UNIVERSITY OF BRIDGEPORT

Pediatric Clerkship
MSPA 623 – 4.5 Credits

Day(s): Determined by Clinical site/preceptor	**Time(s):** Determined by Clinical site/preceptor	**Classroom:** Refer to Typhon schedule
Instructor: Michelle Lea, PA-C and Christine Rowland, PA-C	**Office Hours:** M, Tu, Th, F 9am-5pm	**Office Location:** END 113A
Phone: 203-576-4180		**Email:** ubpaclinicals@bridgeport.edu

The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.— is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

Prerequisite/Co-requisites: Completion of PAI didactic phase with a GPA of 3.0 or greater.

Course Description

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in the pediatric setting. Students will apply the medical knowledge and technical skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner. Student will encounter patients typically seen in the pediatric setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

Required Learning Materials and Text(s)

1. Fernandez T, Akerman, A. *The Physician Assistant Student's Guide to the Clinical Year. Pediatrics*. Springer Publishing Company; 2020.
   ISBN: 9780826195258

2. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024.
   ISBN: 9781975193355

Students: Your required course materials have been provided for you. Please contact the UB Bookstore to receive your textbooks for the course.

Recommended Text(s)

Levin MJ, Jr WWH, Bunik M, Abzug MJ. *Current Diagnosis & Treatment: Pediatrics, 25E*. McGraw-Hill; 2020.
ISBN: 978-1-2604-5782-7

Course Goal

The purpose of the pediatric medicine clerkship is to provide the PA student with a 5-week clinical experience in the diagnosis and treatment of pediatric patients. Students will be able to experience the variety of encounters which present in the pediatric setting. Encounters can vary from acute and chronic illness to comprehensive wellness exams. Students will screen for healthcare maintenance compliance, proper milestone development, nutrition, growth, and environmental safety. This clerkship requires students to develop and demonstrate a variety of skills in the pediatric population under the supervision of experienced pediatric practitioners.

Course Format

During this 5-week rotation students will gain hands on clinical experience while working with an experienced pediatric clinician. Working with preceptors, students will perform history and physical examinations, present oral and written cases, identify differential diagnoses, and develop assessment and management plans. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. Additional and supplementary modular components include assignments, resources, and simulated clinical learning. Supplementary simulated clinical learning and self-paced modules are not substituted for in-person clinical experiences.

Student Learning Outcomes

By the end of this course, students should be able to:

	Student Learning Outcome
SLO1	Elicit an accurate medical history for a) infants, b) children and c) adolescents.
SLO2	Perform an appropriate physical examination for a) infants, b) children and c) adolescents.
SLO3	Demonstrate effective communication of patient encounters a) orally and in b) written form.
SLO4	Diagnose common conditions in a) infants, b) children and c) adolescents seen during acute patient encounters.
SLO5	Diagnose common conditions in a) infants, b) children and c) adolescents seen during chronic patient encounters.

SLO6	Utilize clinical data to formulate a differential diagnosis.
SLO7	Demonstrate the application of diagnostic studies commonly used in the pediatric discipline.)
SLO8	Formulate an appropriate patient management care plan based on clinical data collected.
SLO9	Provide patient education on preventive home safety measures to patients and families in the pediatric discipline.
SLO10	Demonstrate clinical reasoning and problem-solving abilities in the care of patients.
SLO11	Demonstrate patient-centered care through compassion and sensitivity.
SLO12	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession.
SLO13	Calculate appropriate medication dosages based on age and weight in the pediatric discipline.
SLO14	Describe a) verbal, b) motor, c) visual milestones used in the screening of appropriate pediatric development during a preventive patient encounter.
SLO15	Describe the recommended preventive childhood immunization schedule.

Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following (all components graded to the nearest hundredth):

Assessment	Percentage of Final Grade	Brief Description of Assessment
End of Rotation Exam	55%	A comprehensive examination based on course objectives and the NCCPA and PAEA blueprint. End of Rotation examination grade is calculated based on the student's Z-score. **Z-score less than -1 will result in a grade below 73 and failure of the exam**. Should a student fail an end-of-rotation examination, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan will be designed. Upon completion of the remediation, a retest will be given. If a student passes the End of Rotation reassessment exam (i.e., earning 73% or higher), the student will receive a 73% for the End of Rotation Exam component regardless of grade earned on the reassessment exam. Failure of reassessment exam will result in failure of the rotation. Students are permitted **one EOR exam reassessment** for the clinical year.
Mid-Rotation Evaluation	Reduction Only	Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found

		in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by Wednesday at 11:59pm est of the third week of the clerkship.
Preceptor Evaluation	35%	Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation.
Clinical Modules & Documentation Assignment	10%	Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments.
Professionalism	Reduction only	Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade (55%+ 35%+10%=100%) is an 80%, a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation. If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions: i. Attendance and participation ii. Adherence to procedures and policies iii. Uploading clinical schedule to Typhon iv. Submission of complete case logs in Typhon v. Submission of clerkship paperwork as requested by the Clinical Coordinator

Students must meet all the following standards to pass the clerkship course:

1. 73% or greater on the Preceptor Evaluation.
2. 73% or greater on the EOR Exam (see policy regarding reassessment above).
3. 73% or greater on the final course grade.

Failure of a Clinical Clerkship Course, will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an "F" for the course.

Final grades are assigned by the instructor based on the **University of Bridgeport Institutional Grading Scale** published in the UBPAI Student Handbook.

Final Course Grading Scale

Grade	Quality Points
A (93-100)	4.0
A- (90-92.99)	3.7
B+ (87-89.99)	3.3
B (83-86.99)	3.0
B- (80-82.99)	2.7
C+ (77-79.99)	2.3
C (73-76.99)	2.0
C- (70-72.99)	1.7
D+ (67-69.99)	1.3
D (63-66.99)	1.0
D- (60-62.99)	0.7
F (below 60)	0.0

There is no rounding up of grades.
As per the UB PAI Student handbook, the required passing grade for all PA coursework is a "C" or better.

Course Outline

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Dates	• Instructional Objectives 1-15	• Required text	• Friday, Apr 19, 2024
Block 1: Mar 18, 2024 – April 18, 2024	• Instructional Objectives 1-15	• Required text	• Friday Jun 7, 2024
Block 2: May 6, 2024 – Jun 10, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Jul 12, 2024

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 3: Jun 10, 2024 – Jul 11, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Aug 16, 2024
Block 4: Jul 15, 2024 – Aug 15, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Oct 11, 2024
Block 5: Sept 9, 2024 – Oct 10, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Nov 15, 2024
Block 6: Oct 14, 2024 – Nov 14, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Dec 20, 2024
Block 7: Nov 18, 2024 – Dec 19, 2024	• Instructional Objectives 1-15	• Required text	• Friday, Feb 14, 2025
Block 8: Jan 13, 2025 – Feb 13, 2025	• Instructional Objectives 1-15	• Required text	• Friday, Mar 21, 2025

This syllabus is subject to change at the discretion of the instructor.

Instructional Objectives

SLO	Instructional Objective
1.	• **1.1**: Establish rapport with infant and child's caregiver. • **1.2** Establish rapport with the adolescent and /or their caregiver. • **1.3**: Establish the purpose of a visit. • **1.4:** Select appropriate level of history based on the purpose of the visit. • **1.5**: Select the questions to obtain a thorough history of present illness. • **1.6**: Obtain past medical history, family history, and social history, applicable to the purpose of the visit. • **1.7**: Elicit an appropriate review of systems.
2.	• **2.1**: Identify necessary level of examination based on the presenting complaints and history. • **2.2**: Apply appropriate techniques to examine the patient with attention to patient's or their caregiver's modesty and privacy preferences. • **2.3:** Identify age-appropriate milestones. • **2.4**: Assess infants' and children's development in relation to expected milestones. • **2.5:** Identify possible physical exam findings related to the symptoms elicited during collection of medical history. • **2.6:** Select the areas to examine pertinent to the presenting complaints, age, gender, and patient's ability to participate. • **2.7:** Apply appropriate techniques to examine the patient with attention to patient's modesty and privacy needs.

3.	• **3.1**: Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history and pertinent ROS. • **3.2:** Identify and report pertinent physical exam findings including presence and absence of clinically significant signs based on presenting features. • **3.3**: Select the type of documentation appropriate for the purpose of the visit, such as SOAP note, H&P note, etc. • **3.4**: Document chief complaint and all pertinent components of patient's history using appropriate medical terminology. • **3.5**: Document all pertinent normal and abnormal physical examination findings using appropriate medical terminology. • **3.6** Identify common ICD-10 and CPT codes used in patient encounter documentation.
4.	• **4.1**: Identify pathophysiologic processes of developing acute conditions commonly seen in the pediatric setting. • **4.2**: Identify risk factors and demographics mostly susceptible to the development of acute conditions typically seen in the pediatric setting. • **4.3**: Recognize the clinical presentation of acute conditions typically seen in the pediatric setting. • **4.4**: Apply knowledge of pathophysiology to diagnosis and management of acute conditions typically seen in the pediatric setting.
5.	• **5.1**: Identify pathophysiologic process of development of chronic conditions commonly seen in the pediatric setting. • **5.2**: Identify risk factors and demographics mostly susceptible to the development chronic conditions typically seen in the pediatric setting. • **5.3**: Recognize the clinical presentation of chronic conditions typically seen in the pediatric setting. • **5.4**: Apply knowledge of pathophysiology to diagnosis and management of chronic conditions typically seen in the pediatric setting.
6.	• **6.1**: Identify age-appropriate preventive screening recommendations for routine preventive visits. • **6.2**: Identify risk factors and demographics mostly susceptible to the development of preventive conditions typically seen in the pediatric setting. • **6.3**: Identify age-appropriate interventions such as vaccines for during routine preventive visits.

7.	• **7.1:** Identify indications for laboratory tests and imaging studies, and other diagnostic evaluations commonly used in the pediatric setting.
	• **7.2:** Identify diagnostic studies recognized as screening, "gold standard" diagnostic, and first tests to order.
	• **7.3**: Interpret in the context of presenting symptoms the following commonly used laboratory tests:
	    • Complete blood count
	    • Basic and Comprehensive metabolic panel
	    • Thyroid function tests
	    • Lipid profile
	    • Hemoglobin A1c
	    • Urinalysis
	    • Point of care testing such as rapid Strep test, rapid Covid test, pregnancy test, rapid flu test, etc.
	• **7.4**: Interpret in the context of the presenting symptoms the following diagnostic studies:
	    • EKG
	    • Plain film chest X-ray

8.	• **8.1:** Identify the needs for in-office procedures, referrals, or urgent interventions based on the presenting symptoms. • **8.2:** Identify patients' or their caregiver's readiness and ability to comply with interventions indicated for the presenting complaints.

	• **8.3:** Identify appropriate pharmacological agents based on patients' presenting picture, drug interaction, and allergies/ adverse reactions utilizing the evidence-based guidelines. • **8.4:** Develop a comprehensive therapeutic management plan with consideration to patient's ongoing treatments for concurrent medical conditions and patient and caregiver's readiness to comply. • **8.5:** Identify necessity for ongoing monitoring for the results and/or adverse results of chosen interventions and facilitate establishment of regular check-ups. • **8.6:** Provide patients and their caregivers with the list of resources that could help with the adherence to the therapeutic interventions prescribed.
9.	• **9.1:** Identify patients' and/or their caregivers' level of health education and determine the best manner of communicating home safety information. • **9.2:** Demonstrate respect to patients' and/or their caregiver's system of beliefs and align your communication to the patient's preferred style. • **9.3:** Educate families on the importance of smoke and carbon monoxide monitors, use of outlet covers, use of safety gates, locking up hazardous chemicals, and other home safety measures. • **9.4:** Identify the need and utilize the interpreters when necessary.
10.	• **10.1**: Identify the investigations and studies necessary to assess and narrow down the differential diagnoses list. • **10.2**: Integrate laboratory and diagnostic studies results with history and physical examination data to establish the most likely diagnosis. • **10.3**: Analyze available care options for the conditions commonly seen in the pediatric setting and determine their applicability in each individual case.
11.	• **11.1:** Assess patient/caregiver's readiness to adhere to suggested treatment options and provide respectful support for patient's decision making. • **11.2:** Engage in active listening techniques during communication with patients and their families in the pediatric setting. • **11.3:** Identify need for enhanced communication options such as involvement of interpreters. • **11.4:** Incorporate patient's health literacy level and cultural beliefs when providing care.
12.	• **12.1:** Demonstrate professional demeanor in all interactions in a pediatric setting: with staff, medical providers, patients, and their family members. • **12.2:** Adhere to ethical, legal, regulatory, and behavioral norms at all times. • **12.3:** Demonstrate punctuality, consistency, and reliability in relating to the internal medicine team and patients.
13.	• **13.1:** Accurately measure and record height and weight. • **13.2:** Identify commonly used medications for specific pediatric conditions. • **13.3:** Accurately recommend correct dose based on age, height, and weight for prescription medications. • **13.4:** Educate caregivers on correct and safe pediatric dosing for over-the-counter medications.
14.	• **14.01**- Identify visual milestones for infants and children including focusing and tracking, eye contact, focusing on a face. • **14.02**- Identify motor milestones for infants and children including sitting up unsupported, reaching for objects, rolling over, crawling cruising and walking, pincer grasp, and stacking. • **14.3:** Identify verbal milestones for infants and children including babbling, single words, combining words, naming objects, colors, etc. • **14.4:** Identify interventions available for patients not meeting milestones.
15.	• **15.1:** Evaluate vaccination records and identify age-appropriate vaccines.

- **15.2:** Ensure absence of contraindications (severe allergies, medications preventing live vaccine administration).

Class Policies

- **Attendance policy**: Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted, and students will receive a zero for the assignment.
- **Course failure policy**: Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism**: Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy**: Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy**: Please refer to the student handbook and clinical handbook.
- **Academic Integrity**: Please refer to the student handbook.
- **Student Accessibility Accommodations**: Please refer to the student handbook.

UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES
This course adheres to all policies outlined in the catalog and in the Key to UB.

General academic policies of the University of Bridgeport can be found on the University website and in the University catalog at https://catalog.bridgeport.edu/.

Student services information may be found on the University of Bridgeport website at https://www.bridgeport.edu/heckman-center/academic-success/ and in the Key to UB at https://www.bridgeport.edu/key-to-ub/.

ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards.

Please refer to the *Student Handbook (Chapter 2 of "Key to UB" (*https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards#integrity) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student's work, utilizing unauthorized web-based services to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost's Office and appropriate disciplinary action.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

STUDENT ACCESSIBILITY SERVICES

https://www.bridgeport.edu/student-accessibility/

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email **accessibilityservices@bridgeport.edu**.

A list of student resources can be found on the UB website, under Student Affairs:
https://www.bridgeport.edu/student-affairs/