Expected Learning Outcomes

Upon completion of this course, students will be able to:

1. Formulate a patient-centered history for infant, children, and adolescent patients who present for preventative, acute, and chronic conditions in the pediatric medicine setting. (B3.03a, B3.03b) (MK)
2. Perform a physical examination on infant, children, and adolescent patients who present for preventative, acute, and chronic care conditions in the pediatric medicine setting. (B3.03a, B3.03b) (CTS)
3. Develop differential diagnoses for infant, children, and adolescent patients with acute and chronic conditions in a pediatric medicine setting. (B3.03a, B3.03b) (MK)
4. Choose appropriate preventative and diagnostic tests for infant, children, and adolescent patients in a pediatric medicine setting. (B3.03a, B3.03b) (MK)
5. Evaluate results of preventative and diagnostic tests for infant, children, and adolescent patients in a pediatric medicine setting. (B3.03a, B3.03b) (CTS)
6. Formulate an appropriate diagnosis based on clinical case information, in the pediatric medicine setting. (CRPS)
7. Perform technical skills within the scope of a pediatric medicine physician assistant. (CTS)
8. Develop appropriate preventative, acute, and chronic treatment plans for patients presenting to a pediatric medicine setting. (B3.03a) (CRPS)
9. Engage in person-centered communication with members of the healthcare team, in the pediatric medicine setting. (ICS)
10. Produce accurate, organized, and comprehensive medical documentation, in the pediatric medicine setting. (ICS)
11. Apply principles of evidence-based medicine to the practice of pediatric medicine. (CRPS)
12. Exhibit empathy, respect, cultural humility, and ethical integrity in all interactions with patients and those involved in their care, in the pediatric medicine setting. (PROF)
13. Demonstrate ability to use feedback to make performance improvements, in the pediatric medicine setting. (PROF)
14. Understand the PA scope of practice in the pediatric setting. (PROF)

Demonstrate acquisition of medical knowledge necessary to provide preventative, acute, and chronic care to infant, children, and adolescent patients presenting to the pediatric medicine setting. (B3.03a, B3.03b) (MK)

***Note:* Ages consideration for patient type: Infant (0-12 months), Children (1 – 11 years), Adolescent (12 – 17 years)**

Note: Each course learning outcome aligns with one or more ARC-PA defined competency domains, including: MK - Medical Knowledge, ICS - Interpersonal and Communication Skills, CRPS - Clinical Reasoning and Problem Solving, CTS - Clinical and Technical Skills, PROF – Professionalism

Instructional Objectives

Upon completion of this course, students will be able to:

Instructional Objectives	Expected learning outcomes
1. Elicit a history for an infant, child, and adolescent patient, or those involved in their care, by asking clear questions in a logical sequence. 2. Calculate the need for utilization of other resources (e.g. past medical records, language translation services) to aid in obtaining infant, child, and adolescent patient history. 3. Describe developmental considerations when obtaining a history on infants, children, and adolescents, including strategies for engaging both patients and caregivers. 4. Modify history-taking techniques based on the reason for the visit, distinguishing between well-child exams, acute illness evaluations, and chronic disease management. 5. Obtain a thorough history of social determinants of health, including family dynamics, school performance, home environment, and exposure to adverse childhood experiences (ACEs). 6. Identify essential elements of a pediatric history, including birth history, developmental milestones, vaccination status, nutrition, growth, and psychosocial history. 7. Devise history-taking strategies for children with special healthcare needs, nonverbal patients, or those with developmental delays.	Formulate a patient-centered history for infant, children, and adolescent patients who present for preventative, acute, and chronic conditions in the pediatric medicine setting.
1. Describe the differences in physical examination techniques for infants, children, and adolescents, considering developmental stages and patient cooperation. 2. Determine the appropriate scope and focus of the infant, child, and adolescent physical examination based on the patient's age, chief complaint, medical history, and presenting condition. 3. Differentiate between normal developmental variations and abnormal physical exam findings in pediatric patients, considering age-specific norms.	Perform a physical examination on infant, children, and adolescent patients who present for preventative, acute, and chronic care in a pediatric medicine setting.

4. Apply proper techniques for inspection, palpation, percussion, and auscultation during infant, child, and adolescent examinations to gather accurate clinical information. 5. Modify examination techniques during the pediatric exam to accommodate patient-specific factors, such as age, physical disabilities, or comfort levels. 6. Measure and interpret weight, length/height, head circumference (infants), and BMI percentiles using standardized growth charts.	
1. Consider patient history, family history, environmental exposures, and social determinants of health when forming differential diagnoses for the pediatric patient population. 2. Relate pediatric patient's physical examination findings and presenting symptoms to rank differential diagnoses. 3. Analyze findings from lab tests and imaging studies to refine differential diagnoses for the pediatric population. 4. Recognize the ways in which age, comorbidities, and social determinants of health influence the differential diagnosis for a given pediatric clinical presentation. 5. Apply validated pediatric clinical decision rules to support diagnostic reasoning.	Develop differential diagnoses for infant, children, and adolescent patients with acute and chronic conditions in a pediatric medicine setting.
1. Utilize current pediatric evidence-based guidelines to recommend age- and risk-appropriate screening studies. 2. Describe routine preventative screenings recommended for infants, children, and adolescents, including developmental screenings, vision and hearing assessments, and immunizations. 3. Demonstrate the ability to choose appropriate diagnostic studies tailored to a patient's presenting symptoms, medical history, and clinical context in the pediatric medicine setting. 4. Select diagnostic studies that respect the patient's cultural, financial, and personal preferences while maintaining evidence-based standards of care, in the pediatric population.	Choose appropriate preventative and diagnostic tests for infant, children, and adolescent patients in a pediatric medicine setting.

1. Analyze results of preventative and diagnostic screenings to identify normal findings, abnormalities, and indications for further evaluation, in the pediatric population. 2. Interpret trends in diagnostic results for chronic conditions to monitor disease progression or response to treatment, in the pediatric population. 3. Use pediatric clinical guidelines to interpret diagnostic study results and determine appropriate next steps in management. 4. Recognize abnormal diagnostic findings that require emergent action and referral, in the pediatric population.	Evaluate results of preventative and diagnostic tests for infant, children, and adolescent patients in a pediatric medicine setting.
1. Integrate patient history, physical examination findings, and diagnostic test results to formulate accurate and evidence-based diagnoses, in the pediatric population. 2. Consider patient-specific risk factors (e.g., age, comorbidities, family history) to refine and prioritize potential diagnoses, in the pediatric population. 3. Identify when initial diagnoses need to be adjusted based on new information or patient response to treatment, in the pediatric population.	Formulate an appropriate diagnosis based on clinical case information.
1. Demonstrate knowledge of the steps involved in performing diagnostic and therapeutic procedures, including necessary equipment, patient preparation, and follow-up care, in the pediatric population. 2. Apply aseptic techniques, pain management strategies, and patient positioning to optimize safety and comfort during pediatric procedures. **3. Perform the following procedures within the physician assistant scope of practice under direct supervision from the preceptor (see Preceptor Evaluation):** ● Injection administration	Perform technical skills within the scope of a pediatric medicine physician assistant.
1. Identify recommended screenings (e.g., vision, hearing, scoliosis, blood pressure) based on the child's age and risk factors, following evidence-based guidelines.	Develop appropriate preventative, acute, and chronic treatment plans for

2. Demonstrate knowledge of accurate weight-based dosing and select age-appropriate formulations for pediatric medications. 3. Describe key components of preventative care, including immunizations, growth and development monitoring, nutritional counseling, and anticipatory guidance, in the pediatric population. 4. Determine the appropriate plan of care using pediatric clinical guidelines. 5. Develop a treatment plan including appropriate prescriptions, referrals, and follow up instructions, in the pediatric population. 6. Develop a patient-centered treatment plan by discussing options with patients and their families, considering their preferences, and addressing any concerns or barriers to care, in the pediatric population. 7. Differentiate between acute and chronic presentations of pediatric medicine conditions and develop treatment plans that address the immediate and long-term needs of the patient. 8. Identify circumstances in which a patient's treatment requires a higher level of care beyond the outpatient setting, in the pediatric population.	patients presenting to a pediatric medicine setting.
1. Distinguish the scope and limitations of providers and members of the healthcare team within the pediatric medicine setting. 2. Identify the capabilities of specialists and facilities as they relate to the diagnosis and management of common conditions seen in pediatric medicine. 3. Deliver succinct, organized, and clear oral case presentations to preceptors and other members of the pediatric health care team. 4. Request consultation with specialists when clinically appropriate, in the pediatric population.	Engage in person-centered communication with members of the healthcare team.
1. Incorporate the required elements of the history of present illness, physical examination, milestones, and medical decision making (including procedures, if applicable) into the pediatric patient's medical record.	Produce accurate, organized, and comprehensive medical documentation.

2. Produce thorough and defensible medical documentation supported by the current standards of care in pediatric medicine.	
1. Demonstrate appropriate utilization of clinical decision-making tools validated for use in pediatric medicine practice. 2. Recall resources available for referencing up-to-date clinical practice guidelines. 3. Incorporate principles of evidence-based practice into patient education and shared decision making, when appropriate, for the pediatric population.	Apply principles of evidence-based medicine to the practice of pediatric medicine.
1. Recognize communication barriers and appropriately utilize trained language interpreters, as needed, in the pediatric population. 2. Demonstrate effective communication techniques when obtaining a history from parents, guardians, or other caregivers, for the pediatric population. 3. Model cultural humility with approach to history-taking, respecting patients' and families' beliefs and values, in the pediatric setting. 4. Describe diagnosis, results, plan of care, and education to patients and families in a manner that is clear, empathetic, professional, respectful, and compassionate, in the pediatric setting. 5. Explain the purpose, steps, risks, and benefits of procedures to pediatric patients and their families or caregivers in clear, empathetic, and culturally sensitive language to ensure informed consent and reduce anxiety. 6. Engage in effective shared decision making with pediatric patients and those involved in their care, when appropriate.	Exhibit empathy, respect, cultural humility, and ethical integrity in all interactions with patients and those involved in their care.
1. Implement actionable steps for clinical improvement in areas such as patient assessment, procedural techniques, and documentation based on feedback received during the pediatric mid-rotation preceptor evaluation. 2. Complete a structured self-reflection exercise at the conclusion of the rotation, identifying at least one pediatric patient encounter from the rotation with	Demonstrate ability to use feedback to make performance improvements.

room for improvement and proposing a strategy for professional growth or clinical development.	
1. Recognize the scope of practice, responsibilities, and contributions of a PA in the pediatric medicine setting and on interdisciplinary teams. 2. Recognize when to seek additional resources, consult team members, or refer patients to ensure high-quality, evidence-based patient care, in the pediatric population.	Understand the PA scope of practice in the pediatric setting
1. Identify and describe the pathophysiology, clinical presentation, and management of preventative, acute, and chronic conditions as described on the PAEA EOR Pediatric Medicine topic list. 2. Demonstrate knowledge of all content categories and task categories described in the NCCPA PANCE content blueprint applicable to the practice of pediatric medicine.	Demonstrate acquisition of medical knowledge necessary to provide preventative, acute, and chronic care to patients presenting to the pediatric medicine setting.