

**Course Syllabus**

**General Course Information**

**Course # & Title**: PED 3001: Pediatrics Core Clerkship

**Course Credit Hours:** 4 credit hours

**Contact Hours:** [x]  Clinical Courses: 4 Credits = 150 hrs. to complete all activities

**Semester(s) & Year:** Fall and Spring – 2025-2026

**Grading Scale:** Honors (H), High Pass (HP), Pass(P), Pass with Remediation (Px)

**Delivery Mode:** Clinical

**Class Meeting Times/Locations:** Didactics – Wednesdays 6:30-8:30

Clinicals – The Preceptor's schedule will determine the location and average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule etc... RVU mandates a minimum of 35 hours to a maximum of 70 hours of clinical service per week to maintain patient safety and allows for didactics and self-learning.

**Faculty Contact Information**

**Student Inquiry Contact:** Dr. Martin Alswang

In order to make an appointment or to contact someone with an urgent clerkship issue, please email cherkshipdirectorshelpline@rvu.edu

**Additional Faculty:** Credentialed Clinical Faculty (Preceptors)

**Course Details**

**Course Description**:

The Pediatrics Core Clerkship will provide clinical exposure to various aspects of pediatric issues. Students will gain knowledge, experience, and competency in the diagnosis and management from birth to adolescent patients. Students will also become competent in the complexities of working with minors who, in most jurisdictions, cannot make decisions for themselves.

It is critical to note that the clinical clerkship experience is not intended to teach the student everything about Pediatrics nor provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptor may provide educational guidance, but it is each student’s individual responsibility to learn the subject content. Lifelong self-learning is the goal and is expected in this core clinical clerkship. Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least 4 outpatients or 2 inpatients per day.

Prerequisite: successfully completing all pre-clinical (Year 1 and Year 2) coursework and post initial attempt on COMLEX Level 1 with passing score reported to clinical education. No student may be assigned to a family member for the purpose of assessment or evaluation of performance. If the student is inadvertently assigned to a family member, the student must report the relationship to the Assistant Dean of Clinical Education Resources before the rotation begins so that the student may be reassigned.

\*Note: For details of the course description see **Appendix A and Appendix B.**

**Learning Outcome Information:**

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| **Course Learning Objectives/Outcomes and Observed Behaviors**When Mapping, please use a competency-based progression of learning: I= Introduce; R= Reinforce; C= Competent |
| **Upon Successful completion of the course,** **the student will be able to:** | ILOs | PLOs | Clinical Skills | Assessment Method |
| Apply clinical reasoning and judgment skills in the practice of medicine through observed behaviors of: 1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM)

 10. Ability to triage patients appropriately | 1c, 2c, 4c, 5c | 1c, 2c, 3c, 6c  | 1c, 2c, 3c, 4c, 5c, 6c, 7c, 10C | * Preceptor Assessment Questions 1-8, 10-12, 14, 17
* NBME Subject Exam
* Didactics
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| Demonstrate interpersonal communication and relationship skills with patients, care team members, and others through observed behaviors of:1. Handoff and receive patients in the transition of care appropriately and with empathy.
2. Work collaboratively and respectfully with all care team members, patient families, and others.
3. Triage a patient to appropriate levels of care.
 | 1c, 2c, 3c, 4c | 4c, 5c | 8c, 9c, 10c | * Preceptor Assessment Questions 7, 9, 13, 15
* Didactics
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| Conduct patient and condition-appropriate physical exams and procedures with compassion and empathy through observed behaviors of:1. Can articulate appropriately the requirements for a typical informed consent.
2. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.
 | 1c, 2c, 4c, 5c | 1c, 3c, 4c, 6c | 11c, 12c | * Preceptor Assessment Questions 2- 4, 10, 12, 15,
 |
| Evaluate systems-based practices to contribute to quality improvements through observed behaviors of: 1. Recognize system failures and can contribute to improvements.
 | 1c, 2c, 5c | 7c | 13c | Preceptor Assessment Question 17 |
| Act in a professional manner that meets the standards of the osteopathic profession through observed behaviors of: 1. Practice lifelong learning consistently (practice-based learning)
2. Self-reflect honestly, consistently, and openly with supervisors.
3. Consistently act to meet the Preceptor's expectations of a colleague in training.
4. Consistently exhibit a quiet, compassionate hand of tolerance towards others
 | 1c, 2c, 3c, 4c | 1c, 5c | 14c, 15c, 16c, 17c.  | * Preceptor Assessment Questions 9, 13, 15, 16
* Didactics
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**Required Texts/Materials:**

1. The Johns Hopkins Hospital, Hughes, H. K., & Kahl, L. K. (Eds.). (2018). [*The Harriet Lane Handbook*](https://www-clinicalkey-com.proxy.rvu.edu/#!/content/book/3-s2.0-B9780323399555000326)(21st ed.). Philadelphia, PA: Elsevier.
2. Kliegman, R. M., St. Geme, J. W., Blum, N. J., Shah, S. S., Tasker, R. C. & Wilson, K. M. (Eds). (2020). [*Nelson textbook of pediatrics*](https://www-clinicalkey-com.proxy.rvu.edu/#!/browse/book/3-s2.0-C20161017121)(21st ed.). Philadelphia, PA: Elsevier.
3. American Academy of Pediatrics & Baker, C. J. (Eds.). (2023). [Red book atlas of pediatric infectious diseases (5th ed.).](http://proxy.rvu.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=3441622&site=ehost-live&scope=site) Elk Grove Village, IL: American Academy of Pediatrics.
4. Course Guide for Pediatrics (Available in New Innovations.)

**Recommended Learning Resources**

* Schaaf, C. P., Zschocke, J., Potocki, L. (2011). *Human Genetics: From Molecules to Medicine.* New York, NY. LWW.
* Sadler, T. W. (2018). *Langman's Medical Embryology,* (14th ed). New York, NY: LWW
* Up To Date
* Pediatrics Review
* ***See a full list of articles in Appendix E***

**UWorld**

A full library of Pediatric questions is available for review.

*Please ask the library staff for assistance if the hyperlink is broken.*

**Assignments and Due Dates:**

* Didactics – Weekly
* SMART Goals – Due Day 5 of the Clerkship
* NBME Self-Assessment – Due before the end of the Clerkship
* NBME Subject exam – Due the fourth Thursday
* SMART Goals Reflection – Due Day 5 following the Clerkship.
* UWorld Questions – Due the last day of the Clerkship
* Patient Logs – Uploaded into New Innovations and then submitted to Canvas each Friday of the Clerkship
* Preceptor Assessment – The preceptor submits the assessment following the completion of the Clerkship.

Note: All assignments must be completed by the due date in order to be eligible for Honors.

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| **Domain** | **Assessment** | **Percent of total grade** | **Exemplary** | **Exceeds Expectations** | **Meets Expectations** | **Below Expectations/ Needs Improvement** |
| **Professionalism****(0-20 course points)** | Preceptor EvaluationQuestions 9, 13, 15, 16, and Qualitative Comments | 10% | 10 | 7.5 | 6 | 2 |
| Didactics  | 10% |  |  | 10 (pass) | 2 (fail) |
| **Clinical Care Performance****(0-30 course points)** | Preceptor EvaluationQuestions 1-8, 10-12, 14, 17, and Qualitative Comments | 30% | 30 | 22.5 | 18 | 2 |
| **Knowledge Application****(0-50 course points)****Percentile grade x .50** | Subject Exam | 50% | Minimum Passing Threshold: Students must achieve at or above the 5th percentile nationally to meet the minimum passing threshold. (Note: A minimum of the 60th Percentile is needed to receive a Final Grade of Honors) | Below Minimum Passing Threshold |
| 2.5-50.0 points | 0-2.4 points |
| **Final Grades** | **Honors** | **High Pass** | **Pass** | **Fail** |
| **Course Points** | 80-100 Pts | 70-79.9 Pts | 36.5-69.9 Pts | 0-36.4 Pts |

**Didactics**

Consistent attendance and participation in didactic sessions are essential to gain knowledge and skills to successfully complete the core clerkship and to show professionalism in your professional identity. In addition, these didactics supplement the clinical curriculum and help students prepare for the subject exams at the end of each core rotation.

Didactics are held at the day and time listed in MyVista. Attendance is required unless approved by the Clerkship Director. Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director. Requests for absences or partial attendance should be submitted before the didactic session or as soon as possible after the session when prior notification is not practicable. The Clerkship Director may assign make-up assessments for approved absences only. Didactics are intended to be interactive, and points will be awarded based on student engagement and participation in each session.

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| --- | --- | --- |
| Component | Description | Points Available |
| Attendance and Participation | * Points will be awarded for live didactic session attendance (as evidenced by attending the Zoom lecture live), and participation (as evidenced by submitting at least FOUR chats during the Zoom presentation), and Clerkship Director approved absences only (need to view the Zoom recording on Panopto) AND submitting Poll answers via email to Clerkship Director.

o   1 point is awarded per each full half of the session attended | 2 points per week(4 weeks = 0-8) |
| Video Review | * 16 points = 80-100% of assigned videos viewed
* 10 points = 65-79% of assigned videos viewed
* 0 points = 64% or less of assigned videos viewed
 | 16 points |
| Pre-Class Quiz | * points = 80-100% correct on weekly quiz
* 2 points = 60-79% correct on weekly quiz
* 1 point = 40-59% correct on weekly quiz
* 0 points = <40% correct on weekly quiz
 | 3 per week(4 weeks = 12) |
| Self-Assessment | * Must be completed within the first 2 weeks of the course; points are based on completion only
 | 4 points |
|   |   |   |
| Pass | ≥ 70% of total possible points | 28-40 points |
| Fail | < 70% OR missing required make-ups | < 28 points |

**Required Course Videos**

As part of your learning in this course, you are required to watch all assigned course videos over the 4-week period. These videos are carefully curated to support your understanding of core concepts and prepare you for the NBME Subject Exam.

Please note the following:

* Watching the videos is a required component of the course.
* While the videos themselves are not directly tested, they provide foundational knowledge that will support your performance on the NBME exam and during clinical practice.
* Video viewing may be tracked to ensure compliance with course expectations.

You are expected to engage with this material in a timely and professional manner. Failure to complete the required videos may impact your standing in the course.

**Friday Clinical Forum**

The Friday Clinical Forum is a culminating required event designed to support students as they complete their core clinical rotations and prepare for the next clerkship. This half-day, virtual experience provides a platform for reflection, integration, and professional development.

Students will participate in a series of interactive sessions including:

* Virtual Grand Rounds, where peers present select clinical cases from their clerkships.
* General Topic Presentations by faculty and guest speakers on themes such as evidence-based practice, professional identity formation, and clinical decision-making.
* Town Halls with Career Advisors
* Meetings with Site Directors to provide feedback, share experiences, and discuss site-specific expectations and opportunities.
* Virtual Reality Clinical Scenarios offering immersive, case-based experiences that reinforce clinical reasoning and decision-making skills.

The forum encourages students to synthesize their clerkship experiences, engage with faculty and peers, and prepare for the transition to their next clerkship.

**Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)**

A Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation **(see Appendix D)** must be completed and submitted by the Preceptor of record for each clerkship for a grade for the course to be posted. The response to each question of the Assessment will be reviewed by the Clerkship Director, who will assign a final grade based on all Assessments received.

Students who do not meet expectations on the Assessment must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship course will be remediated at a clinical training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a second course failure and referral to SPC.

**Subject Exams**

The subject examination is a key component of the core clinical clerkship course grade and is administered toward the end of the clerkship. Students must score in the 5th percentile or higher to meet the minimum passing threshold.

Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence request by completing the Clinical Education Excused Absence Request Form in iNet. The absence is not excused until approved by the Clerkship Director. Examples of situations which would generally be approved for an excused absence from the exam include significant mental or physical illness (documentation from the treating licensed healthcare provider may be required), emergency or presentation at a professional conference (if eligible). If a student believes that the basis for their excused absence request is eligible for consideration for ADA accommodation, the student should follow the procedure outlined in the Disabilities and Academic Accommodations section of this handbook.  *Students receiving an excused absence from an NBME Subject Exam due to illness will be required to take the missed exam during the next exam date that they do not have a regularly scheduled NBME Subject Exam.*

Should a student not meet the minimum passing threshold on their first attempt at the subject exam, they will be enrolled in the OSTEONS I course until their Individualized Learning Plan (ILP) is completed. Once the ILP has been met, the student must receive approval from the Clerkship Director to retake the subject exam. Once approval has been received, the student will work with the Clinical Data Coordinator to schedule the second exam attempt. If the student must take the subject exam twice to gain the minimum threshold, they will be awarded the maximum score of the 5th percentile (minimum passing threshold) for grading purposes.

Should a student not meet the minimum passing threshold within two attempts of the subject exam, the student has failed the course. At that time, the student will meet with the Clerkship Director to determine remediation of the course.

**NBME Self-Assessment**

The NBME Self-Assessment is a standardized, multiple-choice exam designed to help students evaluate their readiness for subject-based NBME exams and to identify areas requiring further study. This assessment mirrors the content and format of the official NBME Subject Exams and provides a scaled score, performance profile by content area, and comparative data to guide preparation.

**SMART Goals**

SMART goals are an ideal way for students to communicate their learning needs to their Preceptor. Students develop four SMART goals, review them with their Preceptor, and submit them in My Vista by Day 5 of the clinical component of the course. The Clerkship Director may approve a late submission for extenuating circumstances. The SMART Goal portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the goals are professional, represent skills necessary to expand the scope of knowledge, address skills acknowledged to be weak in the self-assessment, and are completed on time. In addition, students may wish to inform the Preceptor of their future career choice so they may modify aspects of their assessments of their patient care activities to enhance their skills development. Failure to submit the SMART Goals on time will result in the student not being eligible to receive a grade of Honors for the course.

**SMART Goals Reflection**

Students reflect on progress towards their established SMART Goals by completing the reflection in My Vista by five days following the end of the clerkship. The SMART Goal reflection portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the reflection addresses each goal and is completed on time. Failure to submit the SMART Goals Reflection on time will result in the student not being eligible to receive a grade of Honors for the course.

**Patient Logs**

Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day. Students will log each virtual or direct patient care encounter and essential skills performed into New Innovations (Appendix B). Each log will include the patient's age, diagnosis, procedures performed with Preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes, including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by the Sunday following each week of the Clerkship. Failure to submit the patient logs on time may result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectations needed to complete the course, students should submit in New Innovations:

* Outpatient – 80+ logs, or
* Inpatient – 40+ logs, or
* Combination of Outpatient and Inpatient – 60+ logs

**NOTE:** Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they cannot fulfill the course's patient contact requirements. If students cannot meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or a new Preceptor.

**UWorld Exam Prep**

As part of this course, you will complete one UWorld test preparation assignment to reinforce key concepts and prepare for subject exams and board exams. Please read the instructions below carefully to ensure timely access and completion.

 What to Expect

* You will receive a UWorld invitation via email at the start of the course. This invitation is sent to the email address on file with RVU.
* The temporary password in the invitation email is valid for only 3 days. If you do not activate your account within that timeframe, your access will expire and must be reset.

First-Time Access Instructions

1. Check your RVU email (and spam/junk folder) for an invitation from UWorld.
2. Follow the link in the email and activate your account within 3 days.
3. If you do not receive the invitation or fail to activate your account before the link expires, please email us immediately so we can request a re-send from UWorld.

Assignment Expectations

* You will be assigned a Quests to be completed by the end of the clerkship.
* Your performance will not be graded but will be used to track participation and support your learning.
* You are expected to review both correct and incorrect answers to reinforce your understanding.

**Final Grade Calculation:**

The Course Director awards final grades for the course as:

* Honors – 80-100 points
* High Pass – 70-79.9 points
* Pass – 32.5 – 69.9 points
* Fail – 0 – 32.4 points
* Px – Pass with Remediation
* Incomplete (IN)

Note: All assignments must be completed by the due date in order to be eligible for Honors.

Students must submit and receive at least a Met Expectations assessment on all assignments to receive a grade of Pass, High Pass or Honors in the course.

**Success in Clinical Rotations**

As a third-year medical student, success in clinical rotations requires a combination of knowledge, skills, and attitude. First, it is crucial to prioritize your time and energy effectively. This means being punctual, prepared, and organized for each clinical day. Building a good rapport with patients and healthcare teams is equally important. Communicate effectively, listen actively, and show empathy and respect to everyone you interact with. Also, be initiative-taking in your learning by seeking feedback, asking questions, and reading up on cases and topics in your free time. We suggest reading around 2 hours or more per day to successfully pass your subject exam and impress your Preceptor. Continuously review and refine your clinical skills, such as history-taking, physical examination, and presentation skills. Lastly, maintain a positive attitude and approach with every rotation with enthusiasm and a willingness to learn, regardless of specialty or subject. With these habits and skills, you will find success.

**Quality Points**

OMSIII Class rank for each student will be reported as quintile and be based on student performance during OMS III year. All rankings will be reported by quintile unless specifically required by residency programs, military requirements, scholarships, or otherwise.

* To calculate quality points for the course, multiply the total points earned in the course by the credit hours earned. Example: 79 points x 4 credits = 316 quality points for the course.
* For grades of Px - Multiply the total points earned in the course by .70 and then by the credit hours earned. Example: (79 points x .70) x 4 credits = 221.2 quality points for the course.

**Course Policies:**

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:

* Email and MyVista Utilization
* Academic Integrity
* Academic Accommodations Process
* Health and Technical Standards
* OPP and PCM Laboratory Policies
* Biosafety, Universal Precautions, and Bloodborne Pathogens
* Academic Grievances Policy (Grading Disputes)
* Attendance Policy
* Excused Absences
* Course Adjustment Policy
* Holidays
* Student Confidentiality and Conflict of Interest
* COMLEX Level 2

Please note the course syllabi are subject to change as necessary at the discretion of the Clerkship Director.

**Specific Course Policies**

**Absences**

***Clinical Education***

The focus of the clinical experience in OMS III and OMS IV is patient care and interaction. Therefore, one hundred percent attendance is vital to ensure continuity of care. However, it is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed, and the Absence Request on iNet must be completed and approved:

* Absences for any reason must be approved by both the Preceptor and Clinical Dean.
* Preplanned absences - Submit the Clinical Education Excused Absence Request form in iNet for preplanned absences as soon as event dates and details are known.
* Emergency absences - Submit the Clinical Education Excused Absence Request form on iNet on the same day as any emergency absence.

***Didactics and Simulations***

* Attendance is required unless approved by the Clerkship Director.
* Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director.
* Requests for absences or partial attendance should be submitted before the didactic/simulation session or as soon as possible after the session when prior notification is not practicable.

**Hours of Duty**

To provide educational continuity and patient care experience, RVU requires at least 140 clinical contact hours in Pediatric medicine. The Preceptor's schedule will determine the average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule. RVU recommends a maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. Students shall be assigned activities on or related to their current service clerkship only. A physician licensed to practice medicine in that state will supervise any duties assigned to students. Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the clerkship.

**Professional Conduct Policy**

RVUCOM holds in high regard professional behaviors and attitudes including integrity, collegiality, compassion, diversity, service, innovation, and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical coordinators, clinical preceptors, and ancillary support staff, as well as others from who students learn.

Students are expected to always adhere to the highest level of professional conduct. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors, and coworkers. Students will preserve confidentiality and not discuss patients publicly or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, including state and federal HIPAA laws, is expected.

The Preceptor has the authority to dismiss a student from the clerkship for violations of the student's duties and responsibilities as delineated in this manual, a threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Senior Associate Dean of Clinical Education or designee for review and possible disciplinary action. In addition, any problems or concerns affecting students not adequately resolved at the clinical training site should be referred to the appropriate Dean of Clinical Education. Students should read and comply with the Student Supervision Policy in the Clinical Education Manual.

**Student Supervision Policy**

OMS III and OMS IV Students

1. May participate in care and management of the patient, including participation in history taking, physical examination, and critical data analysis, under the supervision (direct or indirect supervision with direct supervision immediately available) of a credentialed RVU clinical faculty physician (full-time, part-time, or credentialed preceptor) or another qualified medical care professional to whom that supervision has been assigned.
2. May assist in procedures under **direct supervision**, when the attending physician agrees that the student has achieved the required level of competence and permission is granted by the patient.
3. May perform the procedures listed below **under indirect supervision with direct supervision immediately available** once a medical student has been observed successfully performing the procedure by a faculty or qualified resident.
	* Blood collection: arterial, venous, or capillary
	* Injections: intramuscular, subcutaneous, intradermal, intravenous
	* Insert peripheral intravenous catheter.
	* EKG
	* Foley catheter insertion (male and female)
	* Nasogastric tube insertion
	* Local anesthesia
	* Suture simple laceration
	* Suture or staple removal
	* Ventilation (ambu-bag)
4. May document the following in the patient’s permanent medical record: history & physical notes, progress notes, procedure notes, operative notes, or discharge summaries provided that the note is **clearly** identified as a student note for educational purposes only.
	* All student charting in the medical record must be clearly indicated as a Medical Student Note. The supervising physician will remain directly responsible for all student documented notes and comply with CMS guidelines for student documentation in the medical record.
5. May, under supervision (direct or indirect supervision with direct supervision immediately available), in consultation with the RVU clinical faculty physician or designee, develop a patient management plan.
6. May **not** give any independent orders, written or verbal. Orders may be given only at the direction of the clinical faculty physician of record.

**Course Schedule:**

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| **Week** | **Day** | **Lecture Topics**  | **Assessments & Assignments Due** |
| Any Week | Any Day | Due by the last day of the clerkship.  | NBME Self-Assessment may be taken before the NBME Subject Exam |
| Any Week | Any Day | Due by the last day of the clerkship.  | Watch all the required course videos |
| Any Week | Any Day | Due by the last day of the clerkship.  | Complete the UWorld Exam Questions |
| 1 | Saturday | Preparation for Rotation and Didactics | Review all Week 1 videos in Panopto |
| 1 | Sunday | Preparation for Rotation and Didactics | Review all Week 1 videos in Panopto |
| 1 | Monday | Orientation | Discuss SMART goals with preceptor |
| Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| Recognizing and Treating a Sick Child Part 1 | Didactic attendance and quality engagement per rubricWeek 1 Quiz  |
| 1 | Tuesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 1 | Wednesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 1 | Thursday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 1 | Friday | SMART Goals | Submit 4 SMART goals to Canvas |
| Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
|  |  |  |  |
| 2 | Saturday | Preparation for Rotation and Didactics | Review all Week 2 videos in Panopto |
| 2 | Sunday | Preparation for Rotation and Didactics | Review all Week 2 videos in Panopto |
| 2 | Monday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| Recognizing and Treating a Sick Child Part 2 | Didactic attendance and quality engagement per rubricWeek 2 Quiz  |
| 2 | Tuesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 2 | Wednesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 2 | Thursday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 2 | Friday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
|  |  |  |  |
| 3 | Saturday | Preparation for Rotation and Didactics | Review all Week 3 videos in Panopto |
| 3 | Sunday | Preparation for Rotation and Didactics | Review all Week 3 videos in Panopto |
| 3 | Monday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| Syndromes and Inborn Errors of Metabolism | Didactic attendance and quality engagement per rubricWeek 3 Quiz  |
| 3 | Tuesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 3 | Wednesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 3 | Thursday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 3 | Friday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
|  |  |  |  |
| 4 | Saturday | Preparation for Rotation and Didactics | Review all Week 3 videos in Panopto |
| 4 | Sunday | Preparation for Rotation and Didactics | Review all Week 3 videos in Panopto |
| 4 | Monday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| Vaccinations: the history and invention, diseases they prevent, schedule. | Didactic attendance and quality engagement per rubricWeek 4 Quiz  |
| 4 | Tuesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor. |
| 4 | Wednesday | Patient Care | Maintain Patient Logs and formative feedback with preceptor per the preceptor’s schedule.  |
| Exit Interview | Review of Preceptor Assessment with the Preceptor |
| 4 | Thursday | OB/GYN Knowledge  | NBME Subject Exam |
| 4 | Friday | Knowledge Acquisition | Friday Clinical Forum |
| 4 | Friday | UWorld | All assigned UWorld questions to be completed |
|  |  |  |  |
| 5 | Friday | SMART Goal Reflection | Submit the SMART Goal Reflection |

**Student Success & Support Resources**

**Policies**

**Academic Integrity Policy:** <https://catalog.rvu.edu/academic-integrity>

**All RVU Policies:**  <https://policies.rvu.edu/> (must be logged into inet.rvu.edu)

**Program Handbook:** <https://catalog.rvu.edu>

**Research & Writing Support**

**Frank R. Ames Memorial Library:** <https://library.rvu.edu/framl/home>

**Plagiarism:**  <https://library.rvu.edu/researchguide/researchethics/plagiarism>

**Writing Center:** <https://www.rvu.edu/writing-center/>

**General Student Support**

**Diversity, Equity, & Inclusion:**                <https://www.rvu.edu/about/diversity-equity-and-inclusion/>

**Financial Services:**                               <https://www.rvu.edu/admissions/financial-aid/>

**IT Help Desk:**                                               <https://myvista.rvu.edu/ics/Help_Desk/> (must be logged into inet.rvu.edu)

**Mental Health & Wellness:**                               <https://www.rvu.edu/mental-health/>

**Services for Students with Disabilities-CO:**     <https://www.rvu.edu/co/student-affairs/disability-services/>

**Services for Students with Disabilities-UT:**<https://www.rvu.edu/ut/student-affairs/disability-services/>

**Student Affairs:**                                                  <https://www.rvu.edu/student-affairs/>

Disclaimer

All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

**Appendix A: Patient Care Course Design**

Pediatrics Core is designed to be completed in four weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area). It may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component allows students to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that students must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills;* and *Professional Behavior* to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student-applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care.

Telehealth patient care delivery models, which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exams and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually or as self-teaching, but assessing these skills should include face-to-face checkoffs. Skills needing face-to-face checkoff are listed in Appendix B.

**Key Clinical Skills**

*Clinical Reasoning and Judgement skills*

1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which.

includes informatics and evidence-based medicine (EBM)

 10. Ability to triage patients appropriately

*Interpersonal Communications and Relationships skills*

1. Handoff and receive patients in the transition of care appropriately and with empathy.
2. Work collaboratively and respectfully with all care team members, patient families, and others.
3. Triage a patient to appropriate levels of care.

*Physical Exam and Procedural Skills*

1. Can articulate appropriately the requirements for a typical informed consent.
2. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.

*Systems-based Practice thinking skills.*

1. Recognize system failures and can contribute to improvements.

*Professional Behavior*

1. Practice lifelong learning consistently (practice-based learning)
2. Self-reflect honestly, consistently, and openly with supervisors.
3. Consistently act to meet the Preceptor's expectations of a colleague in training.
4. Consistently exhibit a quiet, compassionate hand of tolerance towards others.

RVU has identified the following patterns of student training within its community-based preceptor network to enhance training opportunities and properly focus assessments:

|  |
| --- |
| ***Student Assessment Organized by Clinical Venue and Patient Care Activity*** |
| **Patient Care Activity** | **Clinical Skillsets Practiced and Assessed** | **Where and How Assessed by Preceptor** | **Preceptor and Student Engagement Strategies by Venue** |
| Preceptor and student setting care plan objectives together | * Clinical Reasoning and Judgement Skills
* Interpersonal Communications and Relationship Skills
* Professional Behavior
 | * Bedside
* Chart rounds
* Team rounds
* Verbal live feedback
* Written formal evaluation
 | * Student with Preceptor, patient live or telehealth.
* Student, Preceptor, and patient virtually, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
 |
| Daily H&P and oral presentations and procedures, including OMT | * Clinical Reasoning and Judgement Skills
* Interpersonal Communications and Relationship Skills
* Physical Exam and Procedural Skills
* System-based Practice Thinking Skills
* Professional Behavior
 | * Bedside
* Chart rounds
* Team rounds
* Verbal live feedback
* Written formal evaluation
 | * Student with Preceptor and patient live.
* Student, Preceptor, and patient engage in the usual execution of H&P, and the usual dialog between student and Preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth.
 |
| End-of-day or rounds review of cases; student performance | * Clinical Reasoning and Judgement Skills
* Interpersonal Communications and Relationship Skills
* System-based Practice Thinking Skills
* Professional Behavior
 | * Student one-to-one interaction with Preceptor, the team
* Verbal live feedback
* Written formal evaluation
 | * Student with Preceptor, patient live or telehealth.
* Student, Preceptor, and patient virtual, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
 |
| End-of-rotation summative evaluation | * Review of student performance in all skillsets
 | * Student one-to-one interaction with Preceptor, the team
* Written formal evaluation
 | * Student with Preceptor and patient live.
* Student, Preceptor, and patient virtual, for all except Physical Exam and Procedures
 |

**Appendix B: Key Clinical Skills Expected for this Course.**

|  |  |  |
| --- | --- | --- |
| **Skills** | **Direct-Patient Care** | **Telehealth** |
| **History** |  |  |
| Complete and Thorough History | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Domestic Abuse Screening | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Presenting (of cases) Skills | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Psycho-social History | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Counseling on Access to Lethal Means | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| **Physical** |  |  |
| Complete Physical Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Focused Physical Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Sex-, Gender and Age Appropriate Physical Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Structural Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Musculoskeletal Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Neurologic Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Development Assessment (well child exam) | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Incorporate Images and Labs into Differential Diagnosis | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| **Therapeutic Procedures** |  |  |
| Airway Management | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Subcutaneous and Intramuscular Injections (Immunization) | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Manipulative Treatment | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Peripheral Venous Access (capillary draw) | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Scrub and Gown to Assist in Surgery | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Laceration Repair with Tissue Glues, Staples, and/or Suture | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Skin Staples and/or Suture Removal | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Correctly Adhere to Universal Precaution Technique | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Contraception Counseling | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Post-op Evaluation | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Pre-op Evaluation | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Basic ECG Interpretation | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Bladder Catheterization | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| NG Tube Placement | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |

**Appendix C: Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)**

**1\* Obtains an appropriate history.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**2\* Performs an appropriate physical examination.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**3\* Formulates an appropriate differential diagnosis.**



|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**4\* Recommends and interprets common diagnostic and screening tests.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**5\* Recommends an appropriate treatment or management plan.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**6\* Documents an acceptable clinical encounter note.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**7\* Provides an organized oral presentation of the clinical case.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**8\* Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**9\* Participates and collaborates as a respectful and helpful member of an interprofessional team.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**10\* Recognizes a patient requiring urgent or emergent care and provides appropriate recommendations when able to discuss with preceptor.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**11\* Performs general procedures of a physician.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**12\* Approaches patient care with a whole person approach (body, mind, and spirit) as part of managing patient's medical issues.**

* Student Doctor does not use a whole person approach with patient care.
* Student Doctor uses a whole person approach with constant prompting.
* Student Doctor uses a whole person approach with minimal prompting.
* Student Doctor uses a whole person approach without prompting.

**13\* Demonstrates high level of professionalism expected of a medical student.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**14\* Demonstrates appropriate medical knowledge in their current year of education.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**15\* Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**16\* Demonstrates self-directed learning on a regular basis.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**17\* Contributes to a patient care culture of quality and safety.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**18\* Based on the Student Doctor’s performance during this clerkship:**

 This individual demonstrates knowledge and abilities BELOW what is expected of an incoming third year student.
 This individual demonstrates knowledge and abilities expected of an incoming third year student.

 This individual is advancing and demonstrates additional knowledge and abilities but is not yet performing at the level of an incoming fourth year student.

 This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming fourth year student.

 This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.

 This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical

students.

**19\* Looking at the Student Doctor’s global performance, which of the four categories best reflects how your student interacted with you?**

 Reporter - Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters can distinguish important information from unimportant information and are able to focus data collection and presentation on central issues.

 Interpreter - Interpreters can identify problems independently and prioritize problems, including new problems, as they arise. Interpreters can develop a differential diagnosis independently and make a case for and against each of the important diagnoses

under consideration for a patient’s central problem(s).

 Manager - Managers can develop and defend a diagnostic and a therapeutic plan for each of their patients’ central problem(s).

Managers can utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient’s circumstances.

 Educator - Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality

of this evidence. Educators take a share in educating the rest of the team.

**20\* Did the Student Doctor attend the rotation as expected (35+ hours per week)?**

* Yes
* No
* Unknown

**21\* Did the Student Doctor share and discuss their Clerkship SMART goals with you?**

* Yes
* No
* Unknown
* Not applicable for Elective Clerkships
1. **Additional feedback for growth and improvement. Please include feedback that provides evidence of the student’s strengths and weaknesses (consider skills listed in the syllabus) and give examples of achievement or deficiencies.**
2. **Comments from you or your team in this section are your opportunity to communicate with the Dean on this student's readiness for residency. If your assessment is submitted prior to September 1st of the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your assessment is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.**

**Appendix E: Recommended Articles**

|  |  |
| --- | --- |
| **Presenting symptom, finding or laboratory finding** | **Reading Assignment** |
|

|  |
| --- |
| Cough and/or wheeze  |

 | * [Link, H. W. (2014, July). Pediatric asthma in a nutshell. *PIR, 35*( 7), 287-298.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/35/7/287)
* [Gereige, R. S. & Laufer, P. M. (2014, October). Pneumonia. *PIR, 34*(10), 438-456.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/34/10/438)
* [Messinger, A. I., Kupfer, O. Hurst, A. & Parker, S. (2017, September). Management of pediatric community acquired bacterial pneumonia. *PIR, 38*(9), 394-409.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/38/9/394)
* [Piedimonte, G. & Perez, M. K. (2014, December). Respiratory syncytial virus infection and bronchiolitis*. PIR, 35*(12), 519-530.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/35/12/519)
* [Vinci, A., Lee, P. J. & Krilov, L. R. (2018, December). Human metapneumovirus infection. *PIR, 39*(12), 623-624.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/12/623)
 |
| Fever without a focus  | * [Antoon, J. W., Potisek, N. M. & Lohr, J. A. (2015, September). Pediatric fever of unknown origin. *PIR, 36*(9), 380-391.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/36/9/380)
* [Mintegi S, Gomez B, Carro A, et al (2018, September). Is fever at presentation relevant in infants febrile at home. *AAP Grand Rounds, 40*(3), 28](https://aapgrandrounds-aappublications-org.proxy.rvu.edu/content/40/3/28).
 |
| Sore Throat  | * [Norton, L. E., Lee, B. R., Harte, L., Mann, K., Newland, J. C., Grimes, R. A. & Myers, A. L. (2018, July). Improving guideline based streptococcal pharyngitis testing: A quality improvement initiative. Pediatrics, 142 (1), e20172033.](https://pediatrics-aappublications-org.proxy.rvu.edu/content/142/1/e20172033)
 |
| Otalgia  | * [Rosa-Olivares, J. Porro, A., Rodriquez-Varela, M. Riefkohl, G. & Niroomand-Rad, I. (2015, November).Otitis media: To treat, to refer, to do nothing. *PIR, 36*(11), 480-488.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/36/11/480)
* [Long, M. (2013, March). Otitis externa. *PIR, 34*(3), 143-144.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/34/3/143)
 |
| Rhinorrhea  | * [Mahr, T. A. & Sheth, K. (2005, August). Update on allergic rhinitis. PIR, 26(8), 284-289.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/26/8/284)
 |
| Fever and Rash  | * [Son, M. B. F. & Newburger, J. W. (2018, February). Kawasaki disease. PIR, 39(2).](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/2/78)
 |
| Abdominal Pain  | * [Baker, R. D. (2018, March). Acute abdominal pain. PIR, 39(3), 130-139.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/3/130)
 |
| Diarrhea  | * [CaJacob, N. J. & Cohen, M. B. (2016, August). Update on diarrhea. *PIR, 37*(8), 313-322.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/37/8/313)
 |
| Vomiting  | * [Shields, T. M. & Lightdale, J. R. (2018, July). Vomiting in children, PIR, 39(7), 342-358.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/7/342)
 |
| Rash  | * [Ondusko, D. S. & Nolt, D. (2018, June). Staphylococcus aureus. *PIR, 39*(6), 287-298.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/6/287)
* [Gupta, A. K., MacLeod, M. A., Foley, K. A., Gupta, G. & Friedlander, S. F. (2017, January). Fungal skin infections, *PIR, 38*(1), 8-22.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/38/1/8)
 |
| Limp or Extremity Pain  | * [Coleman, N. (2019, June). Sports injuries. PIR, 40(6), 278-290.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/40/6/278)
* [Herman, M. J. & Martinek, M. (2015, May). The limping child. *PIR, 36*(5), 184-197](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/36/5/184)
 |
| Headache  | * [Blume, H. K. (2012, December). Pediatric headache: A review. *PIR, 33*(12), 562-576.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/33/12/562)
* [Swanson, D. (2015 December). Meningitis. *PIR, 36*(12), 514-526.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/36/12/514)
 |
| Seizures  | * [Sidhu, R. Velayudam, K. & Barnes, G. (2013, August). Pediatric seizures. *PIR, 34*(8), 333-342.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/34/8/333)
 |
| Bruising  | * [Sharathkumar, A. A. & Pipe, S. W. (2008, April). Bleeding disorders. *PIR, 29*(4). 121-130.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/29/4/121)
* [Zimmerman, B. & Valentino, L. A. (2013, July). Hemophilia in review. *PIR, 34(*7), 289-295.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/34/7/289)
* [Kaplan, J. (2019, July). Leukemia in children. PIR, 40(7), 319-331.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/40/7/319)
 |
| Petechiae/purpura  | * [Buchanan, G. R. (2005, November). Thrombocytopenia during childhood: What the pediatrician needs to know.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/26/11/401) *[PIR, 26](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/26/11/401)*[(11), 401-409.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/26/11/401)

  |
| Heart Murmurs  | * [Menashe, V. (2007, April). Heart murmurs.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/28/4/e19) *[PIR, 28](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/28/4/e19)*[(4), e19-e22.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/28/4/e19)

  |
| Lymphadenopathy  | * [Sahai, S. (2103). Lymphadenopathy. PIR, 34(5), 216-227.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/34/5/216)
 |
| White papillary reflex / Red or wandering eye | * [Tingley, D. H. (2007). Vision screening essentials: screening today for eye disorders in the pediatric patient-*PIR, 28*(2). 54-61](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/28/2/54).
 |
| Anemia  | * [Noronha, S. A. (2016, June). Acquired and congenital hemolytic anemia. *PIR, 37*(6), 235-246.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/37/6/235)
* [Cobelli Kett, J. (2012, April). Anemia in infancy. *PIR,* *33*(4), 186-187.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/33/4/186)
* [McCavit, T. L. (2012). Sickle cell disease. *PIR, 33*(5), 195-206.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/33/5/195)
 |
| Hematuria and Proteinuria | * [Viteri, B. (2018, December). Hematuria and proteinuria in children. *PIR, 39*(12), 573-587.](https://pedsinreview-aappublications-org.proxy.rvu.edu/content/39/12/573)
 |