



Learning. Caring. Serving. Leading.

PAS 7200: Pediatrics

3.0 Credit Hours

Designated clinical learning site: Pediatric Clinical Medicine

Course Coordinator	Office	Phone	Email
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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.

Prerequisite: 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:

Upon completion of this course, students will be able to:

A: PA Student Behaviors:

1. Take a patient-centered history for (a) infants, (b) children, and (c) adolescents (1.2a) (2.1)
2. Perform problem-focused exam for (a) infants, (b) children, and (c) adolescents (1.2b) (2.1)
3. Perform a pediatric well-child visit (1.1) (1.8) (1.9) (1.11) (2.4)
4. Recognize pediatric medical emergencies and engage the medical team in patient treatment (1.6) (1.8)
5. Assess the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care (2.5)



6. Analyze data collected in the history and physical exam to recommend an appropriate lab or diagnostic study for pediatric patients (1.8) (2.1) (1.6) (2.3) (6.3)
7. Develop a differential diagnosis that is broad and deep enough to ensure effective diagnoses (1.4) (2.1)
8. Incorporate data obtained in the history, physical, and diagnostic evaluation of a pediatric patient to formulate a most likely diagnosis (1.7) (2.1)
9. Summarize messaging for successful communication with patients/families regarding treatment and/or anticipatory guidance for a pediatric patient (1.9) (3.7) (4.1)
10. Generate appropriate plans for the treatment of medical illnesses common in pediatric patients (1.8) (6.3)
11. Facilitate effective patient care through recommended plans of follow up and/or referral (1.10) (2.3) (4.2) (6.2) (7.1) (7.2)
12. Organize and prioritize responsibilities to provide pediatric care that is safe, effective, and efficient (1.3)
13. Organize findings into a comprehensive, legible documentation (4.3) (1.1)
14. Perform common lab and diagnostic studies utilized for patients in the pediatric patients (1.1)
15. Perform screenings considered essential to pediatric patients (longitudinal skills assessment) (1.1)

B: Professional Behaviors:

16. Demonstrate compassion, integrity, and respect for others (5.1)
17. Demonstrate responsiveness to patient needs (5.2)
18. Demonstrate respect for patient privacy and autonomy (5.3)
19. The student demonstrates sensitivity and responsiveness to a diverse patient population, including but not limited to disability or special healthcare needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, or social determinants of health (5.5)
20. Facilitate a climate of mutual respect, dignity, diversity, ethical integrity, and trust (7.1)
21. The student self-evaluates skills, knowledge, and emotional limitations to engage in appropriate help-seeking behaviors (8.1)
22. Demonstrate the ability to address conflicts between personal and professional responsibilities (8.3)
23. Apply flexibility and maturity in adjusting to change (8.4)
24. Demonstrate self-confidence that puts patients, families, and/or members of the health care team at ease. (8.5)

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 Family Medicine, 62e

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 PAEA EOR for pediatrics 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	Total %
PAEA EOR Exam	1,2, 4-9	1	35%	35
Final Preceptor Evaluation	1-12, 16-24	1	55%	55
Rosh Review Assignment	21	1	5%	5
Written Deliverable (Pediatric Well-patient note)	6,7,9,11	1	5%	5
Student's Evaluation of Site	20	1	0 (C/I)	0
Longitudinal Skills Assessment	13-15	1	0	0
TOTAL				100%

Late/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

Upon completion of the clinical rotation phase physician assistant students will be able to:

1. Clinical Skills: Possess the skills essential for competent pediatric care including the ability to:
 - a. Conduct an interview appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient's and/or caregiver's ability to provide history.
 - b. Perform a physical examination
 - c. Manage medical data
 - d. Communicate written and oral information
 - e. Integrate basic science knowledge
 - f. Search and read the literature critically
2. Health Supervision: Demonstrate the skills needed for thorough assessment and implementation of health supervision including:
 - a. Anticipatory guidance including appropriate counseling, as well as patient and family education, related to preventable diseases, communicable diseases, immunization schedules, and healthy lifestyles
 - b. Assessment of growth and development
 - c. Advisement on the prevention of disease by immunization
 - d. Advisement on the prevention of injury
 - e. Screening for treatable conditions
 - f. Promoting a healthy environment and healthy lifestyle.
3. Growth:
 - a. Understand the influences genetic and environmental factors have on a child's growth pattern.
 - b. Accurately obtain the growth parameters of a child and plot them on a standardized growth curve.
 - c. Interpret the data in relation to the child's overall health.
4. Development:
 - a. Describe normal patterns of development in order to detect deviations that might be the first sign of a medical or psychosocial problem.
 - b. Recognize, and interpret pediatric developmental milestones addressing abnormal findings
5. Behavior: Discuss the normative and expected behaviors in children and be able to recognize abnormal behavior and counsel parents.
6. Nutrition:
 - a. Demonstrate an understanding of pediatric nutritional requirements of healthy children and those with acute and chronic illness.
 - b. Counsel patients and/or parents on the proper nutritional interventions required for healthy children and those with special nutritional requirements.
7. Issues Unique to Adolescence:
 - a. Describe the unique features of the physician assistant-patient relationship during adolescence including confidentiality and consent.
 - b. Identify and describe the sequence of the physical changes of puberty (e.g. Tanner scale).
 - c. 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.
 - d. Describe the common risk-taking behaviors of adolescents, such as alcohol and other drug use, sexual activity and violence.



- e. Describe the contributions of unintentional injuries, homicide, suicide and HIV/AIDS to the morbidity and mortality of adolescents.
 - f. Describe the features of common mental health problems in adolescence, including school failure, attention deficit, body image, eating disorders, depression and suicide.
 - g. Describe an approach to counseling an adolescent regarding sexual activity, substance abuse, and personal safety.
 - h. Describe the unique difficulties encountered by adolescents with chronic diseases, including adherence and issues of autonomy vs. dependence.
 - i. Discuss the characteristics of early, mid and late adolescence in the terms of cognitive and psychosocial development.
 - j. Interview an adolescent patient, using the HEADSS method, to ask sensitive questions about lifestyle choices that affect health and safety (e.g. sexuality, drug, tobacco and alcohol use) and give appropriate counseling
 - k. Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate.
 - l. Conduct a pre-participation sports examination and demonstrate the key components of that examination necessary to clear an individual for participation in strenuous exercise (special senses, cardiac, pulmonary, neurological, and musculo-skeletal).
 - m. Conduct a health supervision visit for a healthy adolescent, incorporating a psychosocial interview, developmental assessment, and appropriate screening and preventive measures including anticipatory guidance.
8. Issues Unique to the Newborn:
- a. Describe the transition from the intrauterine to the extrauterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding.
 - b. List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn.
 - c. Describe how gestational age can be assessed with an instrument such as the Ballard scale and identify key indications of gestational maturity.
 - d. Describe the challenges for parents adjusting to a new infant in the home.
 - e. Describe how gestational age affects risks of morbidity or mortality in the newborn period (for example lung disease, hypothermia, and glucose homeostasis)
 - f. Perform a complete physical examination of the newborn infant. ^[L]_[SEP]
 - g. Give parents anticipatory guidance for the care of their newborn.
9. Common Acute Pediatric Illnesses:
- a. Describe the etiology, pathophysiology, epidemiology, clinical presentation, diagnostic criteria and therapeutic management pertinent to the age appropriate differential diagnosis for pediatric patients presenting with each of the items in the Topics List. ^[L]_[SEP]
 - b. Explain how the physical manifestations of disease and the evaluation and management may vary with the age of the patient.
 - c. 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.



10. Common Chronic Illnesses and disability:

- a. Describe the clinical features of chronic medical conditions seen in children. [SEP]
- b. Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.
- c. Describe the impact that chronic illness has on the family's emotional, economic and psychosocial functioning.
- d. Describe the impact of a patient's culture on the understanding, reaction to, and management of a chronic illness
- e. Describe the contributions of each member of a multidisciplinary health care team in caring for children with a chronic illness.
- f. Identify the key components of delivering "Bad News" in relation to chronic illness.
- g. Explain the management strategies for common chronic illnesses seen in children.
- h. Perform a medical interview and a physical examination in a child with a chronic illness.

11. Therapeutics, Fluid and Electrolyte Management:

- a. Describe how to assess whether a drug is excreted in the breast milk and is safe to use by a breast-feeding mother.
- b. List medications that are contraindicated or must be used with extreme caution in specific pediatric populations.
- c. Select generally accepted pharmacologic therapy for common or life-threatening conditions in pediatric patients.
- d. Describe the ways medication errors are systemically prevented.
- e. Calculate a drug dose for a child based on body weight.
- f. Write a prescription e.g. for a common medication such as an antibiotic.
- g. Negotiate a therapeutic plan with the patient and family to maximize adherence with the agreed upon treatment regimens and assess the family's understanding of the plan.
- h. Describe the conditions in which fluid administration may need to be restricted (such as the syndrome of inappropriate ADH secretion, congestive heart failure, or renal failure) or increased (e.g. fever).
- i. Describe the physical findings in hypovolemic shock and the approach to restoration of circulating fluid volume (i.e. "rescue" fluid infusion).
- j. Obtain historical and physical finding information necessary to assess the hydration status of a child.
- k. Calculate and write orders for the fluid therapy for a child with severe dehydration caused by gastroenteritis to include "rescue" fluid to replenish circulating volume, deficit fluid, and ongoing maintenance.
- l. Explain to parents how to use oral rehydration therapy for mild to moderate dehydration.

12. Child Abuse and Neglect:

- a. Students will understand the medical, legal, and social implications of suspected abuse and recognize the role of the medical provider in preventing child abuse and family violence, through routine assessment of family dynamics, early identification of children at risk and cooperation with community services that support families.