

CORE CHILD AND ADOLESCENT HEALTH (PEDS 301) Syllabus

Kansas City University
College of Osteopathic Medicine



COURSE DIRECTOR

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CREDIT HOURS: VARIABLE

COURSE DESCRIPTION

This required clerkship provides students with the opportunity to further their understanding of pediatrics through clinical exposure to the care of children. Students will focus on the outpatient and/or inpatient management of well, acutely ill, and chronically ill infants and children while on their pediatric clerkship.

Course Goals

[COURSE GOALS](#)

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
 - *Clinical Competency Assessment from Preceptor*
 - *OnlineMedEd Case X, QBank Questions and Lessons*
 - *End of Clerkship Reflections from the Student*
 - *Standardized Case Checklist*
 - *PEDS COMAT Subject Exam*

This syllabus is intended to give the student guidance in what may be covered and expected during the clerkship. Every effort will be made to avoid changing the clerkship requirements but the possibility exists that unforeseen events will make syllabus changes necessary. KCU reserves the right to amend, modify, add, delete, supplement and make changes as the clerkship needs arise.

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Clerkship Requirements

Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

OnlineMedEd Case X, Qbank Questions and Lessons

Required OnlineMedEd Case X cases, Qbank questions and lessons have been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. While students are encouraged to work through all OnlineMedEd cases, only the following are required to be completed by the last day of the clerkship.

OnlineMedEd Log In

Complete the following CASE X Cases:

1. [Pediatrics 1](#)
2. [Pediatrics 2](#)
3. [Pediatrics 3](#)
4. [Pediatrics 4](#)
5. [Pediatrics 5](#)
6. [Peds Psych 1](#)
7. [Peds Psych 2](#)

Review the following Pediatrics Lessons:

1. [Newborn Management](#)
2. [Neonatal ICU](#)
3. [Failure to Pass Meconium](#)
4. [Baby Emesis](#)
5. [Neonatal Jaundice](#)
6. [Congenital Defects](#)
7. [Well Child](#)
8. [Vaccinations](#)
9. [ALTE BRUE and SIDS](#)
10. [Preventable Trauma](#)
11. [Child Abuse](#)
12. [Peds Infectious Rashes](#)
13. [Peds ID Review](#)

Complete the following Qbank Questions:

Fifty Six [56] [Pediatrics Qbank Questions](#)

Subject (End of Clerkship) Exams

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Passing (P) and Honors (H) are benchmarked against the NBOME academic-year norms for all students in that discipline. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns in the Clinical Competency Assessment.

Students are allowed to remediate any subject exam without it being considered a failed clerkship. The highest subject exam score and clerkship grade achieved after a remediation is Pass. If student fails the remediated subject exam, the clerkship and the subject exam must be repeated. After successful completion of remediated clerkship and remediated subject exam the clerkship grade earned is Fail/Pass (F/P). Student may be referred to Student Progress Committee (SPC) and required to present their case if two [2] or more subject exam failures occur during the same academic year.

Case Checklist

In order to reasonably standardize the child & adolescent experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from OnlineMedEd, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through E*Value at the end of every clinical experience to include:

- Evaluation of self and the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

| Component | Evaluation Tool | Minimum Score Required |
|--|---|---|
| Clinical Competency Assessment from Preceptor | Clinical Clerkship Evaluation via E*Value | Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure. |
| Standardized Case Checklist | Case Checklist via CANVAS | Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation. |
| End of Clerkship Reflections <i>from the Student</i> | Evaluation of Clerkship Evaluation of Preceptor Evaluation of Self Via E*Value | Upon completion of this clerkship student is responsible for completing evaluations of clerkship, preceptor, self via E*Value. |
| Online Learning Cases | OnlineMedEd Case X, Qbank and Lessons | Completion on each required Case X, Qbank questions and Lessons |
| Standardized Assessment | Subject Exam (COMAT) | Scaled Score of 82 or greater |

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

Required Textbooks

[Nelson Textbook of Pediatrics 21st Edition](#)

[CURRENT Diagnosis and Treatment Pediatrics, Twenty-Fifth Edition \(Access Pediatrics\)](#)

Recommended Resources

- [Harriet Lane Handbook: A Manual for Pediatric House Officers \(Clinical Key e-book\)](#)
- [Clinical Key](#) (also found on the D'Angelo Library [website](#)-under [databases](#))
- [Access Pediatrics](#) (also found on the D'Angelo Library [website](#)-under [databases](#))

- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality(AHRQ) – National Guideline Clearinghouse <http://www.guidelines.gov/browse/by-topic.aspx>
- Medical Management of Vulnerable and Underserved Patients: Chapter 20 <https://proxy.kansascity.edu/login?url=https://accessmedicine.mhmedical.com/content.aspx?bookid=1768§ionid=119149964>
- The United States Preventive Services Task Force is a suggested reference source for evidence-based health promotion/disease prevention plans: <http://www.uspreventiveservicestaskforce.org>
- Centers for Disease Control and Prevention: <http://www.cdc.gov/>

Course Structure

Pediatric clerkships at KCU occur in various settings across the country and provide a wide variety of educational experiences, all of which give students an opportunity to understand how context influences the diagnosis of pediatric conditions and the management of pediatric patients. Students will rotate in assigned pediatric clinical settings and each preceptor will specify site requirements. To ensure consistency among different clinical sites this standardized curriculum is provided. In order to successfully complete this required pediatric clerkship, students must fulfill requirements specified by their preceptor AND complete the required elements of this curriculum.

The KCU-COM standardized core pediatric curriculum has been designed for the purpose of ensuring that students understand expectations and work towards achieving competency in the diagnosis and management of various pediatric conditions. Many of the topics covered in this syllabus may be seen in the clinic/hospital, however, whether seen in practice or studied independently, it is the responsibility of the student to become familiar with all topics listed in this document.

Osteopathic Medical Education Core Competencies

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

Competency 2: Medical Knowledge

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Patient Care

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

Competency 4: Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

Competency 5: Professionalism

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

Competency 6: Practice-Based Learning & Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: Systems-Based Practice

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Competency 8: Health Promotion/Disease Prevention

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Competency 9: Cultural Competencies

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

Competency 10: Evaluation of Health Sciences Literature

Graduates are expected to utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

Competency 11: Environmental and Occupational Medicine (OEM)

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

Competency 12: Public Health Systems

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

Competency 13: Global Health

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

Competency 14: Interprofessional Collaboration

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-based care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

Core Entrustable Professional Activities for Entering Residency

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

Core Entrustable Professional Activities for Entering Residency are:

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly
9. Collaborate as a member of a professional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Course Objectives

The objectives for this core rotation are separated into topics and are included in the table below. The objectives within each topic are divided into “knowledge” and “skill” categories. The list of topics/objectives is quite comprehensive and it is suggested that students on the pediatric rotation use it to help them gauge their progress as they move through their rotation and prepare for the [COMAT Pediatric subject exam](#).

| Topic | Topic-Specific Objectives | AOA Comp | EPA |
|--|---|----------|-----|
| <p>Professional Conduct and Attitudes</p> <p>Humanism and Professionalism in Patient and Family Encounters</p> <p>(Skill)</p> | <ul style="list-style-type: none"> Describe and demonstrate behaviors that respect the patient's modesty, privacy, and confidentiality. Describe the practical applications of the major ethical principles (i.e. justice, beneficence, non-maleficence and respect for autonomy) Demonstrate communication skills with patients and families that convey respect, integrity, flexibility, sensitivity, and compassion. Demonstrate respect for patient, parent, and family attitudes, behaviors and lifestyles, paying particular attention to cultural, ethnic, and socioeconomic influences to include actively seeking to elicit and incorporate the patient's, parent's, and family's attitudes into the health care plan Demonstrate behaviors and attitudes that promote the best interest of patients and families, including showing flexibility to meet the needs of the patient and family. | | |
| <p>Professionalism with Members of the Health Care Team</p> <p>(Skill)</p> <p>Professionalism in the Learner Role (Skills)</p> | <ul style="list-style-type: none"> Describe the characteristics of the impaired physician and reflect on your responsibility to identify and report concerning behavior. Demonstrate collegiality and respect for all members of the health care team. Demonstrate a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting, and acting on feedback, flexibility when differences of opinion arise, and reliability (including completing all assignments with honesty) Identify and explore personal strengths, weaknesses, and | | |

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|--|--|--|--|
| <p>Professionalism and Society</p> <p>(Skill)</p> | <p>goals—in general and within specific patient encounters.</p> <ul style="list-style-type: none"> Describe the impact of stress, fatigue, and personality differences on learning and performance. Describe a pediatrician's role and responsibility in advocating for the needs of patients (individual and populations) within society. Demonstrate behaviors that enhance the experience of the entire group of learners. | | |
| <p>Skills Essential for Competent Pediatric Medical Care</p> <p>Interviewing skills</p> <p>Physical Examination Skills</p> <p>Patient Specific Communication Skills</p> | <ul style="list-style-type: none"> Demonstrate an ability to obtain information from a child and/or the accompanying adult in an age-appropriate and sensitive manner. Pediatric histories may require: <ul style="list-style-type: none"> -prenatal history (pregnancy) -perinatal history (birth) -neonatal history -immunization history -developmental history -HEADSSS in adolescents Demonstrate the role of patient observation in determining the nature of a child's illness. Demonstrate the role of patient observation in determining the developmental status of a pediatric patient. Conduct a pediatric physical examination appropriate to the nature of the visit or complaint (complete vs. focused) and the age of the patient. Demonstrate the ability to assess a pediatric patient using: <ul style="list-style-type: none"> -appearance -vital signs -growth -development -complete or focused PE Conduct an effective interview by adapting the interview to the visit (e.g., first visit, acute care, health supervision) or chief complaint. Demonstrate age appropriate and effective communication skills with children and their families, taking into account cultural backgrounds, social situations, and parental concerns. Demonstrate the ability to discuss medical information in terms understandable to patients and families by avoiding medical | | |

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|---------------------------|--|--|--|
| Peer Communication Skills | <p>jargon.</p> <ul style="list-style-type: none"> • Correctly identify the need for an interpreter in specific patient-physician interactions • Effectively communicate information about the diagnosis, diagnostic plan, and treatment to the patient and family and assess the patient and families understanding • Describe the important role of patient education in treatment of acute and chronic illness, and prevention of disease. • Observe and reflect on the communication of “bad news” to parents, children, and adolescents. • Demonstrate effective oral and written communication with the health care team avoiding extensive jargon and vague terms (e.g., normal, good, etc.) • Present a complete, well-organized verbal summary of the patient’s history and physical examination findings, including an assessment and plan, modifying the presentation to fit the time constraints and educational goals of the situation. • Document the history, physical examination, assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, office/clinic visit, acute illness, health supervision (well child) visit, and interval care visits. • Write admission and daily orders for a hospitalized patient. • Write a prescription specific for a child’s weight. | | |
| Problem-solving skills | <ul style="list-style-type: none"> • Demonstrate an ability to generate an age-appropriate differential diagnosis and problem list based on the interview and physical examination • Outline a diagnostic plan based on the differential diagnosis and justify the diagnostic tests and procedures taking into account the test’s sensitivity, specificity, and predictive value, as well as its invasiveness, risks, benefits, limitations, and costs. • Interpret the results of diagnostic tests or procedures, recognizing the age-appropriate values for commonly used laboratory tests, such as the CBC, urinalysis, and serum electrolytes. • Formulate a therapeutic plan appropriate to the working diagnosis. • Formulate an educational plan to inform the health care team and family of your thought process and decisions. • Search for relevant information using electronic (or other) data bases and critically appraise the information obtained to make | | |

| Topic | Topic-Specific Objectives | AOA Comp | EPA |
|---|---|----------|-----|
| <p data-bbox="139 279 383 342">Pediatric Health Supervision</p> <p data-bbox="107 380 415 432">Health supervision specific to pediatrics</p> <p data-bbox="131 1192 391 1245">Skills in Pediatric Health supervision</p> | <p data-bbox="526 197 812 218">evidence-based decisions.</p> <ul data-bbox="480 285 1203 1308" style="list-style-type: none"> <li data-bbox="480 285 1203 338">• List the most common preventable morbidities in childhood and describe strategies for prevention. <li data-bbox="480 380 1203 548">• Describe the components of a health supervision visit including health promotion and disease and injury prevention, the appropriate use of screening tools, and immunizations for newborns (birth to 28 days), infants (1 month-12 mos), toddlers (12 mos-36 mos) pre-school aged (36 mos-60mos), school-aged, adolescent (onset of puberty-approx. 19yo) <li data-bbox="480 579 1032 600">• Describe rationale for childhood immunizations. <li data-bbox="480 642 1203 726">• Discuss the rational for screening tests (such as environmental lead questionnaire, domestic violence screening, CBC, urinalysis, blood lead level, PPD (when indicated), lipid profile <li data-bbox="480 758 1203 1073">• Describe the indications, appropriate use, interpretation, and limitations of the following screening tests: <ul data-bbox="561 821 837 1073" style="list-style-type: none"> <li data-bbox="561 821 773 842">-neonatal screening <li data-bbox="561 852 837 905">-developmental screening (and M-CHAT screening) <li data-bbox="561 915 764 957">-hearing and vision screening <li data-bbox="561 968 724 989">-lead screening <li data-bbox="561 999 756 1020">-anemia screening <li data-bbox="561 1031 708 1052">-Tb screening <li data-bbox="561 1062 724 1083">-lipid screening <li data-bbox="480 1104 1146 1157">• Define anticipatory guidance and describe how it changes based on the age of the child. <li data-bbox="480 1188 1187 1308">• Demonstrate an ability to provide age-appropriate anticipatory guidance on nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality, and substance use and abuse. | | |
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p data-bbox="115 1367 407 1430">Growth in Pediatric Patients</p> <p data-bbox="107 1461 415 1514">Factors influencing growth in pediatric patients</p> <p data-bbox="115 1724 407 1776">Skills needed in Assessing Pediatric Growth</p> | <ul data-bbox="480 1377 1195 1839" style="list-style-type: none"> <li data-bbox="480 1377 1162 1430">• Describe variants of normal growth in healthy children (e.g., delay) <li data-bbox="480 1461 1179 1577">• Identify and describe abnormal growth patterns based on the family growth history and the child's previous growth (e.g., microcephaly, macrocephaly, short stature, obesity, growth abnormalities related to specific physical findings). <li data-bbox="480 1608 1195 1692">• Identify failure-to-thrive and obesity in a pediatric patient using BMI and other growth measure and outline the differential diagnosis and initial evaluation. <li data-bbox="480 1724 1170 1839">• Demonstrate the ability to measure and assess growth including height/length, weight, and head circumference and BMI in patient encounters using standard pediatric growth charts. | | |

| <p>Pediatric Development</p> <p>Physical maturation and intellectual, social, and motor development of pediatric patients</p> <p>Skills needed for Assessment of Pediatric Development</p> | <ul style="list-style-type: none"> Describe the four developmental domains of childhood as defined by the Denver Developmental exam (e.g., gross motor, fine motor, language, and social development). Describe how abnormal findings on the developmental screening tools would suggest a diagnosis of developmental delay, autism, pervasive developmental delay, or intellectual disability. Describe the initial evaluation/screen and the need to refer a patient with evidence of developmental delay or abnormality. Demonstrate an ability to assess psychosocial, language, physical maturation, and motor development in pediatric patients using appropriate resources (e.g. Bright Futures, the Denver Developmental Standard Test; Second edition (DDST-II), M-CHAT, and HEADSSS). <ul style="list-style-type: none"> -Newborn/Infant: disappearance of primitive reflexes, tone and posture changes, cephalocaudad progression of motor skills, stranger anxiety -Toddler: separation and autonomy in 2-3yo, language development, school readiness -Adolescent: Tanner stages, cognitive development, assessment of psycho-social and emotional development (HEADSSS) | | |
|---|--|----------|-----|
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p>Pediatric Behavior</p> <p>Knowledge of age-appropriate behavior</p> | <ul style="list-style-type: none"> Identify normal pattern of behaviors in the developing child: <ul style="list-style-type: none"> -newborn/ infants: development and evolution of social skills -toddlers: autonomy -school age: independence -adolescents: abstract thinking Describe the typical presentation of common behavioral problems and issues in different age groups such as: <ul style="list-style-type: none"> -newborn/infants: sleep issues, colic -toddler: temper tantrums, toilet Training, feeding issues (picky) -school age: enuresis, ADHD, encopresis, autism -adolescence: eating disorders (body image), risk taking, conduct disorders., Describe the emotional disturbances or medical conditions that may manifest as alterations in school performance and peer or family relationships. | | |

| <p>Skills needed in Behavioral Pediatrics</p> | <ul style="list-style-type: none"> • Distinguish between age-appropriate behavior, inappropriate or abnormal behavior, and those that suggest severe psychiatric or development issues in children of different ages (e.g., head banging, threatening gestures, suicidal ideations). • Describe the types of situations where pathology in the family (e.g., alcoholism, domestic violence, depression) contributes to childhood behavior problems. • Describe how somatic complaints may represent psychosocial problems (e.g., recurrent abdominal pain, headache, fatigue, neurologic complaints). • Identify behavioral and psychosocial problems of childhood using the medical history and physical examination. • Counsel parents and children about the management of common behavioral concerns such as discipline, toilet training, and “picky eaters”. | | |
|--|---|----------|-----|
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p>Pediatric Nutrition</p> <p>Knowledge in Pediatric Nutrition</p> <p>Skills related to Pediatric Nutrition</p> | <ul style="list-style-type: none"> • Describe the advantages of breast feeding and describe common difficulties experienced by breastfeeding mothers. • Describe the signs and symptoms of common nutritional deficiencies in infants and children (e.g. iron, vitamin D, fluoride, inappropriate caloric intake) and how to prevent them. • Identify children with specific or special nutritional needs (e.g., patients with chronic illness, prematurity, abnormal growth patterns, failure to thrive, obesity, or when family risk factors suggest the possibility that nutritional modification will be needed). • Describe nutritional factors that contribute to the development of childhood obesity and failure-to-thrive. • Discuss risk factors for the development of cardiac disease and diabetes with families. • Describe the endocrine, cardiovascular, and orthopedic consequences of childhood obesity • Obtain the dietary history of an infant: breast milk or type of formula (and how formula is mixed), volume, frequency, solid foods, dietary supplements (if any) • Obtain the dietary history of a toddler/school age child: milk (what kind), water, soda, snacks (type), fast food, meal patterns. • Obtain the dietary history of an adolescent patient: meal patterns, nutritional supplements (protein, creatine, etc.), milk, | | |

| | <p>water, juices, soda, snacking, fad diets.</p> <ul style="list-style-type: none"> • Determine the caloric adequacy of an infant's diet. • Provide nutritional advice to families regarding the following; <ul style="list-style-type: none"> -Breastfeeding vs. formula feeding -addition of solids to an infants diet -healthy food choices for children and adolescents -exercise, screen time, and their effect on obesity | | |
|---|--|----------|-----|
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p>Prevention in Pediatrics</p> <p>Essential knowledge pertaining to pediatric prevention</p> <p>Skills associated with pediatric prevention</p> | <ul style="list-style-type: none"> • Describe how risk of illness and injury change during growth and development and give examples of the age and development-related illness and injuries • List the immunizations currently recommended from birth through adolescence and identify patients whose immunizations are delayed. • Describe the rationale, general indications and contraindications of immunizations. • Describe the key components of a pre-participation sports physical. • Describe infection control precautions that help limit the spread of infections diseases in patients and health care providers (e.g., handwashing, masks, universal precautions) • Provide age appropriate anticipatory for: <ul style="list-style-type: none"> -motor vehicle safety -infant sleeping position -falls -burns -poisoning -fire safety -choking -water safety -sun safety -hypothermia -bike safety -sexually transmitted Infections (STI's) -gun safety | | |

| <p>Adolescent Issues</p> | | | |
|--|--|--|--|
| <p>Knowledge essential to understanding adolescence, the stage of human growth and development between childhood and adulthood</p> | <ul style="list-style-type: none"> • Describe the unique features of the physician-patient relationship during adolescence including confidentiality and consent. • Identify and describe the sequence of physical changes of puberty (Tanner scale) • List the components of health supervision for an adolescent, such as personal habits, pubertal development, immunizations, acne, scoliosis, sports participation, and indications for pelvic exam. • Describe the common risk-taking behaviors of adolescents, such as alcohol and other drug use, sexual activity, and violence. • Describe the contributions of unintentional injuries, homicide, suicide, and HIV/AIDS to the morbidity and mortality of adolescents. • Describe the features of common mental health problems in adolescence, including school failure, attention deficit, body image, eating disorders, depression, and suicide. • Describe an approach to counseling an adolescent regarding sexual activity, substance abuse, and personal safety. • Describe the unique difficulties encountered by adolescents with chronic diseases, including adherence and issues of autonomy vs. dependence. | | |
| <p>Skills important in caring for adolescent patients</p> | <ul style="list-style-type: none"> • Discuss the characteristics of early, mid, and late adolescence in the terms of cognitive and psychosocial development. • Interview an adolescent patient, using the HEADSSS method, asking questions about lifestyle choices that affect health and safety (E.g., sexuality, drug, tobacco, and alcohol use) • Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate. • Conduct a pre-participation sports examination and demonstrate the key components of that examination necessary to clear an individual for participation in strenuous exercise (e.g., neuro, cardiac, musculo-skeletal) • Conduct a health supervision visit for a healthy adolescent, incorporating a psychosocial interview, developmental assessment and appropriate screening and preventive measures. | | |

| Issues Unique to the Newborn | | | |
|--|---|--|--|
| <p>Knowledge essential to caring for the newborn</p> | <ul style="list-style-type: none"> • Describe the transition from intra-uterine to the extra-uterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding • List the information obtained from parents and medical records regarding the pregnancy, labor, and delivery. • Describe how gestational age can be assessed with an instrument such as the Ballard scale and identify key indications of gestational maturity. • Describe the challenges for parents adjusting to a new infant in the home. • List the differential diagnosis and complications for: <ul style="list-style-type: none"> -jaundice -respiratory distress -poor feeding -large and small for gestational age infants -drug withdrawal -hypoglycemia -sepsis -prematurity • Describe how gestational age affects risks of morbidity or mortality in the newborn period (lung disease, temperature control, glucose control) • Describe the impact of TORCH infections and Zika virus on the fetus and newborn | | |
| <p>Skills needed in caring for newborns</p> | <ul style="list-style-type: none"> • Perform a complete physical examination of the newborn infant • Give parents of a newborn anticipatory guidance for: <ul style="list-style-type: none"> -benefits of breast feeding for the newborn and mother -normal bowel and bladder patterns -normal sleep patterns -newborn screening tests -car seat use -prevention of SIDS (Back to Sleep program) -immunizations (Hep B) -medications (eye prophylaxis and vitamin K) -circumcision | | |

| Topic | Topic-Specific Objectives | AOA Comp | EPA |
|--|--|----------|-----|
| <p data-bbox="99 226 427 310">Medical Genetics and Dysmorphology in Pediatrics</p> <p data-bbox="118 344 407 428">Medical Genetics/ Dysmorphology knowledge important in Pediatrics</p> | <ul style="list-style-type: none"> <li data-bbox="480 373 1198 894">• Describe the genetic basis and clinical manifestations of: <ul style="list-style-type: none"> -Trisomy 21 (Down syndrome) -Turner syndrome -Klinefelter syndrome -fragile X -Cystic fibrosis -sickle cell anemia -hemophilia -Tay-Sachs disease -Thalassemia -Duchenne muscular dystrophy -Becker muscular dystrophy -PKU -Huntington disease -Prader-Willi -Angelman syndrome -neurofibromatosis <li data-bbox="480 928 886 953">• Describe Fetal Alcohol Syndrome <li data-bbox="480 1012 1110 1222">• Describe the etiology and clinical manifestations of the following malformations <ul style="list-style-type: none"> -Spina bifida -congenital heart disease -cleft lip/palate -VACTERL (VATER) association <li data-bbox="480 1264 1198 1381">• List common medical and metabolic disorders (e.g., cystic fibrosis, hypothyroidism, PKU, hemoglobinopathies, congenital adrenal hyperplasia) detected through newborn screening programs. <li data-bbox="480 1444 1094 1726">• Discuss the effects of maternal health and potentially teratogenic agents on the fetus and child: <ul style="list-style-type: none"> -maternal diabetes -maternal age -alcohol use -illicit drug use -prescribed medications (phenytoin, valproate, isotretinoin) <li data-bbox="480 1768 1198 1852">• List common prenatal diagnostic assessments (maternal serum screening, amniocentesis, ultrasound, blood type, strep screening). | | |

| Skill for genetics in pediatrics | <ul style="list-style-type: none"> Describe the use of chromosome studies in the diagnosis of genetic disorders Discuss the role of genetics in common multifactorial conditions (e.g., inflammatory bowel disease, pyloric stenosis, congenital heart disease, cleft lip, diabetes, cancer) Use a family history to construct a pedigree for the evaluation of a possible genetic disorder. | | |
|---|--|----------|-----|
| <p>Fluid and electrolyte management in Pediatrics</p> <p>Knowledge needed to manage fluid and electrolytes in Pediatrics</p> <p>Skills for managing fluid and electrolytes in pediatrics</p> | <ul style="list-style-type: none"> Describe the conditions in which fluid administration may need to be restricted (SIADH, CHF, renal failure) or increased (fever, burns, DI, dehydration). Describe the physical findings in hypovolemic shock and the approach to restoration of circulation fluid volume (bolus infusion). Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration and such conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, and severe metabolic acidosis. Obtain history perform physical exam to assess the hydration status of a child. Calculate and write orders for IV maintenance fluids for a child considering daily water and electrolyte requirements Calculate and write orders for the fluid therapy for a child with severe dehydration including bolus fluids to replenish circulating volume, deficit fluid, and maintenance fluids. Explain to parents how to use oral rehydration therapy for mild to moderate dehydration | | |
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p>Pediatric Poisoning</p> <p>Knowledge needed to provide care in cases of pediatric poisoning</p> | <ul style="list-style-type: none"> Describe the developmental vulnerability for poisoning and accidental ingestions in infants, toddlers, children, and adolescents. List the ages at which prevalence of unintentional and intentional poisonings is highest and the passive and active interventions that decrease the incidence of childhood ingestions (e.g., locks or safety caps). Describe the emotions of guilt and anxiety that may be present | | |

| <p>Skills for dealing with poisonings in pediatrics</p> | <p>in the parent, caregiver, or child after an ingestion.</p> <ul style="list-style-type: none"> Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning. Describe the acute signs and symptoms of accidental or intentional ingestion of acetaminophen, iron, alcohol, narcotics, tricyclic anti-depressants, volatile hydrocarbons, dextromethorphan, batteries (esp. disc), and caustics. Describe the immediate emergency management of children with toxic ingestions Describe the role of the Poison Control Center and other information resources in the management of the patient with an accidental or intentional ingestion. Describe the agents and acute signs and symptoms of intentional chemical or biologic agents. Provide anticipatory guidance regarding home safety and appropriate techniques to prevent accidental ingestions. Elicit a complete history when evaluating and unintentional ingestion or exposure to a toxic substance (including the substance, the route of exposure, the quantity, timing, and general preventive measures in the household). Elicit a complete history surrounding the intentional ingestion of a toxic substance (including the substance, route of exposure, amount, timing, antecedent events, and stressors) | | |
|---|--|----------|-----|
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p>Child Abuse</p> <p>Knowledge needed to assess and care for child abuse or suspected child abuse</p> | <ul style="list-style-type: none"> List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and emotional/psychological abuse and neglect (e.g., history inconsistent with physical exam, inconsistency in history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries inconsistent with the child's developmental abilities) Describe the medical-legal importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse. Discuss the concurrence of domestic violence and child abuse and describe markers that suggest the occurrence of family violence. Describe the unique communication skills required to work with families around issues of maltreatment. Identify those individuals who are "mandatory reporters" and summarize their responsibilities. | | |

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| | <ul style="list-style-type: none"> Know to whom a report should be made (changes from state to state). | | |
| <p>Child Advocacy</p> <p>What pediatric providers need to know about child advocacy</p> <p>Pediatric Advocacy Skill</p> | <ul style="list-style-type: none"> Describe barriers that prevent children from gaining access to health care, including financial, cultural and geographic barriers. Identify opportunities for advocacy during a health supervision visit. Describe critical components of partnering with the community members to promote child health. Describe the types of problems that benefit more from a community approach rather than an individual approach. Identify a specific pediatric healthcare issue and outline a potential approach to advocacy. | | |
| <p>Social Determinants of Health in Pediatrics</p> <p>Poverty and poverty-related social determinants of health have clear negative effects on children's health and well-being</p> | <ul style="list-style-type: none"> Define social determinants of health and understand their effect on children's health. Describe evidence-based interventions that address poverty and poverty related social determinants of health. https://proxy.kansascity.edu/login?url=http://pedsinreview.aappublications.org/content/pedsinreview/39/5/235.full.pdf | | |

Pediatric Core Clerkship Clinical Objectives

This portion of the syllabus serves as a guide the pediatric emergencies, chronic illnesses/disabilities, and acute illnesses that students should be familiar with at the conclusion of their pediatric clerkship. It is hoped that many of these conditions/illnesses will be seen in the clinical setting, however, pediatrics tends to be “seasonal” in what patients will present with at any certain time of the year. It is the responsibility of the student to supplement their clinical experience with independent study, thereby ensuring exposure to all emergencies, chronic conditions, and acute illnesses in the following tables.

Pediatric Emergencies

All health care providers must be able to identify the infant, child, or adolescent with a medical emergency. A systematic and thorough approach to the seriously ill child may significantly reduce morbidity and mortality.

| Topic | Topic-Specific Objectives | AOA Comp | EPA |
|--|---|-------------|-----|
| <p>Pediatric Emergencies (in Generalities)</p> <p>Knowledge important in assessing and dealing with pediatric emergencies</p> <p>Skills associated with pediatric emergencies</p> | <ul style="list-style-type: none"> • List the symptoms of and describe the initial emergency management of shock, respiratory distress, lethargy, apnea, and status epilepticus in pediatric patients • Describe the age appropriate differential diagnosis and the key clinical findings that would suggest a diagnosis for each of the following emergencies: <ul style="list-style-type: none"> -airway obstruction/respiratory distress -altered mental status (delirium/lethargy) -apnea -ataxia -gastrointestinal bleeding -injuries and unintentional unintentional injuries (accidents) -proptosis -seizures -shock -suicidal ideation • Describe the presenting clinical findings for each of the following emergencies : <ul style="list-style-type: none"> - airway obstruction/respiratory distress -altered mental status (delirium/lethargy) -apnea -ataxia -gastrointestinal bleeding -injuries and unintentional unintentional injuries (accidents) -proptosis -seizures -shock -suicidal ideation • Demonstrate the appropriate anticipatory guidance to prevent life-threatening situations <ul style="list-style-type: none"> -infant positioning and SIDS -gun and cabinet locks -car seats/seat belts -bicycle helmets -demonstrate the ABC assessment as a means for identifying those who require immediate medical attention/intervention. (Remember, the sequence for CPR is CAB: compressions, establish airway, provide ventilation) | | |

| Topic | Topic-Specific Objectives | AOA Comp | EPA |
|---|---|----------|-----|
| <p>Acute Pediatric Illnesses (differential diagnoses in pediatric patients must take into account the patients' age, developmental stage, family history, and the time of year). Please make use of Appendix 1</p> <p>Knowledge important in caring for pediatric patients with an acute illness/condition.</p> | <ul style="list-style-type: none"> • Develop a list of questions to ask, describe an appropriate exam, and develop an age appropriate differential diagnosis for each of the following complaints (see Appendix 1 for help with DDX): <ul style="list-style-type: none"> -abdominal pain -cough and /or wheeze -diarrhea (acute usually defined as <14 days duration) -fever and rash -fever without a source (know why age makes a difference) -headache -sore neck -lethargy (know significance of term) -irritability/inconsolability -limp/extremity pain -otalgia -rash -rhinorrhea -red eye/eyes -seizures/abnormal movements -sore throat -vomiting -dysuria -constipation -enuresis -jaundice -head injury • Develop an age appropriate differential diagnosis for pediatric patients presenting with each of the following physical findings (see Appendix 1 for help with DDX): <ul style="list-style-type: none"> -abdominal mass -bruising -jaundice -heart murmur (in neonate, in child, in athlete) -hepatomegaly -lymphadenopathy -splenomegaly -petechiae and/or purpura (know these terms and how they differ) -wandering eye/dysconjugate gaze. -white pupillary reflex • List the age appropriate differential diagnosis for pediatric patients presenting with each of the following laboratory findings (see Appendix 1 for help with DDX) | | |

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| <p>Skills associated with caring for pediatric patients presenting with acute symptoms/conditions.</p> | <p>-anemia (microcytic, macrocytic, normocytic). Know the importance of using indices to determine etiology of anemia.</p> <p>-hematuria (microscopic, gross). Know the significance of positive "blood" on dipstick with neg UA micro.</p> <p>-positive tuberculosis skin test</p> <ul style="list-style-type: none"> • Describe the epidemiology, clinical presentation, laboratory and/or radiological findings of each item in the "suggested DDX" column in Appendix 1. • Explain how the physical manifestations of disease and the evaluation and management may vary with the age of the patient. Be able to give specific examples. • Discuss the characteristics of the patient and the illness that must be considered when making the decision to manage the patient in the hospital or in the outpatient setting. • Perform an age-appropriate history and physical examination pertinent to the presenting complaint of the child. • Generate an age appropriate differential diagnosis and initial diagnostic and therapeutic plan for each patient presenting with one of the following symptoms, physical examination findings, or laboratory findings (use Appendix 1) <p>Chief Complaints:</p> <ul style="list-style-type: none"> -abdominal pain -cough and /or wheeze -diarrhea (acute usually defined as <14 days duration) -fever and rash -fever without a source (know why age makes a difference) -headache -sore neck -lethargy (know significance of term) -irritability/inconsolability -limp/extremity pain -otalgia -rash -rhinorrhea -red eye/eyes -seizures/abnormal movements -sore throat -vomiting -dysuria -constipation -enuresis -jaundice <p>Physical Exam Findings:</p> <ul style="list-style-type: none"> -abdominal mass -bruising -jaundice -heart murmur (in neonate, in child, in athlete) -hepatomegaly | | |
|--|---|--|--|

| | <ul style="list-style-type: none"> -lymphadenopathy -splenomegaly -petechiae and/or purpura (know these terms and how they differ) -wandering eye/dysconjugate gaze. -white pupillary reflex <p>Laboratory tests:</p> <ul style="list-style-type: none"> --anemia (microcytic, macrocytic, normocytic). Know the importance of using indices to determine etiology of anemia. -hematuria (microscopic, gross). Know the significance of positive “blood” on dipstick with neg UA micro. -positive tuberculosis skin test | | |
|---|--|----------|-----|
| Topic | Topic-Specific Objectives | AOA Comp | EPA |
| <p style="color: red; text-align: center;">Pediatric Chronic Illness and Disability</p> <p>Knowledge needed to care for pediatric patients with chronic illness and disability</p> | <ul style="list-style-type: none"> • Describe the clinical features of chronic medical conditions that affect pediatric patients: <ul style="list-style-type: none"> -asthma -atopic dermatitis -allergic rhinitis/conjunctivitis -cerebral palsy -diabetes mellitus -epilepsy -malignancy (ALL, Wilms tumor, lymphoma, neuroblastoma, etc) -obesity -sickle cell disease -HIV/AIDS -sensory impairment -intellectual impairment -autism • Describe how chronic illness can influence a child’s growth, development, educational achievement, and psychosocial functioning. • Describe the impact that chronic illness has on the family’s emotional, economic, and psychosocial functioning. • Describe the impact of a patient’s culture on the understanding, reaction to, and management of a chronic illness. • Describe the contributions of each member of a multidisciplinary health care team in caring for children with a chronic illness. • Identify the key components of delivering “bad news” in relation to chronic illness/fatal conditions. • Explain the management strategies for common chronic illnesses seen in children such as asthma, seasonal allergies, | | |

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| <p>Skills important in caring for pediatric patients with chronic illness.</p> | <p>diabetes, atopic dermatitis.</p> <ul style="list-style-type: none"> Perform a medical interview and a physical examination in a child with a chronic illness that includes: <ul style="list-style-type: none"> -effects of the chronic illness on growth and development. -emotional, economic, and psychosocial functioning of the patient and family. -treatments used, including, osteopathic, complementary, and alternative therapies | | |
| <p>Pediatric Therapeutics (pharmacokinetics, dosing, dosage form, dosage regimen)</p> <p>Needed knowledge in the area of appropriate and successful treatment of pediatric patients.</p> | <ul style="list-style-type: none"> Describe how to assess whether a drug is excreted in the breastmilk and safe to use by a breastfeeding mother. List medications (such as tetracycline, oral isotretinoin, SSRI's) that are contraindicated or must be used with caution in specific pediatric populations (age matters in some cases) Describe the appropriate (and inappropriate) use of the following common medications in the outpatient setting (also must identify those situations when medications are not indicated). <ul style="list-style-type: none"> -analgesics/antipyretics -antibiotics -bronchodilators -corticosteroids (oral, intranasal, inhaled, topical) -leukotriene inhibitors -antihistamines -cough/cold preparations -ophthalmic preparations -Otic preparations -Vitamin/mineral supplements Select generally accepted pharmacologic therapy for common or life-threatening conditions in pediatric patients. <p>Common ambulatory conditions:</p> <ul style="list-style-type: none"> -acne -acute otitis media -allergic rhinitis -asthma -atopic dermatitis -candidiasis -diaper dermatitis -fever (antipyretic dose) -impetigo -strep pharyngitis -constipation -UTI -pneumonia | | |

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|---|--|--|--|
| <p>Skills needed regarding pediatric therapeutics/medications</p> | <p>-tinea corporis/cruris/capitis -diarrhea -colic</p> <p>-gastroesophageal reflux (sx's) -croup</p> <p>Common conditions seen in hospital: -bronchiolitis -asthma -dehydration -pneumonia</p> <p>Life-threatening conditions -sepsis -meningitis -status epilepticus -anaphylaxis -hypovolemic dehydration -supraventricular tachycardia -status asthmaticus</p> <ul style="list-style-type: none"> • Describe the ways medication errors are systemically prevented. • Calculate a drug dose for a child based on body weight. • Write a prescription (for example: an antibiotic-- taking into account the weight and age of the child, if they can swallow pills or if they need a liquid, and mg of pill/ concentration of liquid.) • Develop a therapeutic plan with a patient and family to ensure understanding of the plan and to maximize compliance with the agreed upon treatment regimen. | | |
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Programmatic and Course Research

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

Policies & Procedures

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

Department of Clinical Education Contacts

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).

ADDENDUM Curriculum B

This scenario is provided given a clerkship is shortened due to unforeseen circumstances, will provide part in person clerkship experience and part online experience, and/or student is at a site that is using a 2 week virtual/2 week in-person curriculum.

In the event student is assigned to this scenario, the following are the clerkship requirements:

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
 - *Clinical Competency Assessment from Preceptor*
 - *OnlineMedEd Case X, QBank Questions and Lessons*
 - *Standardized Case Checklist*
 - *Completion of Case Presentation*
 - *Completion of PowerPoint Presentation*
 - *Telemedicine SPE/MBE Cases*
 - *End of Clerkship Reflections from the Student*
 - *PEDS COMAT Subject Exam*

OnlineMedEd Case X, Qbank Questions and Lessons

Required OnlineMedEd Case X cases, Qbank questions and lessons have been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. While students are encouraged to work through all OnlineMedEd cases, only the following are required to be completed by the last day of the clerkship.

[OnlineMedEd Log In](#)

Complete the following CASE X Cases:

1. [Pediatrics 1](#)
2. [Pediatrics 2](#)
3. [Pediatrics 3](#)
4. [Pediatrics 4](#)
5. [Pediatrics 5](#)
6. [Peds Psych 1](#)
7. [Peds Psych 2](#)

Review the following Pediatrics Lessons:

1. [Newborn Management](#)
2. [Neonatal ICU](#)
3. [Failure to Pass Meconium](#)
4. [Baby Emesis](#)
5. [Neonatal Jaundice](#)
6. [Congenital Defects](#)
7. [Well Child](#)
8. [Vaccinations](#)
9. [ALTE BRUE and SIDS](#)
10. [Preventable Trauma](#)
11. [Child Abuse](#)
12. [Peds Infectious Rashes](#)
13. [Peds ID Review](#)

Complete the following Qbank Questions:

Fifty Six [56] [Pediatrics Qbank Questions](#)

Case Checklist

In order to reasonably standardize the child & adolescent health experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from OnlineMedEd, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

Completion of Case Presentation

The student shall develop **one [1] case** considering a given scenario from below. In the presentation, student will record themselves doing the presentation and submit in canvas for faculty review. Accepted uploaded files types include .mov, mp4 and wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

Student Last Name Begins with A-I:

1. Adolescent Substance Use Disorder
2. Appendicitis

Student Last Name Begins with J-P:

1. Asthma Exacerbation
2. Attention Deficit Hyperactivity Disorder

Student Last Name Begins with Q-Z:

1. Difficulty Breathing
2. Child Abuse

Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following Pediatrics topics:

1. Pediatric Developmental Milestones
2. Anticipatory Guidance

Presentation must be a minimum of 10 slides and submitted in canvas course.

Subject (End of Clerkship) Exams

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Passing (P) and Honors (H) are benchmarked against the NBOME academic-year norms for all students in that discipline. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns in the Clinical Competency Assessment.

Students are allowed to remediate any subject exam without it being considered a failed clerkship. The highest subject exam score and clerkship grade achieved after a remediation is Pass. If student fails the remediated subject exam, the clerkship and the subject exam must be repeated. After successful completion of remediated clerkship and remediated subject exam the clerkship grade earned is Fail/Pass (F/P). Student may be referred to Student Progress Committee (SPC) and required to present their case if two [2] or more subject exam failures occur during the same academic year.

Telemedicine SPE/MBE Cases

The student shall participate in **one [1] SPE/MBE cases** during the four [4] week clerkship. Students will receive scheduling dates and times for their cases. Due to availability, some cases may be scheduled after business hours and/or on weekends. Please note that scheduling changing requests will not be allowed. Professional dress and white coat is required.

Students will submit the following assignments per each SPE case:

1. Create a SOAP note for each case
2. Complete self-reflection assignment

There is no SOAP or self-reflection for the Manikin Based Encounter (MBE)

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through E*Value at the end of every clinical experience to include:

- Evaluation of self and the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and

will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

| Component | Evaluation Tool | Minimum Score Required |
|--|---|---|
| Clinical Competency Assessment from Preceptor | Clinical Clerkship Evaluation via E*Value | Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure. |
| End of Clerkship Reflections <i>from the Student</i> | Evaluation of Clerkship Evaluation of Preceptor Evaluation of Self Via E*Value | Upon completion of this clerkship student is responsible for completing evaluations of clerkship, preceptor, self via E*Value. |
| Standardized Case Checklist | Case Checklist via CANVAS | Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation. |
| Telemedicine SPE/MBE Cases | Standardized Patient Encounter/Manikin Based Encounter | Completion of each scheduled case |
| Online Learning Cases | OnlineMedEd Case X, Qbank and Lessons | Completion on each required Case X, Qbank questions and Lessons |
| Case Presentation | Canvas | Submission of required case presentation |
| PowerPoint Presentation | Canvas | Submission of required PowerPoint presentation |
| Standardized Assessment | Subject Exam (COMAT) | Scaled Score of 82 or greater |

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.