HAP 577 PEDIATRIC PRECEPTORSHIP

The purpose of the pediatric preceptorship is to provide the student with practical clinical experience working with ambulatory pediatric patients. This preceptorship is intended to augment and develop directed data collection and patient management skills emphasizing a wide range of primary care pediatric problems. It will also stress those cognitive and affective skills, which will enable the student to recognize normal findings, and assess abnormal findings. The student will augment skills such as counseling the parent as to normal growth and development, anticipatory guidance, feeding, immunizations, etc., and will become familiar with the indications, limitations, and methodology of ambulatory diagnostic procedures and therapeutics. Further, he/she will gain an appreciation for practice management and the role a PA may play in a pediatric practice setting.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the pediatric preceptor rotation, based on supervised clinical practice, utilization of appropriate reading or reference materials and sessions with program faculty coordinating the preceptorship the student will broaden and reinforce medical skills and knowledge pertaining to each of the instructional objectives below, as they relate to signs, symptoms, differential diagnosis and management of clinical problems in the problem list. Student evaluation will consist of the following criteria: preceptor evaluation, faculty evaluation, and written examination. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. At the end of the rotation the student should be able to:

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications for each of the diagnoses listed.

2. Obtain and document a history based on the patient’s chief complaint and appropriate for the patient’s age to include:
   a. effective communication skills, recognizing and addressing any barriers to communication
   b. an organized approach
   c. chief complaint
   d. present illness
   e. past medical history incorporating:
      ● prenatal & perinatal history
      ● feeding history
      ● growth and development
      ● previous serious illnesses (including but not limited to traditional childhood illnesses)
      ● hospitalizations & surgery
      ● allergies
      ● injuries
      ● immunizations
      ● medications
   f. social history
   g. family history
   h. review of systems
i. recognition of normal and abnormal historical data

3. Perform a comprehensive and directed, age appropriate, physical examination that includes:
   a. proper hand-washing/universal precautions
   b. an organized approach
   c. utilization of proper technique, with appropriate modifications as need based on the patient’s age, mobility and mental status
   d. draping appropriately, offering explanations, respecting patients privacy and dignity and displaying a professional demeanor during the examination

4. Interpret the data obtained during the history and physical and develop a differential diagnosis.

5. Based on the most likely diagnosis identify and interpret diagnostic procedures used to evaluate the patient in ambulatory medicine. Be familiar with the:
   a. technique utilized to perform the test
   b. risk :benefit ratio
   c. cost
   d. sensitivity and specificity

6. Devise, document and implement, as indicated, a pharmacologic management plan to include consideration of the following:
   a. mechanism of action, metabolism, excretion
   b. indications, contraindications, interactions and adverse reactions
   c. cost-effectiveness

7. Develop, record and implement a non-pharmacologic management plan.

8. Identify the relationship between medical and socioeconomic problems.

9. Provide medical education at the patient’s and or parents level of comprehension including but not limited to, growth and development, anticipatory guidance, nutrition and immunizations.

10. List current recommendations for immunizations scheduling, feeding schedules and nutritional needs.

11. Recite parameters of normal growth and development.

12. Record a complete and organized note in the SOAP (subjective/objective/assessment and plan) format.

13. Present patient presentations in a clear, concise manner to the preceptor, including pertinent historical and physical data, an assessment and plan.

14. Develop proficiency in the following skills:
   a. fingersticks/heel sticks
b. urinalysis
c. guaiac
d. peak flows
e. PPD, fungal skin test
f. screening audiometry
g. screening vision
h. tympanometry
i. height/weight/head circumference plotting

15. Recognize and be familiar with the process of when and how to refer a patient to a specialist.
16. Identify serious, life threatening conditions early in the treatment care of pediatric patients.

II. PROBLEM LIST The student will demonstrate the knowledge and skills described above pertaining to the following:
Abdominal pain ddx.
AIDS
Airway Obstruction
Allergic Rhinitis
Anemia (Iron deficiency/folic acid, Sickle cell, hemolytic)
Asthma: Acute/Chronic
Atopic Dermatitis
Attention Deficit Disorder (ADD/ADHD)
Autism
Behavioral Disorders
Blood Disorders
Bronchiolitis
Bronchitis
Burns
Celiac Disease
Cerebral Palsy
Child Abuse & Neglect/Sexual Abuse
Colic
Common/Congenital Cardiac Murmurs
Common Congenital Problems
Common/Congenital Gastrointestinal Problems (including vomiting, diarrhea, constipation, gastroenteritis, GERD, lactose intolerance)
Common/Congenital Genitourinary Problems
Common/Congenital Orthopedic Problems
  ● Transient synovitis
  ● Osgood Schlatter Disease
  ● Hip Dysplasia
  ● SCFE
Conjunctivitis
Constipation
Cough
Cystic Fibrosis
Dehydration/Rehydration
Depression
Dermatitis (bacterial, fungal, viral)
Developmental milestones
Diabetes Mellitus
Diaper Rash
Eating Disorders: Anorexia Bulimia
Eczema
Enuresis
Epiglottitis
Epistaxis
Exanthems Diseases (Measles, Scarlet fever, Rubella)
Failure to Thrive
Feeding schedules
Fetal Alcohol Syndrome
Fever
Gastroenteritis
Genetic Disorders (Down’s Syndrome, Klinefelter’s Syndrome, Turner’s Syndrome)
Genitourinary Problems
  ● varicocele
  ● cryptorchidism
  ● circumcision
  ● trauma
  ● urinary tract infection
  ● vaginitis

III. PROFESSIONAL GROWTH
The student’s attitudes and behavior that contribute to professional growth will be monitored by core PA faculty and clinical preceptors throughout the preceptorship. The student will demonstrate professionalism by:

1. displaying a high level of motivation and interest
2. recognizing personal strengths, and limitations in knowledge and skill, and actively seeking help and advice from preceptors when needed
3. identifying areas for improvement and implementing strategies to enhance knowledge, skills and attitudes
4. eliciting and acknowledging feedback, and then modifying behavior accordingly
5. seeking and maintaining competence by reading and utilizing principles of evidence based medicine
6. providing compassionate care to all patients regardless of the patient’s diagnosis, prognosis, age, gender, race, sexual orientation, ethnicity, religious, cultural or health-related beliefs, citizenship or socioeconomic class
7. forming and maintaining positive interpersonal relationships with patients, peers, staff and supervisors
8. maintaining appropriate boundaries in relationships with patients, peers, staff and supervisors
9. being considerate and helpful to all members of the health care team; collaborating appropriately and respecting the roles and professional expertise of all health care professionals
10. recognizing and reporting unprofessional behavior
11. maintaining a calm and sensible manner in stressful and/or emergency situations
12. showing respect for patients privacy by maintaining appropriate confidentiality of the patient’s record
13. being punctual, and displaying appropriate dress and grooming
14. attending to one’s own well being
15. adhering to the American Academy of Physician Assistants (AAPA) Code of Ethics
IV. STUDENT EVALUATION

- Clinical site supervisor evaluation.................................................................50%
- Written clinical examination........................................................................20%
- Program faculty grade....................................................................................10%
  (H&Ps, patient presentations, professional behavior)
- Appropriate utilization of Cbase.....................................................................5%
- EMO exam........................................................................................................15%

Failure to hand in or present assignments on time or any unprofessional behavior will result in a lowering of the grade for the rotation.

If a student earns a grade below a “C” for the Pediatric Preceptorship, he/she will be placed on academic probation and required to repeat the preceptorship. This will extend the length of time required for completion of the clinical year.

Failure to earn a grade of C or better on the repeated Pediatric Preceptorship will result in a recommendation to the Dean for termination from the program.

Americans with Disabilities Act:
If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

Academic Integrity:
Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person’s work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/aaa/academicjudiciary/

Critical Incident Management:
Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students’ ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures