MEDD 431: Clerkship (48 credits)

Course Overview

This 12-month course follows the initial two years of medical school. The overall goal is to provide students with core experiences across the breadth of medicine through both clinical and academic learning opportunities. Students will interact with patients under the supervision of Clinical Faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, rural/remote settings, and specialist clinics. The types of specialist clinics may vary from site to site, taking into account local availability and accessibility to specialists. Variability in clinical exposure will draw on the strengths of each site.

Clinical Learning Objectives: Pediatrics

Pediatrics consists of a rotation within the Women's and Children's Health (WCH) Block.

The WCH Block allows students the opportunity to develop and apply knowledge and skills relevant to all aspects of women and children's health care.

This block allows students the opportunity to develop and apply knowledge and skills relevant to all aspects of women's and children's health care. Six weeks are dedicated to clinical activities in Pediatrics including both inpatient and outpatient learning experiences related to a child's health from birth till 18 years of age, CLIPP (online simulated) cases, and specialized pediatric clinics depending on the site. Six weeks are dedicated to clinical activities in Obstetrics and Gynecology, including labour and delivery, the operating room, inpatient and specialized outpatient obstetric and gynecologic clinics depending on the site.

By the end of their time in Pediatrics, the student will be able to:

1. Obtain a complete or focused history demonstrating proficiency in acquiring a pediatric history from caregivers / patient with consideration of the child's age (infant, toddler, child and adolescent) and development. *(Mapped to WBA direct observation #1: "Obtain a history adapted to the patient's clinical situation")*
2. Perform a physical examination adapted to the patient's age (infant, toddler, child and adolescent). *(Mapped to direct observation #2: "Perform a physical examination adapted to the patient's clinical situation" – must obtain two; one for a child and one for an infant)*
3. Assess developmental milestones of infants, toddlers and children and propose appropriate management plans for children with delayed developmental milestones.
4. Recognize an acutely ill child and call for urgent assistance from supervisors and other health care team members.
5. Demonstrate diagnostic, clinical reasoning through the creation of a prioritized differential diagnosis and problem list based upon historical, physical and investigative findings within the context of the biological basis for health and disease. *(Mapped to WBA direct observation #3: "Formulate and justify a prioritized differential diagnosis")*

6. Justify appropriate diagnostic investigations based on the information gathered from history and physical examination, demonstrating an awareness of cost – effectiveness, and correctly interpret the results based on the patient's condition.
7. Outline the approach for the management of core pediatric conditions and develop management plans that demonstrate due attention to discharge planning, involving allied health care professionals. *(Mapped to WBA direct observation #6: "Formulate and implement an appropriate care plan")*
8. Demonstrate a patient and family – centred approach to communication that reflects an understanding of the patient's perspective and fosters shared decision making.
9. Provide and receive handover in the transitions of care with members of the health care team to ensure that pertinent information related to a specific patient is clearly conveyed and understood. *(Mapped to WBA direct observation #8: "Provide and receive handover in the transitions of care")*
10. Present a concise and organized oral or written summary that that documents a clinical encounter to members of the team. Demonstrate the ability to write clear, legible and accurate "doctors' orders". *(Mapped to WBA direct observation #7: "Present oral and written reports that document a clinical encounter")*
11. Demonstrate integration of basic sciences in their clinical approach through application of a patient's genetic background, normal and abnormal molecular cell / tissue / organ / system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patients' clinical presentation.
12. Participate with allied health professionals to manage planning for patients e.g. discharge planning for patients with difficult functional and social situations as well as facilitate medical follow – up. *(Mapped to WBA direct observation #11: "Collaborate as a member of an interprofessional team")*
13. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information
14. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patient and their families, and to colleagues and other health professionals. This includes developing effective working relationships with colleagues, allied health care professionals and patients.

It is expected that the student will encounter the following clinical cases ("must-sees"):

1. Acutely ill child
2. Constipation
3. Childhood obesity
4. Dehydration: child
5. Failure to thrive
6. Febrile neonate / child
7. Medical / surgical causes of vomiting
8. Neonatal jaundice
9. Obesity, child
10. Respiratory emergency / pneumonia / cough
11. Seizure (differential diagnosis includes febrile)

It is hoped that the student will have the opportunity to participate in the following procedures ("must-dos"):

1. Complete examination of a newborn
2. Measure and plot newborn: head circumference, length, weight
3. Measure and plot child: head circumference, length, weight
4. Pediatric position oximeter attachment monitor
5. Pediatric vital signs – child
6. Pediatric vital signs – newborn