# **Elective Pediatric Emergency Medicine Rotation Information and Instructional Objectives**

Instructor of Record for Elective Pediatric Emergency Medicine Rotation:

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# **Elective Pediatric Emergency Medicine Clinical Rotation Topics**

## **Cardiovascular System**

Cardiomyopathy: Dilated, Hypertrophic, Restrictive

Conduction disorders/dysrhythmias: Atrial fibrillation/flutter, Atrioventricular block, Bundle branch block, Paroxysmal supraventricular tachycardia, Premature beats, Sick sinus syndrome, Sinus arrhythmia, Torsades de pointes, Ventricular fibrillation, Ventricular tachycardia Congenital heart disease: Atrial septal defect, Coarctation of aorta, Patent ductus arteriosus, Tetralogy of Fallot, Ventricular septal defect Heart failure Hypertension: Hypertensive emergencies, Secondary hypertension Hypotension: Cardiogenic shock, Orthostatic hypotension, Vasovagal hypotension Traumatic, infectious, and inflammatory heart conditions: Acute and subacute bacterial endocarditis, Acute pericarditis, Cardiac tamponade, Pericardial effusion Valvular disorders: Aortic, Mitral, Pulmonary, Tricuspid Vascular disease: Aortic aneurysm/dissection, Arterial embolism/thrombosis, Arteriovenous malformation, Giant cell arteritis, Peripheral artery disease,

#### **Dermatologic System**

Desquamation: Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis Envenomations and arthropod bite reactions

Exanthems: Erythema infectiosum (fifth disease), Hand-foot-and-mouth disease, Measles Infectious diseases

Bacterial: Cellulitis, Erysipelas, Impetigo

Fungal: Candidiasis, Dermatophyte infections

Parasitic: Lice, Scabies

Viral: Condyloma acuminatum, Herpes simplex, Molluscum contagiosum, Varicellazoster virus infections, Verrucae

Papulosquamous disorders: Contact dermatitis, Drug eruptions, Eczema, Lichen planus, Pityriasis rosea, Psoriasis

Skin integrity: Burns, Lacerations, Pressure ulcers

Vesiculobullous disease: Pemphigoid, Pemphigus

Other dermatologic disorders: Hidradenitis suppurativa, Lipomas/epidermal inclusion cysts, Photosensitivity reactions, Pilonidal disease, Urticaria

## **Endocrine System**

Adrenal disorders: Primary adrenal insufficiency, Cushing syndrome Diabetes mellitus: Type 1, Type 2

Hypogonadism

Neoplasms: Multiple endocrine neoplasia, Neoplastic syndrome, Primary endocrine malignancy, Syndrome of inappropriate antidiuretic hormone secretion (SIADH) Parathyroid disorders: Hyperparathyroidism, Hypoparathyroidism Pituitary disorders: Acromegaly/gigantism, Diabetes insipidus, Dwarfism, Pituitary adenoma Thyroid disorders: Hyperthyroidism, Thyroiditis

# Eyes, Ears, Nose, and Throat

#### Eye disorders

Conjunctival disorders: Conjunctivitis Corneal disorders, Cataract, Corneal ulcer, Infectious, Keratitis, Pterygium Lacrimal disorders: Dacryocystitis Lid disorders: Blepharitis, Chalazion, Ectropion, Entropion, Hordeolum Neuro-ophthalmologic disorders: Nystagmus, Optic neuritis, Papilledema Orbital disorders: Orbital cellulitis Retinal disorders: Retinal detachment, Retinopathy Traumatic disorders: Blowout fracture, Corneal abrasion, Globe rupture, Hyphema Vascular disorders: Retinal vascular occlusion Vision abnormalities: Amaurosis fugax, Amblyopia, Glaucoma, Scleritis, Strabismus Ear disorders External ear: Cerumen impaction, Otitis externa, Trauma Inner ear: Acoustic neuroma, Barotrauma, Dysfunction of eustachian tube, Labyrinthitis, Vertigo Middle ear: Cholesteatoma, Otitis media, Tympanic membrane perforation Hearing impairment Other abnormalities of the ear: Mastoiditis, Meniere disease, Tinnitus Foreign bodies Neoplasms: Benign, Malignant Nose/sinus disorders: Epistaxis, Nasal polyps, Rhinitis, Sinusitis, Trauma Oropharyngeal disorders Diseases of the teeth/gums Infectious/inflammatory disorders: Aphthous ulcers, Candidiasis, Deep neck infection, Epiglottitis, Herpes simplex, Laryngitis, Peritonsillar abscess, Pharyngitis Salivary disorders: Sialadenitis, Parotitis Trauma

Other oropharyngeal disorders: Leukoplakia

## **Gastrointestinal System/Nutrition**

Biliary disorders: Acute/chronic cholecystitis, Cholangitis, Cholelithiasis Colorectal disorders: Abscess/fistula, Anal fissure, Constipation, Diverticulitis, Fecal impaction, Hemorrhoids, Inflammatory bowel disease, Irritable bowel syndrome, Ischemic bowel disease, Obstruction, Polyp, Toxic megacolon Esophageal disorders: Esophagitis, Gastroesophageal reflux disease, Mallory-Weiss tear, Motility disorders, Strictures, Varices

Food allergies and food sensitivities: Gluten intolerance, Lactose intolerance, Nut allergies Gastric disorders: Gastritis, Peptic ulcer disease, Pyloric stenosis

Hepatic disorders: Acute/chronic hepatitis, Cirrhosis Hernias Infectious diarrhea Ingestion of toxic substances and foreign bodies Metabolic disorders: G6PD deficiency, Paget disease, Phenylketonuria, Rickets Neoplasms: Benign, Malignant Nutritional and vitamin disorders: Hypervitaminosis/hypovitaminosis, Obesity Pancreatic disorders: Acute/chronic pancreatitis Small intestine disorders: Appendicitis, Celiac disease, Intussusception, Obstruction, Polyps

## **Genitourinary System (Male and Female)**

Bladder disorders: Incontinence Congenital and acquired abnormalities: Cryptorchidism, Peyronie disease, Trauma, Vesicoureteral reflux Human sexuality Infectious disorders: Cystitis, Epididymitis, Orchitis, Prostatitis, Pyelonephritis, Urethritis Neoplasms: Bladder cancer, Penile cancer, Testicular cancer Nephrolithiasis/urolithiasis Penile disorders: Hypospadias/epispadias, Paraphimosis/phimosis Testicular disorders: Hydrocele/varicocele, Testicular torsion Urethral disorders: Prolapse, Stricture

## Hematologic System

Autoimmune disorders Coagulation disorder: Clotting factor disorders, Thrombocytopenias Cytopenias: Anemia, Leukopenia Cytoses: Polycythemia, Thrombocytosis Hemoglobinopathies: Hemochromatosis, Sickle cell disease, Thalassemia Immunologic disorders: Transfusion reaction Neoplasms, premalignancies, and malignancies: Acute/chronic lymphocytic leukemia, Acute/chronic myelogenous leukemia, Lymphoma, Multiple myeloma, Myelodysplasia

#### **Infectious Diseases**

Bacterial diseases: Botulism, Campylobacter jejuni infection, Chlamydia, Cholera, Diphtheria, Gonococcal infections, Gonorrhea, Methicillin-resistant Staphylococcus aureus infection, Rheumatic fever, Rocky Mountain spotted fever, Salmonellosis, Shigellosis, Tetanus Fungal diseases: Candidiasis, Cryptococcosis, Histoplasmosis, Pneumocystis Mycobacterial diseases: Atypical mycobacterial disease, Tuberculosis Parasitic diseases: Helminth infestations, Malaria, Pinworms, Toxoplasmosis, Trichomoniasis Prenatal transmission of disorders: Congenital varicella, Herpes simplex virus, Human papillomavirus, Zika virus Sepsis/systemic inflammatory response syndrome Spirochetal diseases: Lyme disease, Syphilis Viral diseases: Cytomegalovirus infections, Epstein-Barr virus infection, Erythema infectiosum, Herpes simplex virus infections, HIV infection, Human papillomavirus infections, Influenza,

Measles, Mumps, Rabies, Roseola, Rubella, Varicella-zoster virus infections

## Musculoskeletal System

Chest/rib disorders: Deformities, Fractures Compartment syndrome Infectious diseases: Osteomyelitis, Septic arthritis Lower extremity disorders: Avascular necrosis, Fractures/dislocations, Osgood-Schlatter disease, Slipped capital femoral epiphysis, Soft-tissue injuries Neoplasms: Benign, Malignant Rheumatologic disorders: Fibromyalgia, Gout/pseudogout, Juvenile rheumatoid arthritis, Osteoporosis, Polyarteritis nodosa, Polymyalgia rheumatic, Polymyositis, Reactive arthritis, Rheumatoid arthritis, Sjögren syndrome, Systemic lupus erythematosus, Systemic sclerosis (Scleroderma) Spinal disorders: Ankylosing spondylitis, Cauda equina syndrome, Herniated nucleus pulposus, Kyphosis, Scoliosis, Spinal stenosis, Sprain/strain, Thoracic outlet syndrome, Torticollis, Trauma Upper extremity disorders: Fractures/dislocations, Soft-tissue injuries

#### Neurologic System

Closed head injuries: Concussion, Post-concussion syndrome, Traumatic brain injury Cranial nerve palsies Encephalopathic disorders Headaches: Cluster headache, Migraine, Tension headache Infectious disorders: Encephalitis, Meningitis Movement disorders: Essential tremor, Huntington disease, Parkinson disease, Tourette disorder Neoplasms: Benign, Malignant Neurocognitive disorders: Delirium, Major/mild neurocognitive disorders Neuromuscular disorders: Cerebral palsy, Multiple sclerosis, Myasthenia gravis Peripheral nerve disorders: Carpal tunnel syndrome, Complex regional pain syndrome, Guillain-Barré syndrome, Peripheral neuropathy Seizure disorders: Focal seizure, Generalized seizures, Status epilepticus Vascular disorders: Arteriovenous malformation, Cerebral aneurysm, Intracranial hemorrhage, Stroke, Syncope, Transient ischemic attack

## **Psychiatry/Behavioral Science**

Abuse and neglect: Child abuse, Sexual abuse Anxiety disorders: Generalized anxiety disorder, Panic disorder, Phobias Bipolar and related disorders Depressive disorders: Major depressive disorder, Persistent depressive disorder (dysthymia), Premenstrual dysphoric disorder, Suicidal/homicidal behaviors Disruptive, impulse-control, and conduct disorders: Conduct disorder Dissociative disorders Feeding and eating disorders Human sexuality Obsessive-compulsive and related disorders Neurodevelopmental disorders: Attention-deficit/hyperactivity disorder, autism spectrum disorder Personality disorders Schizophrenia spectrum and other psychotic disorders Sleep-wake disorders: Narcolepsy, Parasomnias Somatic symptom and related disorders Substance-related and addictive disorders Trauma- and stressor-related disorders: Adjustment disorders, Post-traumatic stress disorder

#### **Pulmonary System**

Chronic obstructive pulmonary diseases: Chronic bronchitis, Emphysema Infectious disorders:

Acute bronchiolitis Acute bronchitis Acute epiglottitis Croup Influenza Pertussis Pneumonias: Bacterial, Fungal, HIV-related, Vira Respiratory syncytial virus infection Tuberculosis Pleural diseases: Pleural effusion, Pneumothorax Pulmonary circulation: Cor pulmonale, Pulmonary embolism, Pulmonary hypertension Sleep apnea/Obesity hypoventilation syndrome Other pulmonary disorders: Acute respiratory distress syndrome, Asthma, Cystic fibrosis,

foreign body aspiration, Hyaline membrane disease

#### **Renal System**

Acute disorders: Glomerulonephritis, Nephrotic syndrome, Pyelonephritis Acute kidney injury (acute renal failure) Chronic kidney disease Congenital or structural renal disorders: Horseshoe kidney, Hydronephrosis, Polycystic kidney disease, Renal vascular disease End-stage renal disease Fluid and electrolyte disorders: Acid-base disorders, Dehydration, Hyperkalemia/hypokalemia, Hypervolemia, Hyponatremia Neoplasms: Renal cell carcinoma, Wilms tumor

#### **Reproductive System (Male and Female)**

Menstrual disorders Ovarian disorders: Cysts, Polycystic ovarian syndrome, Torsion Sexually transmitted infections/Pelvic inflammatory disease Trauma: Physical assault, Sexual assault Vaginal/vulvar disorders: Prolapse, Vaginitis

#### **Elective Pediatric Emergency Medicine Rotation Learning Outcomes**

Upon completion of the elective Pediatric Emergency Medicine clinical rotation,

- 1. Students will demonstrate medical knowledge of the pathophysiology, etiology, epidemiology, patient presentation, differential diagnosis, diagnostic work-up, patient management, health promotion, and disease prevention for common conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) encountered in Pediatric Emergency Medicine for patients seeking medical care for the following age populations: infants, children, and/or adolescents.
- 2. Students will elicit a detailed and accurate patient history, perform an appropriate physical examination, appropriately use and interpret diagnostic testing and laboratory studies, and formulate differential diagnoses and assessment plans for symptoms/conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) commonly encountered in patients seeking emergent Pediatric Emergency Medicine and acute Pediatric Emergency Medicine care.
- 3. Students will demonstrate technical skills common to Pediatric Emergency Medicine.
- 4. Students will obtain and document information clearly and appropriately for the following types of patient encounters: (a) emergent problem-focused encounters and (b) acute problem-focused encounters.
- 5. Students will listen empathetically and effectively, communicate clearly, and utilize shared decision-making for patients seeking care in Pediatric Emergency Medicine.
- 6. Students will facilitate difficult health care conversations in Pediatric Emergency Medicine.
- 7. Students will demonstrate compassion, integrity, respect, patient responsiveness, and accountability while providing care to patients in a Pediatric Emergency Medicine setting.
- 8. Students will (a) seek, implement, and accept feedback, (b) reflect on performance and develop plans for self-improvement, and (c) locate, appraise, and integrate evidence-based studies related to Pediatric Emergency Medicine.
- 9. Students will (a) promote a safe environment for patients seeking care in an emergency department setting, (b) demonstrate knowledge of quality improvement methodologies and metrics in an emergency department, (c) recognize the unique roles of PAs and those of other healthcare professions in an emergency department, (d) work effectively with other health professionals to provide collaborative, patient centered emergency medicine care, (e) work effectively in an emergency department health care delivery setting, (f) incorporate considerations of cost awareness and funding sources into patients seeking care in an emergency department setting, and (g) describe basic health payment systems and practice models for an emergency department.

## **Elective Pediatric Emergency Medicine Instructional Objectives**

Upon completion of the elective Pediatric Emergency Medicine clinical rotation,

1. Elective Pediatric Emergency Medicine Rotation Learning Outcome #1: Students will demonstrate medical knowledge of the pathophysiology, etiology, epidemiology, patient presentation, differential diagnosis, diagnostic work-up, patient management, health promotion, and disease prevention for common conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) encountered in Pediatric

Emergency Medicine for patients seeking medical care for the following age populations: infants, children, and/or adolescents.

- **Pediatric Emergency Medicine instructional objective:** Evaluate the common disease process found in Pediatric Emergency Medicine using suggested readings and course study guide. (MK-PLO2)
- **Pediatric Emergency Medicine instructional objective:** Identify the etiology, pathophysiology, and clinical presentation of conditions listed in the clinical topics for this rotation. (MK-PLO3)
- **Pediatric Emergency Medicine Rotation instructional objective:** Select appropriate treatment plans for patients using all pertinent medical data, including history, physical examination, and diagnostic data, under the preceptor's supervision. (MK-PLO3)
- **Pediatric Emergency Medicine Rotation instructional objective:** Identify medications commonly used in Pediatric Emergency Medicine, including the indication, contraindication, mechanism of action, most common side effects, and appropriate dosage for age. (MK-PLO2)
- **Pediatric Emergency Medicine instructional objective:** Contrast possible risks and benefits of diagnostic studies and treatment plans. (MK-PLO3)
- **Pediatric Emergency Medicine instructional objective:** Recommend appropriate screening tests and immunizations based on current standards. (MK-PLO3)
- **Pediatric Emergency Medicine instructional objective:** Contrast the risks and benefits of procedures that must be performed on your patient. (MK PLO-3)
- **Pediatric Emergency Medicine instructional objective:** Interpret and apply setting appropriate healthcare guidelines. (MK PLO-3)
- 2. Elective Pediatric Emergency Medicine Rotation Learning Outcome #2: Students will elicit a detailed and accurate patient history, perform an appropriate physical examination, appropriately use and interpret diagnostic testing and laboratory studies, and formulate differential diagnoses and assessment plans for symptoms/conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) commonly encountered in patients seeking emergent Pediatric Emergency Medicine and acute Pediatric Emergency Medicine.
  - **Pediatric Emergency Medicine instructional objective:** Demonstrate an age and setting appropriate history and physical exam for a patient less than 1 year of age. (PC-PLO1, PC-PLO2)
  - **Pediatric Emergency Medicine instructional objective:** Demonstrate an age and setting appropriate history and physical exam for a patient 1-10 years of age. (PC-PLO1, PC-PLO2)
  - **Pediatric Emergency Medicine instructional objective:** Demonstrate an age and setting appropriate history and physical exam for a patient 11-17 years of age. (PC-PLO1, PC-PLO2)
  - **Pediatric Emergency Medicine instructional objective:** Choose appropriate diagnostic tests to identify an abnormality. (PC-PLO3)

- **Pediatric Emergency Medicine instructional objective:** Interpret diagnostic studies related to the patient's medical condition. (PC-PLO3)
- **Pediatric Emergency Medicine instructional objective:** Formulate an appropriate differential diagnosis based on history, physical examination, and diagnostic study data. (PC-PLO4)
- **Pediatric Emergency Medicine instructional objective:** Construct an appropriate treatment plan based on history, physical exam, and diagnostic data. (PC-PLO4)
- **Pediatric Emergency Medicine instructional objective:** Actively participate in the management of emergent and acute patient conditions. (PC- PLO4)
- 3. Elective Pediatric Emergency Medicine Rotation Learning Outcome #3: Students will demonstrate technical skills common to Pediatric Emergency Medicine.
- 4. Elective Pediatric Emergency Medicine Rotation Learning Outcome #4: Students will obtain and document information clearly and appropriately for the following types of patient encounters: (a) emergent problem-focused encounters and (b) acute problem-focused encounters.
- 5. Elective Pediatric Emergency Medicine Rotation Learning Outcome #5: Students will listen empathetically and effectively, communicate clearly, and utilize shared decision-making for patients seeking care in Pediatric Emergency Medicine.
  - **Pediatric Emergency Medicine instructional objective:** Describe health promotion and disease prevention to your patients. (ICS-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Adapt communication style and information context to the individual patient interaction. (ICS-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Identify communication barriers with different patient populations. (ICS PLO-3)
  - **Pediatric Emergency Medicine instructional objective:** Compose an oral case presentation and present it to the preceptor. (ICS-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Explain possible risks and benefits of diagnostic studies and treatment plans to your patient as approved by the supervising provider. (ICS-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Select written patient education handouts to address a health promotion issue using the most up-to-date, evidence-based medical data. (ICS PLO-3)
- 6. Elective Pediatric Emergency Medicine Rotation Learning Outcome #6: Students will facilitate difficult health care conversations in Pediatric Emergency Medicine.
- 7. Elective Pediatric Emergency Medicine Rotation Learning Outcome #7: Students will demonstrate compassion, integrity, respect, patient responsiveness, and accountability while providing care to patients in a Pediatric Emergency Medicine setting.
  - **Pediatric Emergency Medicine instructional objective:** Practice professionally in a working situation with other healthcare team members, including appropriate dress, punctual attendance, and professional attitude. (P-PLO1)

- **Pediatric Emergency Medicine instructional objective:** Show sensitivity to the emotional, social, developmental, and ethnic background of patients and their families on their service. (P-PLO1)
- **Pediatric Emergency Medicine instructional objective:** Apply professional attitude in such areas as attendance, dress code, and performance in the medical setting. (P-PLO1)
- **Pediatric Emergency Medicine instructional objective:** Demonstrate sensitivity and responsiveness to patients' culture, gender, age, and disabilities. (P-PLO1)
- **Pediatric Emergency Medicine instructional objective:** Demonstrate motivation and desire to learn. (P-PLO3)
- **Pediatric Emergency Medicine instructional objective:** Demonstrate knowledge of the legal and regulatory requirements of the role of a physician assistant. (P-PLO4)
- 8. Elective Pediatric Emergency Medicine Rotation Learning Outcome #8: Students will (a) seek, implement, and accept feedback, (b) reflect on performance and develop plans for self-improvement, and (c) locate, appraise, and integrate evidence-based studies related to Pediatric Emergency Medicine.
  - **Pediatric Emergency Medicine instructional objective:** Demonstrate an openness to receive constructive criticism. (PBLPI-PLO1)
  - **Pediatric Emergency Medicine instructional objective:** Recognize limitations and locate assistance from supervising preceptors and appropriate reference material. (PBLPI-PLO1)
  - **Pediatric Emergency Medicine instructional objective:** Develop the ability to learn from practice. (PBLPI-PLO2)
  - **Pediatric Emergency Medicine instructional objective:** Recognize personal limitations and where to access help personally and professionally. (PBLPI-PL2)
  - **Pediatric Emergency Medicine instructional objective:** Interpret independent outside readings concerning medical problems encountered. (PBL PI-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Show ability to understand and apply decision-making tools. (PBL PI PLO-3)
  - **Pediatric Emergency Medicine instructional objective:** Recognize the importance of lifelong learning in the medical field. (PBLPI-PLO3)
  - **Pediatric Emergency Medicine instructional objective:** Assess medical evidence and communicate it to patients and colleagues. (PBLPI-PL3)
  - **Pediatric Emergency Medicine instructional objective:** Apply information technology to access online medical information and continue personal education. (PBLPI-PL3))
  - **Pediatric Emergency Medicine instructional objective:** Use medical information technology in decision-making, patient care, and patient education. (PBLPI-PL3)
- 9. Elective Pediatric Emergency Medicine Rotation Learning Outcome #9: Students will (a) promote a safe environment for patients seeking care in an emergency department setting, (b) demonstrate knowledge of quality improvement methodologies and metrics in an emergency department, (c) recognize the unique

roles of PAs and those of other healthcare professions in an emergency department, (d) work effectively with other health professionals to provide collaborative, patient centered emergency medicine care, (e) work effectively in an emergency department health care delivery setting, (f) incorporate considerations of cost awareness and funding sources into patients seeking care in an emergency department setting, and (g) describe basic health payment systems and practice models for an emergency department.

- **Pediatric Emergency Medicine instructional objective:** Operate under the rules of HIPAA to preserve patient confidentiality. (SBP-PLO1)
- **Pediatric Emergency Medicine instructional objective:** Practice according to policy and procedures set forth by the health care facility. (SBP-PLO1)
- **Pediatric Emergency Medicine instructional objective:** Employ a professional relationship with the supervising providers and other health care team members. (SBP-PLO4)
- **Pediatric Emergency Medicine instructional objective:** Identify the obstacles to obtaining medical care for those with financial difficulties. (SBP-PLO6)
- **Pediatric Emergency Medicine instructional objective:** Evaluate cost-effective health care and resources that do not compromise the quality of patient care. (SBP-PLO6)
- **Pediatric Emergency Medicine instructional objective:** Identify the funding sources and payment systems that provide coverage for the patient. (SBP-PLO7)
- **Pediatric Emergency Medicine instructional objective:** Choose the appropriate code for billing the responsible payment service under the direct supervision of the preceptor. (SBP-PLO7)

Elective Pediatric Emergency Medicine Rotation Learning Outcome	Assessment Method (Benchmark Requirements)	PAS Program Goal	PAS Program Learning Outcome (ARC- PA)/Student Learning Outcomes (GVSU)
Students will demonstrate medical knowledge of the pathophysiology, etiology, epidemiology, patient presentation, differential diagnosis, diagnostic work-up, patient management, health promotion, and disease prevention for common conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) encountered in Pediatric Emergency Medicine for patients seeking medical care for the following age populations: infants, children, and/or adolescents.	Preceptor Evaluation (80% average score on Medical Knowledge competency section)	Medical Knowledge and Competence in Patient Care	MK #2 MK #3
Students will elicit a detailed and accurate patient history, perform an appropriate physical examination, appropriately use and interpret diagnostic testing and laboratory studies, and formulate differential diagnoses and assessment plans for symptoms/conditions (listed in Pediatric Emergency Medicine Clinical Rotation Topics above) commonly encountered in patients seeking emergent Pediatric Emergency Medicine and acute Pediatric Emergency Medicine care.	Preceptor Evaluation (80% average score on Patient competency section)	Medical Knowledge and Competence in Patient Care	PC #1 PC #2 PC #3 PC #4

# **Elective Pediatric Emergency Medicine Rotation Curriculum Integration Table**

Rechnical skills common toEvaluation (80%Pediatric Emergency Medicine.average score on		Medical Knowledge and Competence in Patient Care	PC #5
Students will obtain and document information clearly and appropriately for the following types of patient encounters: (a) emergent problem-focused encounters and (b) acute problem- focused encounters.	Preceptor Evaluation (80% average score on Interpersonal and Communication Skills competency section)	Medical Knowledge and Patient Care	ICS#2
Students will listen empathetically and effectively, communicate clearly, and utilize shared decision-making for patients	Preceptor Evaluation (80% average score on Interpersonal and	Medical Knowledge and Patient Care	ICS #1
seeking care in Pediatric Emergency Medicine.	Communication Skills competency section)	Collaborative Practice	ICS #3 ICS #5
Students will facilitate difficult health care conversations in Pediatric Emergency Medicine.	Preceptor Evaluation (80% average score on Interpersonal and Communication Skills competency section)	Collaborative Practice	ICS #4
Students will demonstrate compassion, integrity, respect, patient responsiveness, and accountability while providing care to patients in a Pediatric Emergency Medicine setting.	Preceptor Evaluation (80% average score on Professionalism competency section)	Professionalism	P #1 P #2 P #3
Students will (a) seek, implement, and accept feedback, (b) reflect on performance and develop plans for self-improvement, and (c) locate, appraise, and integrate evidence- based studies related to Pediatric Emergency Medicine.	Preceptor Evaluation (80% average score on Practice-Based Learning and Proficiency	Lifelong Learning	PBLPI #1 PBLP #2 PBLP #3

	Improvement		
	Improvement		
	competency section)		(DD #1
Students will (a) promote a safe	Preceptor	Medical	SBP #1
environment for patients seeking	Evaluation (80%	Knowledge and	SBP #6
care in an emergency department	average score on	Patient Care	
setting, (b) demonstrate	Systems-Based	Lifelong	SBP #2
knowledge of quality	Practice competency	Learning	
improvement methodologies and	section)	Collaborative	SBP #3
metrics in an emergency		Practice	SBP #4
department, (c) recognize the			SBP #5
unique roles of PAs and those of			SBP #7
other healthcare professions in an			
emergency department, (d) work			
effectively with other health			
professionals to provide			
collaborative, patient centered			
emergency medicine care, (e)			
work effectively in an emergency			
department health care delivery			
setting, (f) incorporate			
considerations of cost awareness			
and funding sources into patients			
seeking care in an emergency			
department setting, and (g)			
describe basic health payment			
systems and practice models for an			
emergency department.			
chicigency department.			
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# **Pediatric Emergency Medicine Preceptor Evaluation of the Student**

- 1. What is your group and/or site name (i.e., Spectrum Health Family Medicine-Kentwood)
- 2. Medical Knowledge: This section evaluates the student's ability to demonstrate medical knowledge, clinical reasoning, and problem-solving ability of sufficient breadth and depth to practice medicine as an entry-level physician assistant

depth to practice medicin	e as an entry-l	evel physic	<u>cian assista</u>	nt		<u> </u>
	60%	70%	80%	90%	100%	N/A
	(Failing)	(D+/	(C+/ B)	(B+/	(A)	
		C-)		A-)		
Student demonstrates me						
epidemiology for patient	ts seeking med	lical care f	or commor	n condition	s encounte	red in
Pediatric Emergency Me	edicine in the f	following a	ge populat	ions (MK#	#2, 3):	
Infants						
Children						
Adolescents						
Student demonstrates me	edical knowled	dge of patie	ent present	ations for o	common	
conditions encountered i	in Pediatric Er	nergency N	Aedicine fo	or the follo	wing age	
populations (MK#2,3):						
Infants						
Children						
Adolescents						
Student demonstrates me	edical knowled	dge of diffe	erential dia	gnosis and	diagnostic	2
work-up for patients see	king medical o	care for con	nmon cone	ditions enc	ountered in	1
Pediatric Emergency Me	edicine in the f	following a	ge populat	ions (MK#	\$2,3)	
Infants						
Children						
Adolescents						
Student demonstrates me	edical knowled	dge of patie	ent manage	ement strat	egies for p	atients
seeking medical care for	common con	ditions enc	ountered in	n Pediatric	Emergenc	у
Medicine in the following	ng age populat	ions (MK#	2,3):	1	1	
Infants						
Children						
Adolescents						
Student demonstrates me	edical knowled	dge of heal	th promoti	on and dis	ease prever	ntion
for patients seeking med	ical care for c	ommon co	nditions en	countered	in Pediatri	с
Emergency Medicine in	the following	age popula	ations (MK	(#2, 3)		
Infants						
Children						
Adolescents						
Additional Comments:						

3. Patient Care: This section evaluates the student's ability to provide person-centered care that includes patient- and setting-specific assessment, evaluation, management, and health promotion.

	60%	70%	80%	90%	100%	
	(Failing)	/0% (D+/	0070 (C+/	90% (B+/	(A)	N/A
	(Panng)	(D+/ C-)	(C+/ B)	(D+/ A-)	(A)	1N/A
Elicit a detailed and accurate histo	ry and parfa	/	/	. /	lovomin	otion
for the following populations enco						
Infants						<u>1).</u>
Children						
Adolescents						
Elicit a detailed and accurate patie	nt history fo	r nationt	ancount	tarad in 1	Dediatric	
Emergency Medicine seeking (PC		i patienti	sencoun		culatific	
Emergent care	<i>π</i> 1).					
Acute care						
Perform appropriate physical exan	nination for	nationts (	ncounte	rad in De	diatric	
Emergency Medicine seeking (PC		patients	encounte		ulatile	
Emergent care	π2).					
Acute care						
Student demonstrates knowledge of	f the appror	riate use	and inte	rprototio	n of diag	nostic
testing and laboratory studies com				-	0	nostie
Emergent care					<i>.</i>	
Acute care						
Postoperative care						
Student organizes information from	n the intervi	ew diag	nostic tes	sting, and	d physica	1
examination to formulate different		-		-		
Emergent care						
Acute care						
Student organizes information from	n the intervi	ew. diag	nostic tes	sting, and	d physica	1
examination to formulate assessme		-		-		-
encountered in patients seeking (P	1	~JP			J	
Emergent care						
Acute care						
Demonstrate basic technical						
skills common to Pediatric						
Emergency Medicine. (PC#5):						
Additional Comments:	•	•	•			•

4. Interpersonal and Communication Skills: This section evaluates the student's ability to demonstrate verbal and non-verbal communication skills needed to have respectful, compassionate, and effective conversations with patients, patients' families, and health professionals to exchange information and make medical decisions.

	60% (Failing)	70% (D+/ C-)	80% (C+/ B)	100% (A)	N/A
Listen empathetically and effectively to patients seeking					

care in Pediatric Emergency						
Medicine (ICS#1) Obtain and document information	algority and	aggirat	alv at a	nonnr	oprioto l	aval tha
following types of patient encount	•		ery at a	in appro	Spriate i	ever the
Emergent problem-	$ers(rco\pi 2)$	•			•	
focused encounters						
Acute problem-focused						
encounters						
Communicate information						
clearly to patients, families,						
colleagues, and teams as						
appropriate across a broad range						
of socioeconomic and cultural						
backgrounds (ICS#3)						
Facilitate difficult health care						
conversations in Pediatric						
Emergency Medicine (ICS#4):						
Utilize shared-decision making						
to promote patient-centered						
communication by eliciting and						
incorporating patient preferences						
(ICS#5)						
Additional Comments:						

5. Professionalism: This section evaluates the student's ability to demonstrate commitment to carrying out professional responsibilities and adhering to ethical principles and practices.

	60%	70%	80%	90%	100%
	(Failing)	(D+/	(C+/	(B+/	(A)
		C-)	B)	A-)	
Demonstrate compassion, integrity, and					
respect for patients seeking care in a					
Pediatric Emergency Medicine setting					
(P#1)					
Demonstrate responsiveness to patient					
needs that supersede self-interest while					
providing care in a Pediatric Emergency					
Medicine setting (P#2)					
Show accountability to patients, society,					
and the profession while providing care					
in a Pediatric Emergency Medicine					
setting (P#3)					
Demonstrate leadership and advocacy					
for the PA profession (P#4)					
Additional Comments:					

6. Practice-Based Learning and Proficiency Improvement: This section evaluates the student's ability to acquire, appraise, and apply evidence-based medicine to patient care, and accurately assess and improve clinical performance based on constant self-evaluation and lifelong learning.

	60%	70%	80%	90%	100%
	(Failing)	(D+/	(C+/	(B+/	(A)
		C-)	B)	A-)	
Seek, implement, and accept feedback					
(PBLPI#1)					
Reflect on performance to identify					
strengths and deficiencies in one's					
knowledge and expertise and develop a					
plan for self-improvement (PBLPI#2)					
Locate, appraise, and integrate					
evidence-based studies related to					
Pediatric Emergency Medicine					
(PBLPI#3)					
Additional Comments:					

7. Systems-Based Practice: This section evaluates the student's ability to engage with other healthcare professionals in a manner that optimizes patient care within the context of the larger healthcare system.

	60%	70%	80%	90%	100%
	(Failing)	(D+/	(C+/	(B+/	(A)
		C-)	B)	A-)	
Promote a safe environment for patients					
seeking care in an emergency					
department settingSBP#1)					
Demonstrate knowledge of quality					
improvement methodologies and					
metrics in an emergency department					
(SBP#2)					
Recognize the unique roles of PAs and					
those of other healthcare professions in					
an emergency department (SBP#3)					
Work effectively with other health					
professionals to provide collaborative,					
patient centered emergency medicine					
care (SBP#4)					
Work effectively in an emergency					
department health care delivery setting					
(SBP#5)					
Incorporate considerations of cost					
awareness and funding sources into					
patients seeking care in an emergency					
department setting (SBP#6)					

Describe basic health payment systems			
and practice models for an emergency			
department (SBP#7)			
Additional Comments:			

- 8. Did the student have any absences during the rotation?
  - a. Yes
  - b. No
  - c. If yes, please indicate dates and reason for absence:
- 9. Please write a short note commenting on this student's particular strengths.
- 10. Please write a short note commenting on this student's particular areas for improvement.
- 11. Was this evaluation discussed with the student?
  - a. Yes
  - b. No
  - c. Additional comments:
- 12. Preceptor Signature: