



**High Point University  
Congdon School of Health Sciences  
Department of Physician Assistant Studies**

**PAS 6150 PEDIATRIC ROTATION  
SEMESTER FALL, SPRING, SUMMER, 2016 - 2017**

**COURSE DESCRIPTION:** This five-week clinical course provides the physician assistant student with experience in outpatient and/or inpatient management of pediatric patients. The student will have the opportunity to perform well child exams, problem oriented exams, evaluate common pediatric illnesses, and the care of the newborn.

**COURSE CREDIT:** 4 credits

**COURSE INSTRUCTORS AND CONTACT INFORMATION:**

**COURSE DIRECTOR:** Ashlyn Bruning MMS, PA-C  
Assistant Professor  
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Office Hours: Open door policy, or via appointment.

**COURSE INSTRUCTORS:** Robin Hughes MSPAS, PA-C  
Assistant Professor  
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Office Telephone Number: 841.9685  
Office Hours: Open door policy, or via appointment.

**INSTRUCTIONAL FACULTY:**

Each student is assigned to a program approved community provider who serves as the primary clinical preceptor for the rotation.

**COURSE GOALS**

The goals of this rotation are to provide physician assistant students with supervised clinical practice experiences that build and increase their pediatric discipline-specific skills. Students will have the opportunity to perform well child exams/screening and preventative health services, perform problem oriented exams, assess and manage commonly encountered medical problems in the pediatric and adolescent population, identify and provide referral to community resources and or specialty care providers as appropriate, participate in the evaluation and care of the newborn and participate as a member of the pediatric health care team.

## **ARC-PA STANDARDS ADDRESSED IN THIS COURSE SERIES**

B3.02 SPCE *must* enable students to meet program expectations and acquire the *competencies* needed for clinical practice.

B3.03 SCPE *must* provide sufficient patient exposure.... to meet program-defined requirements with patients seeking:

- Medical care across the life span...

B3.04 SCPE *must* occur in the following settings:

- Outpatient

B3.05 *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs:

B3.06 SCPE *should* occur with:

- physicians who are specialty board certified in their area of instruction
- PAs teamed with physicians who are specialty board certified in their area of instruction
- Other licensed health care providers experienced in their area of instruction

B3.07 SCPE *should* occur... in the following disciplines:

- Pediatrics

## **COURSE OUTCOMES**

At the completion of the Pediatrics SCPE, the clinical phase PA student will possess the knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency in the following:

1. Perform focused histories and physicals for infant, child, and adolescent-aged patients within the pediatric practice setting.
2. Formulate a differential diagnosis based upon the patient history and physical exam and recommend the proper diagnostic studies.
3. Diagnose common medical and behavioral problems likely to be seen in the primary care pediatric setting.
4. Diagnose potentially life- or function-threatening medical and behavioral problems likely to be seen in in primary care pediatric setting.
5. Develop, implement and monitor management plans for emergent, acute, chronic or ongoing conditions including pharmacological and non-pharmacological approaches, surgery, counseling, therapeutic procedures and/or rehabilitative therapies.
6. Accurately and concisely communicate the findings of a given patient encounter in written and oral forms to all members of the health care team.
7. Demonstrate sensitivity and empathy regarding the emotional, cultural and socioeconomic aspects of the patient, the patient's condition and the patient's family.
8. Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize subjective information and construct a patient-centered management plan.
9. Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.
10. In all encounters, demonstrate professional behavior to the highest ethical and legal standards by recognizing professional limitations, then consulting with other health care providers and/or directing patients to appropriate community resources, as needed.
11. Critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care.

12. Educate patients in health promotion and disease prevention and demonstrate a working knowledge of all tiers of preventive medicine in caring for pediatric patients.
13. Perform clinical procedures common to primary care, including: strep testing, urinalysis, collection of culture specimens, injections, blood specimen processing for hematocrit evaluation, evaluating pulmonary function tests, reading chest and skeletal x-rays,.

### **ROTATION-SPECIFIC COURSE OBJECTIVES**

At completion of the Pediatric rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:

#### **Scientific Concepts:**

1. Demonstrate medical knowledge about specific medical conditions in the PAEA PEDIATRIC END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
3. Identify underlying processes or pathways responsible for a specific condition or disease.

#### **Patient Interviewing**

1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
  - a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
  - b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
  - c. Eliciting an appropriate review of systems
  - d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
  - e. Determining a patient's immunization status
  - f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
  - g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
  - h. Eliciting an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, behaviors and past sexually transmitted infections (STIs)
  - i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
  - j. Determining preventive health strategies including healthy behaviors, immunizations, screening tests and age-appropriate anticipatory guidance.
  - k. Determining the meaning of pertinent historical information relative to specific pediatric medical conditions or diseases.
2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility in a format specific to pediatrics.

- a. Document a comprehensive newborn assessment including appropriate assessment and identification of common acquired and congenital conditions.
- b. Document well child ages and stages assessments and provision of preventive health services and caregiver anticipatory guidance across the entire age range of pediatric patients.

### **Physical Examination**

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must to be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient's ability to participate in the examination.
  - a. Perform comprehensive newborn assessments including appropriate assessment and identification of common acquired and congenital conditions.
  - b. Perform well-child ages and stages assessments and provision of preventive health services and caregiver anticipatory guidance across the entire age range of pediatric patients.
3. Demonstrate safe and appropriate use of any required instruments or equipment including:
  - a. Auscultation using the bell and diaphragm features of the stethoscope;
  - b. Non-invasive blood pressure (NIBP) measurement instruments
  - c. Selection and use of sphygmomanometers of the appropriate size;
  - d. Oral, rectal, and ear thermometers/thermistors
  - e. Pulse oximeters
  - f. Oto/ophthalmoscopes
  - g. Percussion hammers
  - h. Tuning forks
  - i. Snellen chart
  - j. Pseudoisochromatic color vision (Ishihara) plates
  - k. Ear cures
  - l. Woods lamp and fluorescein
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of chronic illnesses specific to pediatric patients.
5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

### **Diagnostic Studies**

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Pediatrics.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the "best practice/gold standard" for the diagnosis of common conditions listed within the PAEA PEDIATRIC END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
  - a. Venous and arterial blood samples
  - b. Clean-catch and "dirty" urine specimens
  - c. Sputum samples
  - d. Stool samples
  - e. Wound and blood samples for aerobic and anaerobic culture

- f. Urethral and cervical swabs for STI testing
- g. Cervical scrapings for cancer screening
- h. Vaginal swabs for microscopy
- i. Skin scrapings for microscopy
- j. Skin biopsies
- 6. Perform and interpret the following diagnostic procedures when indicated and applicable:
  - a. Waived laboratory procedures including whole blood glucose, hemoglobin, micro hematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
  - b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
  - c. intradermal (PPD) tuberculosis screening
  - d. peak flow measurements
- 7. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable:
  - a. Complete blood count
  - b. Peripheral blood smear
  - c. Basic metabolic panel and Comprehensive metabolic panel
  - d. Liver function test
  - e. Renal function test
  - f. Glycosylated hemoglobin
  - g. Sedimentation rate
  - h. Lipid panel
  - i. Hepatitis panel
  - j. Cardiac biomarkers
  - k. PT/INR and PTT
  - l. Thyroid function test
  - m. C-reactive protein
  - n. Iron Studies
  - o. Microscopic urinalysis and urine culture
  - p. Carbon monoxide level
  - q. Blood culture
  - r. Sputum gram stain and culture
  - s. Monospot testing
  - t. Plain film radiographic images

### **Diagnosis Formulation**

1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given pediatric patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

### **Clinical Interventions**

1. Develop patient-oriented comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to pediatrics, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines specific to pediatrics.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.
8. Identify and direct patients and/or caregivers to available community resources specific to the needs of individual patients.
9. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

### **Health Maintenance**

1. Determine the appropriate history and physical examination in screening an asymptomatic patient during a well-care visit based on age and gender.
2. Identify growth and human development milestones.
3. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
4. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
5. Recognize the impact of environmental and occupational exposures on health.
6. Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
7. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient's health maintenance plan.
8. Recognize common barriers to care.
9. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures specific to pediatrics.
10. Identify the risks and benefits of immunizations.

### **Cross-Cultural Skills**

1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient's explanatory model and assess the patient's spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.

5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

### **Interpersonal and Communication Skills**

1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems specific to pediatrics.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Deliver coherent, accurate and succinct oral presentations.
4. Demonstrate interpersonal skills that will enhance communication with the pediatric patient and the patient's caregiver and family.
5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

### **Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within a pediatric practice population.
2. Identify the roles of the following members of the health care team and how to implement their services appropriately within a pediatric setting.
  - a. Specialty consults
  - b. Nursing
  - c. Physical therapy
  - d. Occupational therapy
  - e. Respiratory therapy
  - f. Pharmacy
  - g. Dietary services
  - h. Home care
  - i. Social work
  - j. Laboratory services
  - k. Medical Interpreters
3. Demonstrate appropriate professional demeanor and ethics, and respect for patient's confidentiality.

### **Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested, recommended textbooks.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to pediatric patients.

### **Systems based practice**

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today's health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

## TEACHING METHODS AND ASSIGNMENTS FOR ACHIEVING COURSE OBJECTIVES/LEARNING OUTCOMES

### Instructional Design

The clinical year is developed with a patient-centered, problem-oriented, and applications-based focus. During this time students discover how to use the extensive medical knowledge base that was developed during the first four semesters of the program curriculum.

The clinical year is the time for students to focus on skill competency development including patient care skills, communication skills, interpersonal (team) skills, and evidence-based practice skills. To facilitate this process, the primary instructional activity of the clinical rotations is supervised direct patient care experience performing patient evaluations, ordering and interpreting diagnostic tests, formulating diagnoses, developing treatment plans, performing clinical procedures, and providing patient education. In addition, during each required rotation there is a list of specific requirements that will be the focus of student knowledgebase studies (or review) during that rotation. The end-of-rotation written examinations will be based upon the instructional objectives listed in this syllabus.

### ASSESSMENT OF LEARNING OUTCOMES

ASSESSMENT TOOL	COURSE OUTCOME(S)	PERCENTAGE OF GRADE
Clinical Performance Evaluation	1-13	40%
Specialty Subject Examination	2, 3, 4, 5, 11, 12	40%
SCPE Assignments: Typhon logging Mid-rotation evaluation Student evaluation of Preceptor/Site	1-10, 12, 13	10%
Rotation-Specific Assignment	2-13	10%

### COURSE ASSESSMENT AND GRADING

Given the nature and complexity of educational activities on clinical rotations, a comprehensive, multifaceted process for evaluating student progress has been designed. The components each serve to assess different skills acquired by a student during clinical training. These constituent parts are combined to formulate the final SCPE grade.

1. **Specialty Subject Exam:** During the Return to Campus Days, the student will take the PAEA Pediatric End of Rotation Exam. Exam content is based on the PAEA Topic List and Blueprint found at the end of this syllabus.
2. **Clinical Performance Evaluation:** The primary clinical preceptor completes a thorough evaluation of student performance at the conclusion of the five-week SCPE. This evaluation is based on course objectives and course outcomes which support attainment of the Program Learning Outcomes. The Clinical Performance Evaluation is graded using a published evaluation rubric. Instructional faculty (preceptors) provide information used to determine rotation grades but do not assign the rotation grades. The Clinical Performance Evaluation grade is ultimately determined/assigned by the principal faculty member designated as the rotation/course director.
3. **Rotation-specific Assignment:** Completion of Written Well-Child Visit Template, with the following History, Physical Examination, Immunizations, Age Appropriate Anticipatory Guidance, Referrals/Labs/Testing, Assessment & Plan. The Rotation-specific assignment is graded using a



- published evaluation rubric. Guidelines for completion are included within the Clinical Handbook.
4. **SCPE Assignments:** These include completion of the Mid-rotation Evaluation by student and preceptor, Typhon logging in accordance with Clinical Handbook requirements, and timely completion of Student Evaluation of Preceptor/Clinical Site. Guidelines for completion are included within the Clinical Handbook.

Evaluation forms for the Clinical Performance Evaluation, Mid-rotation Evaluation, Student Evaluation of Preceptor/Site, Templates and Rubrics for the Rotation-specific Assignments and a Rotation Assignments Checklist are included in the Clinical Handbook.

**Grading Criteria:**

Course Grade	Numerical Grade
High Pass (HP)	93 – 100 %
Pass (P)	70 – 92.99 %
Non-Pass (NP)	< 70 %

To earn a Pass designation for the course, a student must achieve a 70% or better and successfully pass each of the four assessment components. If a student achieves less than 70% for the overall grade in course, they must successfully repeat the failed rotation. A student must achieve a 70% or better on the SCPE Assignments, Clinical Performance Evaluation, and Rotation-specific Assignment to successfully pass each component. Since the Specialty Subject Examination is a standardized, national exam, we utilize the “Z-score” in regards to student passing/non-passing each examination. The raw score percentage will still be used to calculate final grade in the SCPE clinical rotation course. The current z-score conversion calculation and standards for passing is posted on the SCPE Blackboard page.

**Remediation:**

If a Non-pass grade is earned for any component, a remedial activity will be assigned specific to that segment (i.e. written presentation failed, another written presentation will be assigned, the end-of-rotation exam is failed – review topics will be assigned, etc.). The goal of a remedial activity will be to address the educational deficiencies of that particular component and assist the student in focused improvement.

**Remediation Procedure:**

1. Phase I remediation - If a student fails 1 of the elements they will receive an incomplete grade for the SCPE until the remedial activity for that failed component is successfully completed.
2. Phase II remediation - If a student fails 2 of the elements, they will be placed in Phase II remediation, which will entail closer faculty supervision and more focused and intensive activities to correct the deficiencies. The student will receive an incomplete for the SCPE until the remedial activities are successfully completed.
3. Non-Pass status - If a student fails 3 or more of the elements, a Non-Pass grade will be assigned for the SCPE. The student will still be expected to complete remedial activities as well as repeat the failed rotation.

**RECOMMENDED TEXTS AND RESOURCES**

In addition to the following list it is expected that students will use applicable textbooks and resources from didactic courses in the Physician Assistant Studies program.

Tschudy MM, Arcara KM. (2012). *Harriet Lane Handbook, 19<sup>th</sup> Ed*, Elsevier Mosby, ISBN 978-0-323-07942-6.

USMLE Blueprints Series, Blackwell Publishing Pediatrics, 5<sup>th</sup> Ed, 2008

## **COURSE EVALUATIONS**

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of High Point University's assessment program, so your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations. **IMPORTANT NOTE:** All communications from the Office of Institutional Research and Assessment will be sent to your High Point University e-mail account, so please be sure to check and maintain your account regularly.

## **UNIVERSITY HONOR CODE**

### **Preamble**

We, the students of High Point University, believe that honesty and integrity are essential to student development, whether personal, social, or academic. Therefore, we assert that:

Every student is honor-bound to refrain from conduct which is unbecoming of a High Point University student and which brings discredit to the student and/or to the University;

- ❖ Every student is honor-bound to refrain from cheating;
- ❖ Every student is honor-bound to refrain from collusion;
- ❖ Every student is honor-bound to refrain from plagiarism;
- ❖ Every student is honor-bound to confront a violation of the University Honor Code;
- ❖ Every student is honor-bound to report a violation of the University Honor Code.

## **ACADEMIC HONESTY**

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

- Any forgery, fabrication or alteration of a Preceptor completed SCPE evaluation form, by the student
- Providing falsified information within Typhon PA Student Tracking system regarding patient encounters, skills/procedure performance and/or time logs.
- Copying on exams or generating facsimiles of exam questions for use by other students
- Providing assessment-related materials to classmates or others in subsequent classes
- Taking individual credit for any group work that is not your own
- Collaborating on assignments that are not explicitly specified as group work
- Buying/selling papers or other assessment-related items
- Submitting work for which credit has already been received in another course without the express consent of the instructor
- Use of electronic devices or written information during assessments unless expressly permitted
- Taking exams or completing assignments for another student
- Plagiarizing the work of another or of an information source
- Providing Mastery of Learning and/or Keyword Feedback information to classmates or others in subsequent classes

## **UNIVERSITY CONDUCT CODE**

### **Preamble**

We, the students of High Point University, shall seek excellence in the classroom, on the playing field, and in positions of leadership and service across our campus.

As a community of scholars, we shall work together with faculty to create an environment conducive to teaching and learning. As a community of persons, we shall treat each other with compassion, with dignity, and with civility, avoiding bigotry, racism, and sexism and learning from each through the diversity we bring to High Point. As persons, we shall be honest and just in all that we do, recognizing that we can never be greater than the integrity of our word and deed. As citizens of global community, we shall act responsibly, both on campus and off, governing our actions not only by our personal needs and desires but also by a concern for the welfare of others, for the general good of humankind, and for the environment upon which we mutually depend. Recognizing that communities cannot exist without values and codes of conduct, we shall search for enduring values; and we shall adhere to those codes of conduct which have been established by and for the members of High Point University. When we leave High Point, we shall leave it better than we found it, and in support of this goal, we pledge our loyalty and our service to this University which we have chosen as our own.

### **STUDENT RESPONSIBILITIES**

Students are expected to attend all scheduled SCPEs and other educational activities as recommended by Preceptors. Students must be present at the clinical site a minimum of 180 clinical hours for each rotation. More hours may be required by individual clinical sites and preceptors, but should not exceed 80 hours per week. In the event of illness or unforeseen circumstance, the student must make every reasonable attempt to notify the Preceptor and the PA program Director of Clinical Education in advance of the absence. Failure to do so will be regarded as a breach of professionalism. Students are expected to treat all instructors, colleagues, patients, and office staff with a professional level of respect. Students are expected to be adequately prepared for all SCPEs. The success of each clinical rotation is critically dependent upon student preparation and participation. Students must comply with all site-specific requirements and policies regarding all clinical sites associated with each clinical rotation.

### **INSTRUCTOR RESPONSIBILITIES**

The Clinical Education Faculty, comprised of the Director of Clinical Education (DCE) and Clinical Coordinators, will be responsible for identifying and maintaining quality clinical rotation sites and preceptors dedicated to providing an optimal clinical education experience. Student assignment/placement with clinical sites and preceptors will be made by the Clinical Education Faculty. The Clinical Education Faculty will orient preceptors and students to the policies and procedures of the clinical year as well as program expectations and objectives. It is the responsibility of the DCE to review all components used for evaluation of clinical rotations and ultimately the assignment of the final grade for each student for all clinical rotations.

The clinical instructor (preceptor) will be responsible for helping the student gain proficiency in all course objectives by reviewing the Program's expectations and objectives and providing the student with opportunities to provide supervised direct patient care and clinical skills/procedural experiences as well as other assignments/activities which contribute to the student's learning. Ancillary resources will be made available to facilitate student success. Feedback from preceptors will be provided early and frequently regarding the student's clinical performance and professionalism. The clinical instructor (preceptor) will orient the student with respect to policies and procedures at all clinical sites associated with the clinical rotation and ensure that each student experiences a positive learning environment. Preceptors will treat all students with a professional level of respect.

### **HPU WRITING CENTER**

The Writing Center welcomes students at any level for one-on-one sessions focused on writing projects in any stage of the writing process, from invention to revision.

Main Location: Smith Library, 1<sup>st</sup> floor

Satellite Location: UC Learning Commons, 3<sup>rd</sup> floor

To schedule an appointment, visit <https://highpoint.mywconline.com>, register as a user, login, choose a location, and choose a time.

### **DISABILITIES STATEMENT**

Providing academic accommodations to students with disabilities is a shared responsibility of the campus.

High Point University is committed to meeting the needs of students with disabilities. If you have a diagnosed disability that requires you to have accommodations in the classroom or testing environment, please contact Ms. Dana Bright at (336) 841-9361 or [dbright@highpoint.edu](mailto:dbright@highpoint.edu) for your accommodation memos. It is your responsibility to communicate your accommodation needs to your professor.

Accommodations are not retroactive.

### **PAEA PEDIATRIC END OF ROTATION EXAM TOPIC LIST & BLUEPRINT**

**See tables below.**



## Pediatrics End of Rotation™ Exam Topic List

<b>DERMATOLOGY</b>	<b>CARDIOVASCULAR</b>
Dermatitis (diaper, perioral)	Atrial septal defect
Drug eruptions	Coarctation of the aorta
Lichen planus	Patent ductus arteriosus
Pityriasis rosea	Tetralogy of Fallot
Stevens-Johnson syndrome	Ventricular septal defect
Toxic epidermal necrolysis	Acute rheumatic fever
Erythema multiforme	Kawasaki disease
Acne vulgaris	Hypertrophic cardiomyopathy
Lice	Syncope
Scabies	
Androgenetic alopecia	<b>PULMONARY</b>
Exanthems	Acute bronchiolitis
Verrucae	Croup
Burns	Pneumonia (bacterial, viral)
Urticaria	Respiratory syncytial virus
Contact dermatitis	Asthma
Atopic dermatitis	Foreign body
Tinea	Hyaline membrane disease
Impetigo	Cystic fibrosis
<b>EARS, NOSE, AND THROAT/OPHTHALMOLOGY</b>	<b>HEMATOLOGY</b>
Conjunctivitis	Anemia
Orbital cellulitis	Bleeding disorders
Strabismus	Leukemia
Acute otitis media	Lymphoma
Allergic rhinitis	Neutropenia
Hearing impairment	Brain tumors
Mastoiditis	Hemophilia
Otitis externa	Lead poisoning
Tympanic membrane perforation	
Epistaxis	<b>ENDOCRINOLOGY</b>
Acute pharyngotonsillitis	Short stature
Epiglottitis	Hypothyroidism
Oral candidiasis	Hyperthyroidism
Peritonsillar abscess	Hypercalcemia
	Obesity
	Diabetes mellitus



## Pediatrics End of Rotation™ Exam Topic List

<b>GASTROINTESTINAL/NUTRITIONAL SYSTEM</b>	<b>ORTHOPEDICS/RHEUMATOLOGY</b>
Gastroenteritis	Nursemaid's elbow
Dehydration	Slipped capital femoral epiphysis
Appendicitis	Osgood-Schlatter disease
Colic	Scoliosis
Gastroesophageal reflux disease	Congenital hip dysplasia
Constipation	Avascular necrosis of the proximal femur
Pyloric stenosis	Neoplasia of the musculoskeletal system
Intussusception	Juvenile rheumatoid arthritis
Hirschsprung disease	
Foreign body	<b>INFECTIOUS DISEASE</b>
Encopresis	Atypical mycobacterial disease
Hepatitis	Pinworms
Jaundice	Epstein-Barr disease
Duodenal atresia	Erythema infectiosum
Inguinal hernia	Herpes simplex
Umbilical hernia	Influenza
Niacin deficiencies	Mumps
Vitamin A deficiency	Roseola
Vitamin C deficiency	Rubella
Vitamin D deficiency	Measles
Lactose intolerance	Varicella infection
	Hand-foot-and-mouth disease
	Pertussis
<b>UROLOGY/RENAL</b>	<b>PSYCHIATRY/BEHAVIORAL MEDICINE</b>
Cryptorchidism	Child abuse and neglect
Hydrocele	Attention-deficit/hyperactivity disorder
Paraphimosis	Autism spectrum disorder
Phimosis	Feeding or eating disorders
Testicular torsion	Depressive disorders
Enuresis	Anxiety disorders
Hypospadias	Disruptive, impulse-control, and conduct disorders
Vesicourethral reflux	Suicide
Glomerulonephritis	
Cystitis	



## Pediatrics End of Rotation™ Exam Topic List

<b>NEUROLOGY/DEVELOPMENTAL</b>	
Normal growth and development	
Immunization guidelines	
Anticipatory guidance	
Teething	
Febrile seizures	
Epilepsy	
Meningitis	
Turner syndrome	
Down syndrome	

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## Pediatrics End of Rotation™ Exam Blueprint

Pediatrics 100-Question Exam	History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
	(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Dermatology (15%)	2	1	4	1	2	4	1	15
ENOT/ophthalmology (15%)	3	1	4	1	2	3	1	15
Cardiovascular (10%)	1	1	2	1	1	2	2	10
Pulmonology (12%)	2	1	3	1	1	3	1	12
Gastrointestinal/nutritional (10%)	1	1	3	1	1	2	1	10
Endocrinology (3%)	0	1	1	0	0	1	0	3
Infectious diseases (12%)	2	1	3	1	1	2	2	12
Psychiatry/behavioral medicine (6%)	1	0	1	1	1	1	1	6
Neurology/developmental (6%)	1	1	1	1	0	1	1	6
Orthopedics/rheumatology (5%)	1	1	1	1	1	0	0	5
Urology/renal (3%)	1	0	1	0	0	1	0	3
Hematology (3%)	0	1	1	1	0	0	0	3
<b>Totals: (100%)</b>	<b>15</b>	<b>10</b>	<b>25</b>	<b>10</b>	<b>10</b>	<b>20</b>	<b>10</b>	<b>100</b>