Alabama College of Osteopathic Medicine

PEDIATRICS
DO CLIN 806
2017-2018

Clerkship Chair:  Heath Parker, DO
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Office Hours:  By Appointment (via email only)

Grading:  Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I.  PRE-REQUISITES:
Beginning the Pediatrics Clerkship Rotation requires the successful completion of Year 2 AND COMLEX Part 1. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions, and Sterile Technique.

II.  CLERKSHIP ROTATION DESCRIPTION:
The pediatric clerkship rotation addresses issues unique to childhood and adolescents by focusing on human developmental biology emphasizing the impact of family, community and society on childhood health and well-being. Additionally, the clerkship rotation focuses on the impact of disease and its treatment on the developing human emphasizing growth and development, principles of health supervision, and recognition of common health problems. This clerkship rotation shares with family medicine, internal medicine, obstetrics/gynecology, psychiatry, and surgery the common responsibility to teach the knowledge, skills and attitudes basic to the development of a competent general physician.

III.  CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals
The goal of this core curriculum in Pediatrics is to foster the following:

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and its clinical application from birth through adolescence.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
- An understanding of the approach of pediatricians to the health care of children and adolescents.
An understanding of the influence of family, community, and society on the child in health and disease.

- Development of communication skills that will facilitate the clinical interaction with children, adolescents, and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children, and adolescents.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.

**Specific Learning Objectives:**

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
- Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.
- Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
- Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.
- Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.
- Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- Perform and document a complete history and physical examination appropriate for patient care.
- Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

**IV. FORMAT AND PROCEDURES:**

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations per site requirements. Students will be available for any activities, such as night call, if asked by the preceptor. If the preceptor makes house calls, the student is expected to accompany him/her. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards, journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

**V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY**

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.
VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:
   - 100% attendance is required to all events defined by the preceptor and as listed below.
   - Absence excused by the preceptor is required to be reported to clerkship chair.
   - Anticipated absences must have prior approval by the preceptor, ideally arranged at the beginning of the clerkship rotation.
   - In the case of illness or emergency, the student must notify the Site Director and Site Coordinator immediately. Special consideration will be reserved on a case by case basis.
   - Students are expected to complete all reading assignments.
   - It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
   - The extent of student involvement in patient care activities will be determined by the preceptor.
   - Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. The work week is limited to a minimum of 45 hours per week and maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.
   - Any absence during scheduled clerkship rotation work hours, for any reason, must be approved by the Preceptor.
   - An absence form a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the supervising physician. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.

2. Required Textbook(s) & Equipment:
   - Nelson’s Essentials of Pediatrics, 7th Edition
   - Schwartz’s Clinical Handbook of Pediatrics, 5th Edition
   - CLIPP, a MedU resource
   - Recommended Readings:
     - Chapters 5-7 of Nelson’s Essentials prior to clerkship rotation
     - Nelson’s Essentials on topics in Clinical Encounter Table (See Appendix B)
     - COMSEP Curriculum Revision 2005 with special attention towards core pediatric competencies (CP).
       - http://www.comsep.org/educationalresources/currobjectives.cfm
   - Computer Assisted Learning:
     - Must complete a total of 24 CLIPP’s cases (See Appendix D)
     - Recommendation: complete remaining or unassigned CLIPP’s cases
   - Recommendation: review topic appropriate OMS2 lectures on media site
   - Additional Reading Resources
     - www.comsep.org/
     - www.clippcases.org/
     - www.welchallyn.com/diagnosis101
     - http://www.acomedu.org/library/
     - www.pediatriceducation.org
   - Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and tuning fork at 512 decibels.
     - Recommended Equipment: a pediatric head for stethoscope and a calculator
   - ACOM issued Apple iPad Mini, fully functional.
3. **Assignments & Clinical Skills:**

   - Learning Agreements
     - Students are required to meet with their preceptors on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on SEAMed. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on SEAMed. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.

   - Descriptions and requirements for participation in ACOM didactics specific to this clerkship rotation are described in the course shell on SEAMed. It is the student’s responsibility to review and follow all didactics requirements.

   - See Appendix B for Core Problems Necessary for Graduation

4. **Post-Rotation Exam**

   The COMAT subject examination in Pediatrics will be administered on-line on the last day of the clerkship rotation. The Clinical Site Coordinator or their designee at the core rotation site will proctor the exam in accordance with guidelines set by the NBOME. Students will receive instruction from the Site Coordinator regarding the time and place to report for the exam.

   - Examination structure, content outline and practice examinations for COMAT exams can be found at [http://www.nbome.org/comatmain.asp?m=coll](http://www.nbome.org/comatmain.asp?m=coll)

5. **Evaluations:**

   - **Student Evaluation of Site; Student Evaluation of Preceptor:** Must be completed on-line and submitted at the end of the clerkship rotation.

   - **Mid-Rotation Evaluation:** At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor’s signature and keep the form for his or her records.

   - **Preceptor Evaluation of Student:** It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Skills at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

**VII. GRADING PROCEDURES:**

The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.

   - Evaluation from preceptor and staff (50%)
   - COMAT Exam (30%)
   - ACOM Rotation Didactics (20%)
o Note well:
  o A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
  o COMAT exam: Students who are not successful in passing the COMAT exam will receive a failing grade and must take the COMAT again. Students who require subsequent COMAT attempts will receive a score of 70% for that exam and may be required to remediate the clerkship rotation at the discretion of the Clerkship Chair.
  o The cost of the COMAT subject exam will be covered by ACOM for each initial exam. If a student must retake the examination, he or she may be responsible for the cost ($35.00 per examination). To schedule a retake, students must contact the Clinical Sciences Coordinator.
  o You must complete and pass the Rotation Didactics element of the clerkship rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.
  o Successful remediation of rotation didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

IX. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.

The recorded video conferences will be available within 24 hours of the event.

X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during
the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the Health Insurance Portability and Accountability Act (HIPAA) with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XI. COPYRIGHT STATEMENT
   The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see http://libguides.acom.edu/copyright/copyright

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES
   In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIII. CHANGES TO THE SYLLABUS
   This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Pediatric Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: _______________________________  Preceptor: _______________________________

Rotation Discipline: ____________________  Site: ________________________________

Rotation Period or Specific Dates: __________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?  
(This section may be completed prior to meeting.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives? (rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

SIGNATURES

Student: _______________________________
Preceptor: _______________________________
Date: ________________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
    11.1. Overall Approach to Altered Level of Consciousness
    11.2. GCS ≤ 7
12. Anemia/Pallor
    12.1. Overall Approach to Anemia
    12.2. Anemia with Elevated MCV
    12.3. Anemia with Normal MCV
    12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
    14.1. Infectious
    14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Branding
    17.1. Coagulation Proteins
    17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
      20.3.1. Increased Estrogen and Increased LHG
      20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
      22.2.1. Pulmonary Embolus
      22.2.2. Pulmonary Hypertension
      22.2.3. Pleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital
   Abnormalities/Deformities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
   29.7. Constipation (Pediatric)
   29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
33.1. Acute
33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
  34.1. Hearing Loss
    34.1.1. Conductive
    34.1.2. Sensorineural
  34.2. Otalgia
  34.3. Tinnitus
    34.3.1. Objective
    34.3.2. Subjective
35. Electrolyte Disorders
  35.1. Hypercalcemia
    35.1.1. Low PTH
    35.1.2. Normal/High PTH
  35.2. Hypocalcemia
    35.2.1. High Phosphate
    35.2.2. Low Phosphate
    35.2.3. High/Low PTH
  35.3. Hyperkalemia
    35.3.1. Intracellular Shift
    35.3.2. Reduced Excretion
  35.4. Hypokalemia
  35.5. Hypernatremia
  35.6. Hyponatremia
  35.7. Hyperphosphatemia
  35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
  39.1. Acute Vision Loss
    39.1.1. Bilateral
    39.1.2. Unilateral
  39.2. Chronic Vision Loss
    39.2.1. Anatomic
  39.3. Amblyopia
  39.4. Diplopia
  39.5. Pupillary Abnormalities
    39.5.1. Isocoria
    39.5.2. Anisocoria
  39.6. Red Eye
    39.6.1. Atraumatic
    39.6.2. Traumatic
  39.7. Strabismus
    39.7.1. Ocular Misalignment
    39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
42.1. Acute Fever
42.2. Fever of Unknown Origin/Chronic Fever
43. Fractures
  43.1. Pathologic/Fragility Fractures
  43.2. Fracture Healing
  43.3. Pediatric Fractures
    43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
  45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
  45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
  48.1. Diffuse
  48.2. Localized (focal)
49. Headache
  49.1. Primary
  49.2. Secondary with Red Flag Symptoms
  49.3. Secondary without Red Flag Symptoms
50. Heart Failure
  50.1. Left-Sided
  50.2. Right-Sided
51. Hematuria
52. Hemiplegia
  52.1. Upper Motor Neuron Weakness
53. Hemoptysis
54. Hepatomegaly
55. Hirsutism
  55.1. Hirsutism and Virilization
    55.1.1. Androgen Excess
    55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
  57.1. Pulmonary
  57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
  62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
  63.1. Female
  63.2. Male
64. Jaundice
  64.1. Adult
64.2. Infant and Neonatal
65. Joint Pain
  65.1. Acute Joint Pain – Vitamin CD
  65.2. Chronic/Degenerative Change
  65.3. Infectious Joint Pain
  65.4. Inflammatory Joint Pain
  65.5. Vascular Joint Pain
66. Kidney Disease/Injury
  66.1. Chronic
  66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
  70.1. Diffuse
  70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhea
  73.1. Amenorrhea
    73.1.1. Primary
    73.1.2. Secondary
  73.2. Dysmenorrhea
  73.3. Altered Menses
  73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
  74.1. Elevated Anion Gap
  74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral Disorders/Anxiety/Depression
  76.1. Anxiety Disorders
    76.1.1. Associated with Panic
    76.1.2. Recurrent Anxious Thoughts
  76.2. Trauma- and Stressor-Related Disorders
  76.3. Obsessive-Compulsive and Related Disorders
  76.4. Personality Disorders
  76.5. Elevated Mood
  76.6. Depressed Mood
  76.7. Psychotic Disorders
  76.8. Somatoform Disorders
  76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)
77. Mouth Disorders
  77.1. Adult and Elderly
  77.2. Mucous Membrane Disorder (Oral Cavity)
  77.3. Pediatric
78. Movement Disorders
  78.1. Hyperkinetic
78.2. Tremor
78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
  79.1. Abnormal Rhythm
    79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
    79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
  79.2. Diastolic Murmur
  79.3. Systolic Murmur
    79.3.1. Benign and Stenotic
    79.3.2. Valvular and Other
80. Nail Disorders
  80.1. Primary Dermatologic Disease
  80.2. Systemic Disease
    80.2.1. Clubbing
81. Nausea and Vomiting
  81.1. Gastrointestinal Disease (Adult and Pediatric)
  81.2. Other Systemic Disease (Adult and Pediatric)
82. Neck Mass
83. Nephrolithiasis
84. Neutrophilia
85. Neutropenia
  85.1. Decreased Neutrophils Only
  85.2. Bicytopenia and Pancytopenia
86. Numbness/Tingling/Paresthesia/Painful Limb
87. Osteoporosis
88. Ovarian Mass
89. Pap Abnormality
90. Pelvic Mass/Pain
  90.1. Acute
  90.2. Chronic
91. Pelvic Organ Prolapse
92. Peripheral Weakness
  92.1. Weakness
  92.2. Sensory Changes
    92.2.1. Objective Lower Motor Neuron Weakness
93. Pigmentation Disorders
  93.1. Hyperpigmentation
  93.2. Hypopigmentation
94. Pleural Effusion
95. Polycythemia
96. Pregnancy/Delivery/Newborns
  96.1. Antenatal Care
  96.2. Bleeding in Pregnancy
    96.2.1. < 20 weeks
    96.2.2. 2nd and 3rd Trimesters
  96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
  96.5.1. Variability and Decelerations
  96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
  96.8.1. Physiologic Changes
  96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
  96.10.1. Adequate Calorie Consumption
  96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
  96.13.1. Respiratory
  96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)
97. Preventive Health Care
  97.1. Vaccinations
  97.2. Cancer Screening
  97.3. STI Screening
98. Prolonged PT (INR)
  98.1. Prolonged PTT
  98.2. Normal PTT
99. Prolonged PTT, Normal PT (INR)
  99.1. Bleeding Tendency
  99.2. No Bleeding Tendency
100. Proteinuria
101. Pruritus
  101.1. Primary Skin Lesion
  101.2. No Primary Skin Lesion
102. Pulmonary Disorders
  102.1. Spirometry
103. Pulmonary Embolus
104. Pulse Abnormalities
105. Renal Cancer
106. Renal Failure
  106.1. Acute
  106.2. Chronic
107. Renal Mass
108. Respiratory Sounds
  108.1. Noisy Breathing
    108.1.1. Wheezing (Pediatric)
    108.1.2. Stridor (Pediatric)
109. Scrotal Mass/Pain
110. Seizures/Spells
  110.1. Epileptic Seizure
  110.2. Secondary Organic Seizure
  110.3. Other
  110.4. Pediatric Seizure
    110.4.1. Unprovoked
    110.4.2. Provoked
    110.4.3. Spells
111. Sellar/Pituitary Mass
112. Sexual Dysfunction
  112.1. Erectile Dysfunction
113. Shock/Hypotension
114. Skin Lesions
  114.1. Primary Skin Lesion
  114.2. Secondary Skin Lesion
115. Skin Rash
  115.1. Eczematous
  115.2. Papulosquamous
  115.3. Pustular
  115.4. Reactive
  115.5. Vesiculobullous
116. Skin Ulcer by Etiology
  116.1. Physical
  116.2. Vascular
  116.3. Hematologic
  116.4. Neoplastic
  116.5. Neurological
  116.6. Infectious
  116.7. Metabolic
  116.8. Drugs
117. Skin Ulcer by Location
  117.1. Genitals
  117.2. Head and Neck
  117.3. Lower Legs/Feet
  117.4. Oral Ulcers
  117.5. Trunk/Sacral Region
118. Smell Dysfunction
119. Soft Tissue
  119.1. Septic
  119.2. Aseptic
120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion
121. Speech/Language Abnormalities
  121.1. Dysarthria
  121.2. Aphasia
### Health Concerns

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>121.2.1</td>
<td>Fluent</td>
</tr>
<tr>
<td>121.2.2</td>
<td>Non-Fluent</td>
</tr>
<tr>
<td>121.3.1</td>
<td>Acute Hoarseness</td>
</tr>
<tr>
<td>121.3.2</td>
<td>Non-Acute Hoarseness</td>
</tr>
<tr>
<td>122.1</td>
<td>Short Stature</td>
</tr>
<tr>
<td>122.2</td>
<td>Tall Stature</td>
</tr>
<tr>
<td>123.1</td>
<td>Intracerebral Hemorrhage</td>
</tr>
<tr>
<td>123.2</td>
<td>Ischemia</td>
</tr>
<tr>
<td>123.3</td>
<td>Subarachnoid Hemorrhage</td>
</tr>
<tr>
<td>124.1</td>
<td>Substance Abuse/Drug Addiction/Withdrawal</td>
</tr>
<tr>
<td>125.2</td>
<td>Urinary Urinary Incontinence</td>
</tr>
<tr>
<td>125.2</td>
<td>Increased Urinary Frequency</td>
</tr>
<tr>
<td>125.3</td>
<td>Dysuria</td>
</tr>
<tr>
<td>125.4</td>
<td>Urinary Tract Obstruction</td>
</tr>
<tr>
<td>125.5</td>
<td>Enuresis (Pediatric)</td>
</tr>
<tr>
<td>126.1</td>
<td>Thrombocytopenia</td>
</tr>
<tr>
<td>127.1</td>
<td>Thrombocytosis</td>
</tr>
<tr>
<td>128.1</td>
<td>Tumor Metastatic</td>
</tr>
<tr>
<td>128.2</td>
<td>Tumor Primary</td>
</tr>
<tr>
<td>129.1</td>
<td>Urinary Incontinence</td>
</tr>
<tr>
<td>129.2</td>
<td>Increased Urinary Frequency</td>
</tr>
<tr>
<td>129.3</td>
<td>Dysuria</td>
</tr>
<tr>
<td>129.4</td>
<td>Urinary Tract Obstruction</td>
</tr>
<tr>
<td>129.5</td>
<td>Enuresis (Pediatric)</td>
</tr>
<tr>
<td>130.2</td>
<td>Vaginal Discharge</td>
</tr>
<tr>
<td>131.2</td>
<td>Vascular Lesions</td>
</tr>
<tr>
<td>132.2</td>
<td>Weight Gain/Loss</td>
</tr>
</tbody>
</table>

### The Portfolio Process

Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
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

### Procedures

Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
Casting/Splinting, Upper Extremity
Casting/Splinting, Wrist/Hand
Circumcision
Colposcopy
Digital Rectal Exam
Ear, Evaluation and Treatment – Cerumen Removal
Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
Echocardiography
EKG Interpretation
Electroencephalogram
Endoscopy (specify type in notes section)
Episiotomy and repair
Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
Eye, Evaluation and Treatment – slip lamp use
Eye, Evaluation and Treatment – Tonometry
Eye, Evaluation and Treatment of conjunctival foreign body
Eye, Evaluation and Treatment of corneal foreign body
Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
H&P Prevention / Health Maintenance
Hernia examination
History and Physical – Complete/Comprehensive
Injection – Sub-Q/Intradermal, IM (specify in notes section)
Intravascular Access, Central Line (specify location in notes section)
Intravascular Access, Central Line/Subclavian
Intravascular Access, Intraosseous
Intravascular Access, Peripheral
Lumbar Puncture
Male Genital Exam
Mental Status Exam
Mouth/Dental Evaluation and Treatment – regional Dental Block
Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
Nasogastric Tube Placement
Newborn Management, Uncomplicated Delivery
Newborn Management – Newborn Resuscitation
Nose, Evaluation and Treatment – foreign body removal
Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
Office Encounter, Chronic Complex Care
Office Encounter, Routine Acute Problem
Osteopathic Manipulation Treatment (OMT)
Osteopathic Structural Exam
Other Procedures (specify in notes section)
Paracentesis
Perform OPP autonomic
Perform OPP lymphatic
Peritoneal Lavage, Diagnostic
Pre-Natal Care
Provide Health Promotion / Disease Prevention
Psychiatric Assessment (describe in notes section)
Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility’s emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility’s emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](#) as needed.
APPENDIX D: CLINICAL ENCOUNTER TABLE

**CLINICAL ENCOUNTER TABLE**

This table reflects the consensus on the types of patients for which a student should be familiar along with required CLIPP cases. This will also help guide your reading in Nelson's.

<table>
<thead>
<tr>
<th>Domain-patient type/core condition</th>
<th>Symptom, sign, or concern</th>
<th>Examples of diagnosis or issue addressed</th>
<th>Alternative clinical learning experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath Maintenance</td>
<td>Well Child Care</td>
<td>Newborn (0-1 month)</td>
<td>CLIPP case 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infant (1-12 months)</td>
<td>CLIPP case 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toddler (12-60 mos)</td>
<td>CLIPP case 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School aged (5-12 yrs)</td>
<td>CLIPP case 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adolescent (13-19yrs)</td>
<td>CLIPP cases: 5, 6</td>
</tr>
<tr>
<td>Growth</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, poor weight gain, obesity, short stature, macrocephaly, constitutional delay, small for gestational age (SGA), large for gestational age (LGA)</td>
<td>CLIPP cases: 1, 4, 7, 18, 26</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, breast vs. formula feeding, questions about switching to formula, when to add solids, beginning cow's milk, diet</td>
<td>CLIPP cases: 2, 3</td>
</tr>
<tr>
<td>Development</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Delayed or possibly delayed language, gross motor, fine motor, or social adaptive skills</td>
<td>CLIPP cases: 14, 28, 29</td>
</tr>
<tr>
<td>Behavior</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, ADHD, encopresis, autistic spectrum disorder, eating disorders, head banging, poor school performance</td>
<td>CLIPP case 4</td>
</tr>
<tr>
<td>Upper Respiratory Tract</td>
<td>Sore throat, difficulty swallowing, otalgia</td>
<td>Pharyngitis, strep throat, viral URI, herpangina, peritonsillar abscess, common cold, allergic rhinitis, otitis media, sinusitis, otitis externa</td>
<td>CLIPP case 14</td>
</tr>
<tr>
<td>Lower Respiratory Tract</td>
<td>Cough, wheeze, shortness of breath</td>
<td>Bronchiolitis, bronchitis, pneumonia, aspiration, asthma, bronchiectasis</td>
<td>CLIPP cases: 12, 13</td>
</tr>
<tr>
<td>Gastrointestinal Tract</td>
<td>Nausea, vomiting, diarrhea, abdominal pain</td>
<td>Gastroenteritis, giardiasis, pyloric stenosis, appendicitis, HSP, peptic ulcer disease, gastroesophageal reflux disease</td>
<td>CLIPP cases: 2, 15, 22, 27</td>
</tr>
<tr>
<td>Dermatologic system</td>
<td>Rash, pallor</td>
<td>Viral rash, scarlatina, eczema, urticaria, contact dermatitis, toxic shock, thrush, atopic dermatitis, seborrheic dermatitis, acne, anemia</td>
<td>CLIPP cases: 3, 21, 32</td>
</tr>
<tr>
<td>Domain-patient type/core condition</td>
<td>Symptom, sign, or concern</td>
<td>Examples of diagnosis or issue addressed</td>
<td>Alternative clinical learning experience</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>Lethargy, irritability, fussiness, headache</td>
<td>Meningitis, concussion, seizures, ataxia, closed head injury, headache</td>
<td>CLIPP cases: 9, 19, 20, 24, 28</td>
</tr>
<tr>
<td>Emergent Clinical Problem</td>
<td>Respiratory distress, shock, ataxia, seizures, airway obstruction, apnea, proptosis, suicidal ideation, trauma, cyanosis</td>
<td>Meningitis, shock, testicular torsion, DKA, SIDS, acute life threatening event (ATLE), congestive heart failure, burns, status asthmaticus, status epilepticus, encephalitis, child abuse etc.</td>
<td>CLIPP cases: 16, 17, 23, 25</td>
</tr>
<tr>
<td>Chronic medical problem</td>
<td></td>
<td>Seasonal allergies, asthma, cerebral palsy, cystic fibrosis, diabetes mellitus, malignancy (e.g. acute lymphocytic leukemia or Wilm’s tumor), sickle cell disease, epilepsy, atopic dermatitis, obesity, sensory impairment, HIV/AIDS</td>
<td>CLIPP cases: 26, 30, 31</td>
</tr>
<tr>
<td>Unique condition: fever without localizing findings</td>
<td>Fever</td>
<td>Rule out sepsis, urinary tract infection, systemic viral infection (e.g. EBV), autoimmune diseases</td>
<td>CLIPP case 10, 11</td>
</tr>
<tr>
<td>Unique condition: neonatal jaundice</td>
<td>Jaundice</td>
<td>Jaundice</td>
<td>CLIPP case 8</td>
</tr>
</tbody>
</table>