital course if applicable, including pertinent negatives.
- The presentation should be well organized following a set format in about 5 to 7 minutes or less.
- Structure of the case presentation should include general opening statement, present illness, complete relevant history, past history, physical examination, assessment and plan, and if appropriate, hospital course up to the present time.
- Include only relevant portions of the complete written history.

E. Data Gathering and Problem Solving

Overall Goal:

By the completion of the clerkship, the student will be able to obtain key data from the history and physical exam, identify problems and develop differential diagnoses, and formulate appropriate diagnostic and management plans.

Specific Objectives:

- Demonstrate the ability to obtain important pertinent data from the history and physical examination.
- Identify problems in the case and formulate a problem list.

- Formulate a differential diagnosis for each problem related to their patient.
- Formulate an appropriate diagnostic and management plan for most common pediatric disorders.
- Collaborate with colleagues, patients, and their families in the development and implementation of treatment and management plans.
- Justify all orders and appropriate laboratory studies.
- Begin to analyze and interpret laboratory and radiologic data related to their patients.
- Describe the indication, mechanism of action, side effect, contraindication, and interaction with other drugs, of all medication treatment plans.
- Investigate clear follow-up criteria for success and/or failure of treatments.
- Understand the principles of comprehensive child care and the team approach to complicated problems.

F. Clinic/Ward Activities and Responsibilities

Overall Goal:

By the completion of the clerkship, the student will demonstrate a commitment to carrying out professional responsibilities and the ability to work well as part of a team.

Specific Objectives:

- Performs his/her share of team workload.
- Completes assigned tasks in a timely manner.
- Exhibits consistently dependable behavior.
- Demonstrates adherence to ethical principles and sensitivity to a diverse patient population.
- Recognizes the importance of working as part of an integral health care team.

II. Medical Knowledge

A. Health Supervision and Preventive Medicine

Overall Goal:

By the completion of the clerkship, the student will demonstrate knowledge of appropriate health supervision, anticipatory guidance, and preventive medicine in pediatrics.

Specific goals:

- Recognize the importance of well child visits to monitor growth and development, as well as administer immunizations.
- Recognize the importance of immunizations and be familiar with the childhood immunization schedule.
- Recognize the importance of injury prevention.
- Discuss screening tests and the timing of administration, including newborn screening, CBC, Lead, PPD, urinalysis, cholesterol, as well as, hearing and vision screening.
- Discuss the impact of preventive care on morbidity and mortality in children.

B. Injury Prevention

Overall Goal:

By the completion of the clerkship, the student will understand the significance of injury prevention and demonstrate the ability to provide basic injury prevention guidelines for patients and their families.

Specific goals:

- Demonstrate the ability to recognize, diagnose, and recommend initial management and referral for patients presenting with child abuse.
- Demonstrate the ability to recognize, diagnose, and recommend initial treatment for patients presenting with common poisonings.
- Understand the importance of the Poison Control Center.
- Understand the importance of appropriate restraints used for pediatric patients in automobiles.
- Discuss the important role of injury prevention and anticipatory guidance in pediatric care.

C. Growth

Overall Goal:

By the completion of the clerkship, the student will demonstrate knowledge of normal growth patterns in childhood and be able to recognize growth disorders.

Specific goals:

- Understand the use of growth curves in clinical practice, be able to plot weight, height, head circumference and BMI, and begin to use them to recognize typical growth patterns in childhood.
- Discuss the impact of appropriate nutrition on growth.
- Describe some common growth problems in children.

- Discuss the clinical assessment and differential diagnosis of a patient with abnormal patterns of growth on their growth chart.
- Discuss the clinical assessment and differential diagnosis for Failure to Thrive.

D. Development & Behavior

Overall Goal:

By the completion of the clerkship, the student will demonstrate an understanding of normal childhood development and be able to recognize, diagnose, and begin to understand basic treatment plans and referral for developmental disorders.

Specific goals:

- Discuss the patterns of normal childhood development and behavior.
- Demonstrate basic knowledge of certain key developmental milestones in the domains of gross motor, fine motor, speech, and social development.
- Identify and discuss risk factors for developmental disorders.
- Recognize the typical signs and symptoms of developmental delay.
- Discuss the clinical assessment and differential diagnosis of a patient presenting with developmental delay.
- Understand key role of screening in diagnosing developmental delay.
- Discuss the epidemiology of developmental disorders.
- Discuss the clinical features, course of illness, and treatment plan for common developmental disorders (speech delay, ADHD, autism, and learning disabilities).
- Describe some common presentations of developmental disorders.
- Discuss the impact of abnormal development on a child and family, and how early intervention can help.

E. Nutrition and Feeding

Overall Goal:

By the completion of the clerkship, the student will demonstrate knowledge of common pediatric nutritional concerns and be able to counsel patients on the best feeding/nutritional practices.

Specific goals:

- Discuss and understand typical infant feeding patterns.
- Recognize the benefits and recommendations regarding breastfeeding.
- Discuss the role of WIC.
- Identify and discuss risk factors for obesity.
- Discuss the impact of obesity and appropriate management strategies.
- Discuss the importance of Calcium and how to counsel patients on maintaining good bone health.
- Understand the importance of Vitamin D and the etiology of Rickets.

F. Fluid and Electrolyte Disorders

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of basic fluid and electrolyte disorders in children.

Specific goals:

- Recognize the typical signs and symptoms of fluid and electrolyte disorders in children.
- Discuss the clinical assessment and differential diagnosis of a patient presenting with fluid and electrolyte disorders, including dehydration, hyponatremia, hypernatremia, hypokalemia, hyperkalemia, hypocalcemia, hypercalcemia, and acid/base disorders.
- Discuss the clinical features, course of illness, and treatment plan for a child with hyponatremic and hypernatremic dehydration.

G. Newborn Medicine

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common newborn diagnoses.

Specific goals:

- Discuss the clinical assessment, differential diagnosis, and management of a patient presenting with jaundice, intrauterine infection, drug exposure, anemia, intrauterine growth retardation, and/or metabolic defects.
- Discuss the importance of Newborn Screening.
- Understand the common diagnoses associated with premature birth, including apnea, respiratory distress syndrome, intraventricular hemorrhage, patent ductus arteriosus, and necrotizing enterocolitis.
- Identify and discuss risk factors for intrauterine infection.
- Recognize the typical signs and symptoms of hyperbilirubinemia and discuss appropriate management.
- Develop a differential diagnosis for respiratory distress in a newborn.

H. Adolescent Medicine

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common adolescent medicine issues.

Specific goals:

- Understand the use of SHADES to guide history taking with adolescents.
- Discuss the impact of alcohol, drugs and tobacco on teens, and how to counsel them appropriately.
- Identify and discuss risk factors for sexually transmitted diseases.
- Discuss diagnosis and treatment of STDs, as well as confidentiality issues.
- Discuss contraception in adolescents.

I. Respiratory Disease**Overall Goal:**

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common respiratory diseases in pediatrics.

Specific goals:

- Develop a differential diagnosis for respiratory distress in an infant, toddler, school age child, and adolescent.
- Discuss the clinical assessment, differential diagnosis, and treatment of a patient presenting with symptoms of obstructive airways disease including cough, stridor, and wheezing.
- Identify and discuss risk factors for pulmonary disease in childhood, such as prematurity, and cystic fibrosis.
- Recognize the typical signs and symptoms of croup, pneumonia, bronchiolitis, and asthma.

J. Cardiac Disease**Overall Goal:**

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common cardiac diseases in pediatrics.

Specific goals:

- Attempt to hear and describe a heart murmur in a child.
- Create an initial differential diagnosis for common pediatric heart murmurs found on physical exam.
- Identify and discuss risk factors for cardiac disease in children.
- Recognize the typical signs and symptoms of heart disease in a newborn.
- Discuss the clinical assessment and differential diagnosis of a newborn presenting with cyanosis.

K. Anemia**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to recognize, diagnose, and recommend initial treatment for patients presenting with anemia.

Specific goals:

- Identify and discuss risk factors for anemia.
- Recognize the typical signs and symptoms of anemia.
- Discuss the basic laboratory findings in anemia.
- Develop a differential diagnosis for anemia in different age pediatric age groups.
- Discuss common causes of anemia, including iron deficiency anemia, sickle cell anemias, thalassemias, and hemolysis.

L. Fever**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to recognize, diagnose, and recommend initial treatment for patients of all ages presenting with fever.

Specific goals:

- Discuss the clinical assessment and differential diagnosis of a patient presenting with fever as a newborn, infant, toddler, school age child, or adolescent.
- Discuss the clinical features, course of illness, and treatment plan for a febrile infant at age 2 weeks, 3 months, and 6 months.
- Recognize the most common causes of fever in pediatric patients.

M. Pediatric Dermatology**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to describe and attempt to provide a differential diagnosis for common pediatric dermatologic diseases.

Specific goals:

- Describe a rash with accurate terminology.
- Begin to identify the typical appearance and presentation of the common childhood exanthems.
- Recognize petechiae, and understand their significance in a febrile child.

- Recognize eczema and discuss basic treatment plans.
- Recognize acne and discuss basic treatment plans.

N. Pediatric Infectious Disease

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, treatment, and management of common infectious diseases in pediatrics.

Specific goals:

- Recognize the typical presentations of the common childhood infectious diseases including otitis media, pharyngitis, pneumonia, urinary tract infection, conjunctivitis, gastroenteritis, cervical adenitis, osteomyelitis, bacteremia, sepsis, and meningitis.
- Discuss the clinical features, course of illness, and treatment plan for these infections.
- Identify the most common organisms responsible for each infection and the impact that has on treatment.
- Discuss the epidemiology of the common pediatric infectious diseases and the impact of the childhood immunization schedule.
- Recognize the typical appearance and presentation of the common childhood exanthems, including roseola, Coxsackie, varicella, measles, parvovirus, and other herpes simplex viruses.

O. Gastrointestinal Disease

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common gastrointestinal diseases in pediatrics.

Specific goals:

- Discuss the clinical assessment, differential diagnosis, and management of a patient presenting with vomiting, diarrhea, abdominal pain, bloody stool, or constipation.
- Recognize the typical signs and symptoms of appendicitis, viral gastroenteritis, intussusception, bacterial enterocolitis, inflammatory bowel disease, and irritable bowel disease.

P. Renal Disease

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common renal diseases in pediatrics.

Specific goals:

- Discuss the clinical assessment, differential diagnosis, and management of a patient presenting with a urinary tract infection, nephritis, nephrotic syndrome, or hydronephrosis.
- Describe some common presentations of renal disease in children.
- Develop a basic differential diagnosis for hematuria, proteinuria, and hypertension.

Q. Neurologic Disease

Overall Goal:

By the completion of the clerkship, the student will demonstrate proficiency in the recognition, evaluation, and initial management of common neurologic diseases in pediatrics.

Specific goals:

- Discuss the clinical assessment, differential diagnosis, and basic management of a patient presenting with seizures, headaches, ataxia, or weakness.
- Describe some common presentations of neurologic disease in children.

R. Shock/Pediatric Critical Care

Overall Goal:

By the completion of the clerkship, the student will understand how to identify a critically ill child, and recognize the initial management of shock in a pediatric patient.

Specific goals:

- Understand how to identify a critically ill child.
- Recognize the typical signs and symptoms of shock in a pediatric patient.
- Discuss the most common causes of shock in the pediatric population.

III. Practice-Based Learning and Improvement (FAU 4-5-6)

Overall Goal:

By the completion of the clerkship, the student will demonstrate the ability to evaluate both their patient care practices and the scientific evidence, in order to improve the quality of care they deliver to pediatric patients.

IV. Interpersonal and Communication Skills

Overall Goal:

By the completion of the clerkship, the student will demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health care providers.

Specific goals:

- Establish and maintain effective, empathetic and therapeutic communication with patients across a range of settings and situations in pediatrics.
- Develop the ability to communicate in a caring and compassionate way with patients and their families.
- Perform a clear organized and concise pediatric case presentation.
- Demonstrate effective documentation of progress notes, pediatric histories, physicals and complete in-patient and out-patient case write-ups that facilitate communication with other health care providers.

V. Professionalism

Overall Goal: By the completion of the clerkship, the student will demonstrate a commitment to excellence and maturation in personal development.

Specific Objectives:

- Demonstrate respect, compassion and integrity at all times.
- Establish and maintain effective collaborative professional relationships with colleagues and other health care professionals.
- Demonstrate motivation to learn.
- Demonstrate independence and initiative.
- Recognize the importance of being receptive to guidance and criticism.
- Recognize personal limitations in knowledge, experience, and resources and how to seek help.
- Demonstrate a commitment to excellence and on-going professional development.
- Demonstrate a commitment to carrying out professional responsibilities and the ability to work well as part of a team.

VI. Systems-Based Practice

Overall Goal: By the completion of the clerkship, the student will recognize the importance of interdisciplinary collaboration in optimizing clinical outcomes for pediatric patients, work effectively with other health professionals, and demonstrate knowledge of the role of pediatric care in the broader community and health care system.

Online patient log documentation of clinical exposure:

Students are required to document all significant clinical experiences during the clerkship in the CMC pediatrics clerkship log posted on Blackboard. The log will be reviewed periodically by the clerkship discipline coordinator to monitor progress, and if necessary, arrange for additional clinical experiences.

The following are the diagnoses and procedures that students must log, in addition to logging demographic and social elements:

Students must have full participation in a case of:

- Abdominal pain
- Asthma/Bronchiolitis/Cough
- Cervical Adenitis/Pharyngitis/Otitis Media
- Conjunctivitis
- Constipation/Diarrhea/Vomiting
- Fever
- Sepsis
- Jaundice
- Pneumonia
- Skin Rashes and Infections
- Urinary Tract Infection

Students must complete full participation in the following:

- Plot growth parameters (Wt, Ht, HC, and BMI)

- Pediatric Physical exam
 - Normal ear exam and acute otitis media
 - Normal oral cavity and pharyngitis
 - Normal eye exam and conjunctivitis
 - Exam of neck for stiffness and lymph nodes
 - Normal lung exam and wheezing/stridor
 - Normal heart exam and appreciation of a heart murmur
- Newborn Exam (full-term, premature, and SGA)
- Adolescent History
 - Discussion of sexuality, drugs, tobacco, and alcohol
- Adolescent Exam (with Tanner staging)

8. Course evaluation method:

During the clerkship, each student will meet half-way with each clerkship discipline coordinator for a feedback session. All attending evaluations, patient logs, and participation in didactic sessions will be reviewed.

Expectations for the oral examination:

On Thursday afternoon of week 6, each student will meet individually with two examiners for an oral examination. It will last 20-30 minutes. One or two of the five pediatric clinical cases will be randomly selected by the two examiners for the oral examination. Be prepared to discuss any of the five cases: they are posted on Blackboard for the students to become familiar with them.

The discussion is formatted according to (based on clerkship discipline objectives):

- a. Patient History: What types of questions would you ask? What information would you be trying to obtain? What pertinent historical positive and negative responses would you be looking for?
- b. Patient Physical Examination: What physical findings would you be looking or listening for? What positive and negative findings would help you?
- c. Assessment and Plan: After taking a history and examining the patient, what is your initial assessment? What should your plan be for further evaluating the patient?
- d. This portion will include questions about the differential diagnosis and what laboratory and radiographic studies should be obtained.
- e. Treatment and Management: What would you suggest for this patient's initial treatment and management? We will discuss possible medications and any relevant supportive therapies. How will you speak to the family about the diagnosis and plan? What supports can you offer the family? What follow-up would you recommend for your patient?

Remember that the oral examination will be a very interactive experience. The examiners are looking to see how the student approaches and thinks about a case. Treatment plans and doses do not need to be memorized. Students should be able to discuss how to find and research this information if needed during the care of a patient.

The evaluation form used by the examiners is posted on Blackboard for reference.

Clinical Performance Evaluation by Faculty Preceptor:

aggregate grade from attending physicians that work closely with the students in the Emergency Department (10%), the Pediatric Ward/PICU (10%), the Nursery/NICU (10%), and the student's designated outpatient preceptor (10%).

Expectations for the NBME Subject Examination in pediatrics:

Students are expected to prepare independently. All examinations will be administered in the Biomedical Sciences building on the dates and times of week 6 of the clerkship posted on Blackboard. A student must sit for all examinations as scheduled. *A student must obtain permission for an excused absence from the clerkship*

medicine coordinator and notify the Assistant Dean for Student Affairs prior to the time for sitting for a scheduled examination. In the event of a personal emergency, the course clerkship medicine coordinator and the Assistant Dean for Student Affairs must be notified of the absence as soon as possible. A missed examination will be rescheduled at the discretion of the clerkship medicine coordinator, at a time that does not interfere with other clinical work. Unexcused absences will result in a grade of zero (0) for the missed examination.

Performance in all aspects of the clerkship will be monitored:

Clinical Performance Evaluation by Faculty Preceptor	40%
NBME Subject Examination in pediatrics	30%
Oral examination	10%
Clinical presentations/small group participation/lecture attendance	10%
CLIPP Case and patient log completion	10%

Passing/failing/remediation policies

Students are to refer to The Student Rights and Responsibilities Handbook (on Blackboard).

Students are expected to achieve all of the following to pass the clerkship:

1. Achieve a score equal to or greater than 70 based on the clerkship grading policy.
2. For the NBME Subject exam, the student must pass, defined as scoring at or above the 5th percentile nationally compared to first takers at a similar period of the academic year.
3. Receive an overall "Fulfills CC3 expectations" rating for the aggregate Clinical Performance Evaluation.
4. Pass the observed clinical exam at a minimum of 70%
5. Obtain a minimum of 70% on the written case reports
6. Attend all lectures or make-up absences with assigned work designated by clerkship discipline coordinator.
7. Completion of the patient logs in Blackboard.

If a student fails to achieve any of the above, an Incomplete grade for the clerkship will be assigned. If the NBME subject exam is below the 5th percentile, the student will be required to re-take the exam within 14 weeks of notification, unless approved to take it later by the Clerkship Discipline Coordinator. If the exam is passed on the second try, the overall grade will not change (i.e., only the first score will be used in determining the overall grade), and a "D" will be assigned. If a score at or above the 5th percentile on the second attempt is not achieved, a "F" grade will be assigned and remediation (which may include repeating the entire clerkship) will be determined by the Clerkship Discipline Coordinator in conjunction with the Junior/Senior Promotions Committee.

Students are to refer to The Student Rights and Responsibilities Handbook (on Blackboard).

9. Course grading scale:

A = 93-100; A- = 90-92; B+ = 88-89; B = 83-87; B - = 80-82;
C+ = 78-79; C= 73-77; C- = 70-72; D+ = 68-69; D = 63-67; D- = 60-62; F = 59 and below.

10. Policy on makeup tests, etc.

The FAU Medical Education Program and administration agree that student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress, and ultimate success as physicians.

11. Special Course requirements:

Attendance Policy:

The FAU faculty and administration agree that student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress, and ultimate success as physicians.

Attendance at the Monday/Wednesday/Friday small-group sessions and wrap-up is mandatory.

For an absence to be excused, a request must be made to the Course Director. Only a Course Director can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.

Repeated unexcused absences from required curricular activities may result in disciplinary action, up to and including dismissal from the FAU Medical Education Program.

Course and Faculty Evaluation:

The FAU Medical Education Program highly values the process of formal program evaluation and feedback. FAU students are required to complete all course evaluations and program evaluation surveys distributed by the medical education administration.

Grades and transcripts may be held for failure to submit required surveys.

Evaluations should be constructive, to help improve individual faculty's teaching, and the content and format of the courses.

Moreover, the timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career. We appreciate your completing evaluations to help continue with improvement of the learning experiences and environment for all students.

12. Classroom etiquette policy:

Students should be considerate of each other by switching his/her cell phone to vibrate during all teaching activities.

If a telephone call is of an emergency nature and must be answered during class, the student should excuse him/herself from the lecture hall before conversing.

Laptop computer use should be limited to viewing and recording lecture notes rather than checking e-mail, playing or viewing other distracting websites. Students may be asked by faculty to turn off laptops during any session where group participation is required (such as PBL and wrap-up sessions).

13. Disability policy statement:

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodation due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) –in Boca Raton, SU 133 (561-297-3880)—and follow all OSD procedures.

14. Honor code policy:

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty is considered a serious breach of these ethical standards because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility.

The FAU Honor Code requires a faculty member, student, or staff member to notify an instructor when there is reason to

believe an academic irregularity is occurring in a course. The instructor must pursue any reasonable allegation, taking action where appropriate. The following constitute academic irregularities:

1. The use of notes, books or assistance from or to other students while taking an examination or working on other assignments, unless specifically authorized by the instructor, are defined as acts of cheating.
2. The presentation of words or ideas from any other source as one's own is an act defined as plagiarism.
3. Other activities that interfere with the educational mission of the University.

For full details of the FAU Honor Code, see University Regulation 4.001 at www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf.

The Code of Honorable and Professional Conduct should serve as a guide to medical students in matters related to academic integrity and professional conduct. The Code of Honorable and Professional Conduct provides a mechanism for peer evaluation of student conduct which the FAU faculty and administration believe is an essential component of medical education and development of medical students.

15. Required texts/readings:

Suggested Texts:

Students may find the following reference sources helpful.

Title	Author	Publisher
The Harriet Lane Handbook, 18 th edition	Johns Hopkins Hospital, Custer, Rau and Lee	Mosby (<i>Available through online access at UM Calder Library</i>)
Nelson Textbook of Pediatrics, 18 th edition	Kliegman, Behrman, Jenson and Stanton	W.B. Saunders
Atlas of Pediatric Physical Diagnosis, 5th Edition	Zitelli and Holly	Mosby
Nelson Essentials of Pediatrics, 5 th edition	Kliegman, Marcidante, Jenson and Behrman	W.B. Saunders
Blueprints -Pediatrics 5th Edition (Review type book)	Marino and Fine	Lippincott Williams & Wilkins
Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 3 rd edition	Hagan, Shaw and Duncan	National Center for Education in Maternal and Child Health (<i>can be purchased via http://brightfutures.aap.org</i>)

16. Web-based postings on Blackboard:

Students are encouraged to use their laptop as much as possible in order to access resources, logs and other resources.

Please refrain from checking personal e-mails during teaching periods. Please put your cell phone or other device on "vibrate" to minimize disruption.

Please be punctual as a courtesy to your patients, staff, faculty and colleagues.

Academic half-day Handouts	Yes	Academic half-day Objectives	Yes	Exams	No
Required Activities	Yes	Grades	Yes	Additional Materials	Yes
Procedure logs	Yes	Patient logs	Yes	Evaluation forms	Yes

Students should note that clinical schedules have been entered for each student in Blackboard. The schedule indicates where students need to be: the start-end times of clinical activities are subject to change.

For example, a community preceptor session may be listed as 8:00 a.m. to 12:00 p.m. The actual time is potentially different, such as 7:45 a.m. to 11:45 a.m. or 8:00 a.m. to 12:15 p.m. The time of the activity is defined by the attending physicians and supersedes only the timing listed in Blackboard.

17. Course topical outline, including dates:

Content outline:

Please refer to Blackboard for up-to-date information and session-related objectives and handouts.

Study Habits:

A major contribution to your learning is active engagement, which includes participation in the learning of other students and interaction with the instructors. Students are expected to be proactive and to access the Blackboard system to review items associated to individual sessions.

Learning in the field of medicine is a life-long endeavor that is not only necessary, but can and should be fun. One of the most important factors for learning is curiosity and sometimes, the best way to keep this curiosity stimulated is through our interaction with colleagues and peers. When learning in small groups, we have a chance to try to explain topics to each other, brainstorm solutions together, give each other constructive feedback, and support and validate each other. We encourage balancing studying alone with learning in small groups. It is important to develop a study routine to avoid "putting things off" and "cramming" and to minimize the stress we may add to our lives in that way.

Independent Study Time:

Independent Study Time allocated within the day time schedule is provided for students, on average about 9 hours per week.

Students are expected to use this time to further their learning. The time should be used for independent study or with peers. It is an opportunity to seek out faculty to interact with them outside the formal teaching setting. Since the PBL small-group format requires that students research learning objectives, the time may be used to prepare for the subsequent sessions. Finally, the time may be used to work on assignments, problem-solving cases, off-campus visits or other tasks that are required by the courses.

Occasionally, some Independent Study Time sessions may be used for curriculum-related activities (e.g. standardized examinations): notice will be given as early as possible for these occasions.

Course and Faculty Evaluation:

FAU highly values the process of formal program evaluation and feedback. FAU students are required to complete all course evaluations and program evaluation surveys which are the Students Perception of Teaching (SPOT).

Grades and transcripts may be held for failure to submit required surveys. Evaluations should be constructive, to help improve individual faculty's teaching, and the content and format of the courses.

Moreover, the timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career. We appreciate your completing evaluations to help continue with improvement of the learning experiences and environment for all students.