



Learning. Caring. Serving. Leading.

PAS 7200a25: Pediatrics

3.0 Credit Hours

Designated clinical learning site: Pediatric Clinical Medicine

Course Coordinator	Office	Phone	Email
Cynthia C Bennett, MD	GFC - 219	336-278-6856	Cbennett14@elon.edu
Office Hours: M-F by appointment		336-266-9981 C	

Course Description:

The Pediatric Medicine rotation is designed to give students exposure to the spectrum of pediatric practice, including care of infants, children and adolescents in routine well-child care and care of acute and chronic diseases. The student will recognize the role that understanding the developmental stage of a patient plays in the approach to, examination of and treatment of a pediatric patient.

Prerequisites: PAS 5000-6800

Course goals:

The goals for this course are for students:

1. To apply the medical content and principles that define the care of pediatric patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised pediatric setting.
3. To expose each student to an experienced and competent medical provider role model for the care of pediatric patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.2 Demonstrate proficiency in performing physical examinations on infants, children and adolescents. (B2.07b)
 - o Comprehensive
 - o Focused
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient care among infants, children and adolescents. . (B2.07d)



- LO1.4 Perform common medical procedures with competence and adherence to safety protocols, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.5 Counsel and educate pediatric patients and their families to empower their active participation in care and facilitate shared decision-making. (B2.07f) (B2.12a-c)
- LO1.7 Accurately document patient encounters (demonstrated during this rotation in a well-child visit note). (B2.14b)

PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans.

- LO2.1 Integrate pediatric patient history and clinical data to formulate an accurate differential diagnosis. (B2.07c)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize care, including
 - o formulating a diagnosis, (B2.07c) (B2.05)
 - o ordering diagnostic studies, and (B2.07d) (B2.05)
 - o determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Generate comprehensive pediatric patient management plans, addressing both acute and chronic pediatric conditions, to ensure effective and continuous care. (B2.07e)
- LO2.5 Refine diagnostic reasoning by interpreting and synthesizing various diagnostic test results. (B2.07d)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members.

- LO3.1 Demonstrate effective communication skills to build rapport and trust with pediatric patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address pediatric patient concerns and needs. (B2.04) (B2.07a)
- LO3.3 Collaborate with healthcare team members to ensure coordinated, patient-centered pediatric care. (B2.10)
- LO3.5 Demonstrate cultural awareness and humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively.

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to
 - o diagnose and (B2.02c)
 - o manage patient conditions effectively. (B2.02e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions.
- LO4.4 Demonstrate comprehensive medical knowledge in organ systems for infants, children and adolescents. **(B2.03) (B2.08a-e) (B2.11c)**
- LO4.5 Utilize knowledge of preventative medicine to promote health and wellness in the pediatric population. (B2.08b) (B2.15a-d)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)



- LO5.2 Analyze the factors that influence patient health and contribute to health disparities in pediatric patients. (B2.06f)
- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth beyond graduation.

- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical practicums in the outpatient, serving pediatric patients

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to problem-solve effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.



- We, along with many other folx, are still in the process of expanding our learning about diverse perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.
- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.
- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

Resources:

Required:

1. All required first year textbooks
2. CURRENT Medical Diagnosis & Treatment in Pediatrics, 27th ed

Recommended Resources:

1. Harriet Lane Handbook, 22e
2. Current Diagnosis and Treatment in Pediatrics 26e

Other Helpful Resources:

1. *Moodle and Exxat: Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
A blueprint and topic list for the PEDIATRICS EOR exam can be found on the course Moodle page.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.
4. Demonstrate competency in creating written medical documents for the primary care setting as



evidenced by submission of a pediatric well visit note.



Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each
PAEA Pediatric EOR exam	1.4, 2.1, 2.3-5, 4.2, 4.4-5, 5.2	1	35%
Preceptor Evaluation of Student	1.1-4, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2, 5.6	1	55%
Rosh Review assignments	6.2	1	5%
Student site evaluation	5.4	1	0 (C/I)
Longitudinal Skills Assessment Documentation	1.4	1	2.5%
Medical Documentation assignment	1.7	1	2.5%
TOTAL			100%

Description of Assessment Activities:

- **End of Rotation Exams:** EORs are standardized exams developed and vetted by the PA Education Association. The exams cover topics specific to each supervised clinical practicum experience. Scores are reported as a “scaled score” and converted to a grade using a “z-score” correlation which places “passing” as within 1.5 standard deviations of the national mean.
- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
 - Mock EOR: Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
 - 200 questions: students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation graded as complete or incomplete.
- **Longitudinal Skills Assessment:** A list of skills and procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing where and when they will complete the skills.
- **Medical documentation assignment:** For each rotation (except the elective), students complete a medical documentation assignment particular to that rotation which is submitted for a grade and feedback.



Late and Makeup Work: The student will contact the Director of Clinical Education to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.

Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be for common benefit and thus cannot penalize any students or render evaluation (i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program's competency (PC) domain.

Pediatrics

PC1: Clinical and Technical Skills

- (LO1.1) Conduct age-appropriate interviews in the outpatient pediatric setting with infants, children, and adolescent patients, incorporating caregiver input effectively. (B3.04c) (B2.08a, B2.08b, B3.03b)
- (LO1.1) Use developmentally appropriate language and non-verbal cues to engage infants, children, and adolescents during interviews. (B2.04, B2.07a)
- (LO1.1) Identify and address caregiver concerns while maintaining child-centered communication. (B2.04)
- (LO1.1) Demonstrate sensitivity to family dynamics, religious/spiritual beliefs, cultural beliefs, and psychosocial factors affecting the care of infants, children, and adolescents. (B2.06d; B2.08a, B3.03b)
- (LO1.1) Screen for developmental milestones and behavioral concerns through structured questioning of infants, children, and adolescents. (B2.04, B2.07a)
- (LO1.2) Conduct age-appropriate physical exams of infants, children, and adolescents, identifying normal and abnormal anatomical findings (e.g., fontanelle closure, limb alignment, genital development), and document these findings using correct anatomical terminology. (B2.02a, B2.07b)
- (LO1.2) Modify examination techniques for children and adolescents based on patient age, disability status or special health care needs (B2.06a, B2.07b, B2.08a)
- (LO1.2) Recognize normal developmental variations and pediatric-specific physical signs. (B2.07b, B2.08a)
- (LO1.2) Involve caregivers appropriately during the examination process. (B2.07b, B2.08a)
- (LO1.2) Document pediatric findings clearly, including growth parameters and developmental milestones. (B3.04c) (B2.08a, B2.14b, B3.03b)
- (LO1.3) In the pediatric outpatient setting, select appropriate point-of-care tests (e.g., rapid strep, urinalysis, glucose) based on presenting symptoms (B2.07d, B3.04c)
- (LO1.3) Educate patients and families on the purpose and implications of diagnostic tests in the outpatient setting. (B2.04, B2.07f, B3.04c)



- (LO1.3) Adjust interpretation of lab and diagnostic tests for developmental norms of children and adolescents. (B2.07d, B2.08a)
- (LO1.3) Interpret pediatric-specific lab values and growth charts. (B2.07d, B2.08a)
- (LO1.3) Utilize screening tools for developmental delays, lead exposure, and anemia. (B2.07a)
- (LO1.3) Collaborate with caregivers to ensure understanding of diagnostic procedures and follow-up. (B2.04, B2.07f, B3.04c)
- (LO1.3) Recognize when to escalate care based on abnormal findings. (B2.07e)
- (LO1.4) Perform point-of-care respiratory tract testing (e.g., rapid strep, influenza, RSV) in the context of clinical presentation. (B2.09)
- (LO1.4) Administer ADHD screening tools (e.g., Vanderbilt Assessment Scales) in collaboration with caregivers and educators. (B2.07a, B2.09)
- (LO1.4) Review a pediatric patient's immunization record, identify any missing or overdue vaccinations based on CDC and AAP guidelines, and formulate an appropriate immunization plan going forward. (B2.08a, B2.08b, B3.03a, B3.03b)
- (LO1.5) Educate caregivers about developmental milestones, nutrition, immunizations, and safety of infants, children, and adolescents. (B2.07f, B2.08a, B2.08b, B3.03b)
- (LO1.5) Use age-appropriate language and tools to engage pediatric patients in their care. (B2.04)
- (LO1.5) Counsel families on common pediatric conditions and home care strategies. (B2.07f, B2.08a)
- (LO1.5) Support shared decision-making between caregivers and healthcare providers in the outpatient pediatric setting. (B2.12a, B2.12b)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the outpatient setting. (B2.06f)
- (LO1.7) Record pediatric histories with input from caregivers, including developmental and immunization status. (B2.14b)
- (LO1.7) Document age-specific physical exam findings and growth parameters. (B2.14b) (B2.08a, B3.03b)
- (LO1.7) Include anticipatory guidance and caregiver education in the pediatric encounter note. (B2.14b) (B2.08a, B3.03b)
- (LO1.7) Use pediatric-specific templates or formats when available. (B2.14b) (B2.08a, B3.03b)
- (LO1.7) Document findings from screenings and diagnostic tests clearly and incorporate them into the patient's care plan. (B2.14b)
- (LO1.7) Ensure documentation reflects family dynamics, psychosocial context to include social determinants of health, and any relevant religious/spiritual or cultural beliefs. (B2.06d, B2.06f, B2.14b)

PC2: Clinical Reasoning and Problem Solving

- (LO2.1) Integrate caregiver-reported history with developmental and physical findings to generate age-appropriate differentials for infants, children, and adolescents. (B3.03b, B2.08a, B2.07c)
- (LO2.1) Gather a thorough patient history and correlate it with physical exam findings to identify likely diagnoses in the outpatient setting. (B2.07c)
- (LO2.1) Recognize common pediatric outpatient presentations and distinguish between benign and serious conditions. (B2.07c)
- (LO2.1) Interpret pediatric-specific diagnostic data (e.g., growth charts, age-adjusted lab values). (B2.07d, B2.08a, B3.03b)
- (LO2.1) Consider congenital, infectious, and developmental causes in differential diagnoses. (B2.02e, B2.07c)



- (LO2.1) Communicate diagnostic reasoning clearly to caregivers and the healthcare team. (B2.10c)
- (LO2.3) Use developmental context and caregiver input to guide diagnostic reasoning in pediatric patients. (B2.05)
- (LO2.3) Prioritize common pediatric conditions while remaining alert to red flags for serious illness encountered in the pediatric outpatient setting. (B2.08a, B2.08b, B3.03a, B3.03b, B3.04c).
- (LO2.3) Order age-appropriate diagnostic tests and interpret them in the context of normal developmental variation. (B2.07d, B2.08a, B3.03b)
- (LO2.3) Formulate treatment plans that consider growth, development, and family dynamics. (B2.07e)
- (LO2.3) Collaborate with caregivers in decision-making and follow-up planning for outpatient pediatric patients. (B2.07f, B2.12a)
- (LO2.4) Develop age-appropriate management plans for acute illnesses (e.g., otitis media, viral infections) and chronic conditions (e.g., asthma, ADHD) using pharmacologic and non-pharmacologic methods. (B2.02d, B2.07f, B3.04c)
- (LO2.4) Include anticipatory guidance and developmental support in care planning. (B2.12b, B2.12c)
- (LO2.4) Collaborate with caregivers to ensure adherence to treatment and follow-up. (B2.12a)
- (LO2.4) Monitor growth and development as part of long-term care planning. (B2.08b)
- (LO2.4) Coordinate care with schools, specialists, and community resources when needed. (B2.10b)
- (LO2.5) Interpret pediatric-specific lab values and adjust for age-related norms. (B2.08a, B3.03b)
- (LO2.5) Synthesize diagnostic data (e.g., rapid strep, urinalysis, chest X-ray) with history and physical exam to refine differentials. (B2.07c)
- (LO2.5) Identify red flags in test results that warrant urgent intervention or referral. (B2.07d)
- (LO2.5) Communicate diagnostic findings clearly to caregivers and the healthcare team. (B2.10c)

PC3: Interpersonal Skills

- (LO3.1) Use age-appropriate language and nonverbal cues to communicate with infants, children, adolescents and their care givers. (B2.08a, B3.03b)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the outpatient setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f; B3.04c)
- (LO3.1) Engage patients and their families in shared decision-making by exploring their values and preferences as they relate to ethnicity/race, culture, or religion/spirituality (B2.06b, B2.06d).
- (LO3.1) Establish rapport with both the child and caregiver, balancing attention between them. (B2.04)
- (LO3.1) Explain procedures and treatments in a reassuring and understandable way to reduce anxiety. (B2.04)
- (LO3.1) Address parental concerns with empathy and provide anticipatory guidance. (B2.12c)
- (LO3.1) Recognize and adapt to developmental stages when gathering history or performing exams. (B2.07a)
- (LO3.2) Listen attentively to both the child and caregiver, acknowledging their concerns and emotions. (B2.04)



- (LO3.2) Use verbal and nonverbal cues to show attentiveness and empathy and validation during discussions of chronic illness or lifestyle challenges with minors and their caregivers. (B2.04, B2.08a, B3.03b)
- (LO3.2) Use empathetic language to reassure anxious parents and children during exams or procedures. (B2.04)
- (LO3.2) Recognize nonverbal cues in children that may indicate discomfort or fear and respond appropriately. (B2.04)
- (LO3.2) Address caregiver concerns with patience and understanding, especially in cases of developmental or behavioral issues. (B2.06a)
- (LO3.3) Collaborate with pediatric nurses, social workers, and child life specialists to address the holistic needs of the child and family. (B2.10b, B2.10c)
- (LO3.3) Participate in outpatient pediatric team huddles to discuss patient progress and care strategies (as available). (B2.10c)
- (LO3.3) Communicate developmental or behavioral concerns of infants, children and adolescents to the appropriate team members for early intervention. (B2.08a, B2.10c, B3.03b)
- (LO3.3) Ensure that caregivers are included in team-based care planning and decision-making. (B2.10c, B2.12a)
- (LO3.5) Recognize and respect cultural differences in parenting styles, child-rearing practices, and health beliefs. (B2.06b)
- (LO3.5) Engage caregivers in culturally sensitive discussions about developmental milestones and preventive care. (B2.06b)
- (LO3.5) Incorporate cultural context when addressing behavioral or dietary concerns. (B2.06b)
- (LO3.5) Use inclusive language and materials that reflect the cultural backgrounds of infants, children, and adolescents and their care givers. (B2.08a, B3.03b, B2.06b)

PC4: Medical Knowledge

- (LO4.2) Correlate developmental physiology with pediatric disease presentations (e.g., congenital heart disease, asthma, sickle cell, infections). (B2.02b, B2.02c, B2.02e, B2.08a)
- (LO4.2) Differentiate between normal developmental variations and pathological findings in infants, children, and adolescents. (B2.08a, B3.03b) (B2.11c)
- (LO4.2) Use pathophysiologic reasoning to guide age-appropriate diagnostic testing and treatment of infants, children and adolescents. (B2.07d, B2.08a, B3.03b)
- (LO4.2) Apply knowledge of common chronic disease mechanisms encountered in the outpatient pediatric setting (e.g., infections, asthma) to develop individualized management plans. (B2.02c, B2.07e, B2.08b, B3.03a, B3.04c)
- (LO4.2) Recognize signs of pediatric emergencies and understand their underlying mechanisms (e.g., dehydration, sepsis). (B2.07c)
- (LO4.4) Diagnose and manage common pediatric illnesses (e.g., otitis media, asthma, strep pharyngitis, gastroenteritis). (B2.07c, B2.07e, B2.08a, B2.08b, B3.03a, B3.03b)
- (LO4.4) Formulate differential diagnoses for undifferentiated symptoms (e.g., fatigue, abdominal pain, sore throat, cough) commonly encountered in the outpatient pediatric setting. (B2.07c, B3.04c)
- (LO4.4) Apply immunization schedules and preventive care guidelines for infants, children, and adolescents. (B2.08a, B3.03b)
- (LO4.4) Interpret pediatric-specific diagnostic findings (e.g., pediatric CBC, urinalysis). (B2.07d)
- (LO4.5) Counsel caregivers on nutrition, safety, and behavioral concerns. (B2.08a, B2.12b, B2.12c, B3.03b, B3.04c)



- (LO4.5) Implement guidelines for well-child visits and anticipatory guidance in the care of infants, children, and adolescents. (B2.08a, B2.08b, B3.03a, B3.03b)
- (LO4.5) Educate caregivers on injury prevention, nutrition, and developmental milestones for infants, children, and adolescents. (B2.08a, B2.12b, B2.15a, B3.03b)
- (LO4.5) Recommend and track adherence to the recommended pediatric immunization schedule. (B2.15a)
- (LO4.5) Screen for behavioral, developmental, and environmental risk factors. (B2.12b)
- (LO4.5) Promote oral health, physical activity, and healthy sleep habits in children and adolescents. (B2.12b)

PC5: Professional Behaviors

- (LO5.1) Respect the rights of minors while balancing parental involvement and consent in the outpatient, pediatric setting. (B2.08a, B3.03b)
- (LO5.1) Maintain confidentiality with adolescent patients, particularly in areas of reproductive and mental health. (B2.18)
- (LO5.1) Navigate ethical issues in vaccination refusal, suspected abuse, or neglect as encountered in the care of infants, children, and adolescents. (B2.08a, B2.18, B3.03b)
- (LO5.1) Address ethical dilemmas such as non-adherence, requests for unnecessary tests, or disclosure of sensitive information in the care of children, adults, and the elderly. (B2.18)
- (LO5.1) In collaboration with the medical team, advocate for the best interest of the child in complex family or social situations. (B2.10c)
- (LO5.1) Communicate honestly and compassionately with both pediatric patients and their caregivers. (B2.04)
- (LO5.2) Evaluate the impact of family income, education, and housing on child development and health. (B2.06f, B2.08a, B3.03b)
- (LO5.2) Identify signs of food insecurity, neglect, or unsafe home environments in the outpatient, pediatric setting. (B2.06f)
- (LO5.2) Educate caregivers on navigating healthcare systems and accessing resources for infants, children, and adolescents. (B2.08a, B2.14c, B3.03b)
- (LO5.2) Recognize disparities in vaccination rates and access to preventive care of infants, children, and adolescents. (B2.06f, B2.08a, B3.03b)
- (LO5.6) With the medical team, manage the emotional responses to caring for ill or vulnerable children e.g. those with disability status or special health care needs) and their families. (B2.06a, B2.08a, B2.10c, B3.03b)
- (LO5.6) Practice self-awareness when dealing with emotionally charged situations such as suspected abuse or chronic illness. (B2.20b)
- (LO5.6) Maintain professional demeanor while acknowledging the emotional demands of pediatric care. (B2.04)
- (LO5.6) Seek guidance when overwhelmed by complex family dynamics or ethical dilemmas. (B2.16a, B2.16b, B2.20b)
- (LO5.6) Balance empathy with emotional resilience in high-stress pediatric environments. (B2.20b)
- (LO5.6) Recognize signs of burnout and implement self-care practices during routine outpatient clinical duties. (B2.20b, B3.04c)
- (LO5.6) Set appropriate boundaries with patients and colleagues in the outpatient setting while maintaining professionalism. (B2.20b, B3.04c)

PC6: Professional Development



- (LO6.2) Reflect on developmental and communication challenges unique to the care of infants, children, and adolescents and adjust approaches accordingly. (B2.08a, B2.16c, B3.03b)
- (LO6.2) Identify gaps in pediatric knowledge and pursue targeted learning (e.g., congenital disorders, vaccine schedules). (B2.16c)
- (LO6.2) Use feedback from pediatric medical providers and caregivers to improve rapport and clinical effectiveness. (B2.16c, B3.07e)
- (LO6.2) Participate in pediatric case discussions or debriefings to refine clinical reasoning as it relates to the care of infants, children, and adolescents. (B2.08a, B2.10c, B2.16c, B3.03b)
- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the outpatient pediatric setting (e.g. the “gap map”, EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.13e, B2.16c, B3.04c)
- (LO6.2) Adapt clinical techniques to suit different pediatric age groups and developmental stages. (B2.08a, B3.07e)