



## Pediatrics Core Rotation Syllabus

<b>Course No.:</b>	OM 7550A-G	<b>Course Title:</b>	Pediatrics
<b>Credit Hours:</b>	4	<b>Clerkship Directors:</b>	Adam Paul MD
<b>Term - Dates:</b>	Academic Year 2025-2026	<b>Level:</b>	OMS III

### COURSE INSTRUCTORS & CONTACT INFORMATION

<b>Course Director:</b> Adam Paul, MD Assistant Professor, Interim Chair, Department of Pediatrics apaul@westernu.edu	<b>Pomona Rotations:</b> Stephanie White, DO Associate Dean of Clinical Education, Pomona Swhite@westernu.edu  Marisa Orser, M.Ed. Associate Director of Clinical Education morser@westernu.edu (909) 469-5589
<b>Additional Course Faculty:</b> Mariam Fahim, DO Associate Professor, Department of Pediatrics Lectures mfahim@westernu.edu  Dianne Quintana, MD Lectures dquintana@westernu.edu	<b>Oregon Rotations:</b> Joshua Cook, DO Director for Clinical Education COMP-NW cookj@westernu.edu  Kim Ketcham Associate Director of Clinical Education Kketcham@westernu.edu
<b>Course Administrative Support:</b> Mary Guenthart Administrative Associate mguenthart@westernu.edu	<b>Rotations Administrative Support:</b> Students to contact the Clinical Education Department by submitting a TDC ticket. Preceptors can email <a href="mailto:Compsite@westernu.edu">Compsite@westernu.edu</a> or <a href="mailto:nwsite@westernu.edu">nwsite@westernu.edu</a>  Richard Lina, MHA Senior Manager Clinical Education

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## EDUCATIONAL GOAL

This rotation provides students with a strong foundation in diagnosing and managing common conditions encountered in the field of pediatrics, with an emphasis on health maintenance and disease prevention. It offers broad exposure to both routine and complex clinical scenarios, helping students develop critical thinking skills and better understand the full scope of the specialty—particularly beneficial for those considering postgraduate training in pediatrics. Students will be involved in patient evaluation, management, documentation, and minor procedures.

If institutional policy prohibits documentation in the official medical record, students are expected to write a separate note and proposed orders for review and feedback by their preceptor.

## COMMUNICATION & LEARNING PLATFORM

Communication for this rotation will come from the Chair of Pediatrics using email announcements. Students are responsible for checking and maintaining communication throughout the duration of this rotation.

- TDC tickets should be your first point of contact for administrative questions.
- Dr Paul should be your first point of contact for specialty/faculty advising questions.

Elentra Community Name: Pediatrics

If you do not have access to this community, please contact the Clinical Education Department by submitting a TDC ticket.

## GRADING

Several required benchmarks must be completed **prior to** the assignment of a passing grade which will be assigned according to the scale outlined in the clinical rotations manual. Failure to complete these requirements may result in an incomplete or failing grade.

### Four-Week In-Person / On-Site Clinical Rotation Benchmarks

- Passing grade on evaluation from the clinical rotation site, with no significant professionalism concerns.
- Completion of all required didactic overlay activities and assignments.
- Successful passing of the COMAT examination.

### *Hybrid Clinical Rotation Benchmarks (Combination of in-person and virtual components)*

- Passing grade on evaluation from the clinical rotation site, with no significant professionalism concerns.
- Completion of all required didactic overlay activities and assignments.
- Successful passing of the COMAT examination.

### *Four-Week Virtual Rotation Benchmarks*

- Passing grade on evaluation from COMP faculty, who will evaluate your performance during the full four weeks.
- Completion of all required didactic overlay activities and assignments.
- Successful passing of the COMAT examination.

Once the benchmarks have been completed the final grade for this course is assigned in accordance with the Clinical Education Manual which may include the following components:

- Rotation evaluation (*may be completed up to 60 days after end of rotation*)
- Didactic overlay activities (*reading, modules, assignments, quizzes, presentations, etc*)
- Participation in all required activities and events (*4<sup>th</sup> Friday/2<sup>nd</sup> Friday, weekly meetings, presentations, etc.*)
- COMAT exam score

## SCHEDULE

Each rotation site will provide students with a schedule on the first day of the rotation. If a schedule is not provided, students are expected to request one and clarify site expectations. Please note that schedules are rarely available prior to the start of the rotation. Students are required to attend and actively participate in all assigned and/or required activities as specified by the rotation site. It is the student's responsibility to read, understand, and adhere to all information, policies, and instructions provided by the site.

Please note this does not include requirements of your rotation site\*

## REQUIRED ACTIVITIES

- **4<sup>th</sup> Friday:**
  - information provided by the specialty chairs.
- **2<sup>nd</sup> Friday:**
  - information provided by the specialty chairs.
- **Case Conference: (if applicable)**
  - Case Conference: Students are required to attend all assigned case conferences where an attending faculty member will guide students through a case from chief complaint to management.
- **Presentation**
  - Students are required to prepare and present to their faculty a PowerPoint presentation on a topic of their choice.
- **OPENPediatrics**
  - Students are required to watch the module "Newborn Exam" on <https://learn.openpediatrics.org>
- **Online MedED (OME):**
  - Complete all lessons within OME Pediatrics
    - Complete all cases per WesternU/OME Pediatrics Roadmap. Completion metrics are:
      - Read the Prime notes and click "Go to next activity."
      - Watch the Acquire video.
      - Answer the Challenge questions.
      - Review all case content through the last question.
  - To access the requirements expected by the Department of Pediatrics, please go to Elentra (Pediatrics) under the "Curriculum tab" then select "Topics to Know," and then download "OnlineMed Ed Requirement" file.

### OnlineMedEd Clerkship Curriculum Mapping - Pediatrics

#### Instructions:

We have developed an optional course map that uses OnlineMedEd lessons to supplement your studies during clinical rotations

We designed a schedule that engages you in 4-5 lessons each week. Of course, this is not a strict schedule, and you can spread out, or batch lessons as needed. OnlineMedEd is all about self-directed learning, so feel free to explore the rest of the website and choose the lessons that best suit your needs. You'll have access to all of OnlineMedEd's curriculum during this program.

#### Helpful hints:

- We recommend completing P, A, and C for a lesson in one sitting, then take a break. Remember to read the Challenge question explainers, as they are part of the learning process. Study in an environment that suits your style, where you have control of your space.
- Use an outline or Cornell note format to take notes while you read and watch the videos. Don't forget you can download the digital whiteboard!
- Consolidate your notes within a day (if possible) after completing a lesson. Use an active strategy, such as concept/mind mapping or charting, that allows you to identify patterns and relate the new information to prior knowledge.
- Schedule weekly review time and include all material you've covered up to that point. Use consolidated notes, board style questions, OME flashcards, or any strategy that works for you as long as you are recalling the material, not rereading it. Note what content you are still unfamiliar with and spend more time on it during the next review session.

## Week 1 - Neonatal

OME lesson	Key Concepts	Video Length
<u>Neonatal Resuscitation</u>	Delivery Room Timeline; Resuscitation; APGAR; TTN; RDS; Newborn Standard of Care	0:23:53
<u>Neonatal ICU</u>	Retinopathy of prematurity; Bronchopulmonary dysplasia; Intraventricular hemorrhage	0:09:38
<u>Failure to Pass Meconium</u>	FTPM vs Constipation; Imperforate anus; Meconium Ileus; Hirschsprung's; Voluntary Holding	0:17:18
<u>Neonatal Jaundice</u>	Bilirubin Approach; Conjugated vs Unconjugated; Indirect vs Direct; Workup of Jaundice; Treatment; Breast Feeding vs Milk Jaundice	0:18:17
<u>Neonatal Emesis</u>	Baby Emesis; Bilious vs Non-Bilious; Malrotation; Duodenal Atresia; Annular Pancreas; Intestinal Atresia; TE Fistula; Pyloric Stenosis	0:18:20

## Week 2 - General Pediatrics & Infectious Disorders

OME lesson	Key Concepts	Video Length
<u>Pediatrics Well Visit</u>	Growing; Parental Education; Developmental Milestones	0:15:37
<u>ALTE BRUE SIDS</u>	ALTE vs BRUE; Evaluation; Reassurance; SIDS	0:13:38
<u>Child Abuse</u>	Abuse vs Neglect; Risk Factors; Presentations; Provider Responsibility	0:11:43
<u>Preventable Trauma</u>	Epidural Hematoma; Subdural Hematoma; Concussion; Drowning; Burns (Parkland Formula, Rule of 9s, Degree of Burn)	0:18:04
<u>Pediatric Vaccinations</u>	Vaccine Types; Vaccine Contraindications; Vaccine Reactions; Tdap	0:25:13
<u>Allergic Reactions</u>	Rhinitis; Urticaria; Anaphylaxis; Conjunctivitis	0:15:50
<u>Viral Exanthems</u>	Parvovirus B19; Measles; Rubella; Roseola; Chickenpox; Shingles; Mumps; Hand-Foot-Mouth	0:21:08
<u>Eczematous Rashes</u>	Atopic Dermatitis; Contact Dermatitis; Stasis Dermatitis; Hand Dermatitis	0:09:05
<u>Hypersensitivity Skin Eruptions</u>	Urticaria; Drug Reaction; Erythema Multiforme; SJS/TENS; SSSS	0:10:51
<u>Pediatrics Infectious Disease Review</u>	Meningitis; HIV; Osteomyelitis; Septic Joint; Skin Infections; Pneumonia; TB	0:14:02

## Week 3 - ENT, Pulmonology, and Subspecialty Pediatrics

OME lesson	Key Concepts	Video Length
<u>Pediatric Ear Nose Throat</u>	Otitis Media; Otitis Externa; Mastoiditis; Sinusitis; Common Cold; Pharyngitis; Foreign Body; Epistaxis; Choanal Atresia	0:25:00
<u>Upper Airway Diseases</u>	Croup; Tracheitis; Epiglottitis; Retropharyngeal Abscess; Peritonsillar Abscess	0:13:09
<u>Lower Airway Diseases</u>	FBAO; Asthma; Bronchiolitis; Cystic Fibrosis	0:19:22
<u>Asthma</u>	Asthma is variable hyperreactivity, diagnose with spirometry over time; Maintenance Inhalers and Medications; Reliever Inhalers; Steps and Tracks for treatment; Asthma exacerbation diagnosis; Asthma exacerbation management	0:33:51

<u>Pediatric Gastrointestinal Hemorrhage</u>	Necrotizing Enterocolitis; Anal Fissure; Intussusception; Meckel's; Distractors	0:17:13
<u>Pediatric Seizures</u>	Seizures; Meds; Febrile Seizures; West Syndrome; Tuberous Sclerosis; Absence Seizures	0:15:17
<u>Pediatric CT Surgery</u>	Left to Right (ASD, VSD, PDA); Right to Left (Tetralogy, Transposition); Not a Shunt (Coarctation)	0:25:50
<u>Pediatric Orthopedics</u>	DDH; Legg-Calve-Perthes; SCFE; Septic Joint; Transient Synovitis; Osgood Schlatter; Scoliosis; Osteosarcoma; Ewing's Sarcoma	0:43:29

#### Week 4 - Subspecialty Pediatrics II

OME lesson	Key Concepts	Video Length
<u>Pediatric Urology</u>	Posterior Urethral Valves; Hypospadias; Epispadias; Hematuria; Ureteropelvic Obstruction; Ectopic Ureter; Vesicoureteral Reflux	0:23:34
<u>Pediatric Ophthalmology</u>	Amblyopia; Strabismus; Congenital Cataracts; Retinoblastoma; Retinopathy of Prematurity; Conjunctivitis (Chemical, Gonorrhea, Chlamydia)	0:15:35
<u>Sickle Cell Anemia</u>	Diagnosis (Smear, Hgb Electrophoresis); Crisis (Treatment, Emergencies); Treatment (Exchange Transfusion, Hydroxyurea, BMT); Prevention (PPx Abx, Vaccines); Complications (Stones, Avascular Necrosis, Asplenism, Anemia)	0:18:06
<u>Immunodeficiencies</u>	B Cells (Brutons, IgA Deficiency, Hyper IgM); T Cells (DiGeorge); Phagocyte; Other (Wiskott-Aldrich, AT, SCID, Complement)	0:24:58
<u>Congenital Defects</u>	Diaphragmatic Hernia; Gastroschisis; Omphalocele; Exstrophy of the Bladder; Biliary Atresia; Cleft Lip; Neural Tube Defects	0:16:28
<u>Neurodevelopmental Disorders</u>	Intellectual Disability Disorder; Autism Spectrum; ADHD; Specific Learning Disorders; Tic Disorders; Childhood-Onset Fluency Disorder	0:22:07
<u>Behavioral Disorders</u>	Enuresis; Encopresis; Conduct Disorder; Oppositional Defiant Disorder	0:11:16
<u>Eating Disorders</u>	Restriction vs Binge; Anorexia Nervosa; Bulimia Nervosa; Severity Grading	0:14:40
<u>Puberty</u>	Precocious Puberty; Delayed Puberty	0:23:35
<u>Primary Amenorrhea</u>	Sexual Differentiation in Utero; Sexual Differentiation at Puberty; Primary Amenorrhea; Common Causes of Primary Amenorrhea; Anatomy-Negative Axis-Positive Diagnoses; Axis-Negative Anatomy-Positive Diagnoses	0:27:07

## SITE SPECIFIC EXPECTATIONS AND PRACTICES

Rotation Site Expectations (provided by each preceptor) In addition to the specialty specific guidelines provided by the chair, students are expected to be mindful of the site-specific expectations and practices as provided by the preceptor.

## PREPARING FOR THE ROTATION

1. **Study and review the OnlineMedEd (OME) Pediatrics Core Rotation Checklist** posted on Elentra. You will use the information and links of this document to guide your studying throughout the rotation. Students are expected to follow the guidelines as described by the specialty chair.
2. There will be a survey at the end of your rotation as to how well this guide served you. Please watch for that email link.
3. **Study and review the topics listed in the following documents** posted in Elentra
  - a. **Emails sent for both 4<sup>th</sup> Friday and 2<sup>nd</sup> Friday events.**
  - b. **Pediatrics Curricular Resources: Acute and Chronic Care topics**
  - c. **Pediatrics Curricular Resources: Procedures topics**

**Note:** The American Academy of Pediatrics and the National Board of Osteopathic Medical Examiners (NBOME) were used to create these documents.

## HIGH YIELD RESOURCES & APPS

It is strongly recommended that students spend approximately 10 hours per week reading independently. Students should not rely solely on review books to be adequately prepared for the rotation.

### Recommended Textbooks:

- Current Diagnosis and Treatment Pediatrics, 26<sup>th</sup> Edition
- Harriet Land Handbook, 23<sup>rd</sup> Edition
- Zitelli – Atlas of Pediatric Physical Diagnosis, 8<sup>th</sup> Edition
- Case Files Pediatrics, Sixth Edition

### Evidence-Based Medicine Resources:

- American Academy of Pediatrics ([www.AAP.org](http://www.AAP.org))
- ACP's PIER-Stat! Ref-PIER is a collection of over 400 evidence-based summaries published by the American College of Physicians. Each module provides authoritative guidance to improve the quality of care.
- Cochrane Library for Evidence-Based Medicine – The Cochrane Library contains high-quality, independent evidence to inform healthcare decision making.
- DynaMed – Point-of-care reference resource designed to provide doctors and medical researchers with the best available evidence to support clinical decision making.

- Essential Evidence Plus - A power resource with content, tools, calculators and alerts for clinicians who deliver first-contact care.
- ACP Medicine – A comprehensive, evidence-based reference for fast, current answers on the best clinical care.

#### **Recommended Downloads for Handheld Devices:**

- Epocrates
- Medscape
- Medical Calc
- AHRQ ePSS

#### **Electronic Texts:**

- Cecil Medicine – MD Consult
- Harrison's Online – AccessMedicine
- Current Medical Diagnosis and Treatment – AccessMedicine
- MD Consult – Provided full-text access to medical textbooks, journals, comprehensive drug information, and clinical practice guidelines.
- Ebsco A-to-Z Database – links and information on more than 124,000 unique titles from more than 1100 databases and e-journal packages
- The Medical Letter on Drugs and Therapeutics – An independent, peer-reviewed, nonprofit publication that offers unbiased critical evaluations of drugs, with special emphasis on new drugs.
- UpToDate

### **ROTATION EXPECTATIONS, PROFESSIONALISM STANDARDS, & ACADEMIC DISHONESTY**

Students are expected to adhere to all policies and standards outlined in the **Clinical Rotations Manual (CRM)** and the **University Catalog**, including but not limited to expectations regarding rotation performance, professional behavior, attendance, disability accommodations, and academic integrity.

Violations of these standards, whether occurring in academic settings, clinical environments, or non-academic contexts, including those outside of WesternU-sponsored activities, constitute a breach of the professional trust placed in each student. Such violations may result in disciplinary actions, including suspension or dismissal from the program.

- Link to Clinical Rotations Manual: [cem.pdf](#)
- Link to University Catalog: <https://www.westernu.edu/registrar/catalog/>

Students with any questions or concerns regarding these policies should promptly consult the course director.

### **AACOM ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)**

EPAs or activities to which you are expected to have on your first day of residency is found within the Clinical Education Manual.

### **LEARNING OBJECTIVES**

The student will be expected to:

1. Apply basic knowledge of the organ systems' pathology and physiology into the medical patient's care.



2. Apply basic knowledge of molecular, biochemical, and cellular mechanisms to the care of the medical patient for maintaining homeostasis.
3. Perform an appropriately comprehensive history and physical examination on both hospitalized and ambulatory medical patients.
4. Formulate and communicate a focused differential diagnostic problem list on each medical patient.
5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient.
6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance.
7. Integrate concepts of epidemiology and population-based research methods into the care of the individual medical patient.
8. Formulate diagnostic and treatment plans considering a cost-benefit analysis, access to healthcare, and personal preferences of the patient.
9. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their medical care.
10. Display honesty, integrity, respect, and compassion for patients and their families.
11. Participate in the education of patients, families, and other students.
12. Perform as part of an inter-professional team to enhance patient safety and improve patient care.
13. Display collegiality and professionalism toward all members of the healthcare team.
14. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA).
15. ENCOURAGE INCORPORATING AT LEAST ONE OSTEOPATHIC PRINCIPAL IN PRACTICE

## OUTCOMES & COMPETENCIES

WU INSTITUTIONAL OUTCOMES	Health Professional Education	Learning Objective
1. Critical Thinking	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.	1,2,3,4,5,6,7,8,11, 12,14
2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.	1,2,3,4,5,7,8,9,11 ,12,14
3. Interpersonal Communication Skills	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.	3,4,9,10,11,12,13
4. Collaboration Skills	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients	3,4,8,9,11, 12,13
5. Ethical and Moral Decision-Making Skills	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.	8,9,11,12, 13
6. Lifelong Learning	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.	5,7,8,9
7. Evidence-Based Practice	The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.	2,3,4,5,6, 7,8,9,12, 14
8. Humanistic Practice	The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.	8,10,11,13

\*Please see learning objectives above

COMP/AOA CORE COMPETENCIES	Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:	Learning Objective*
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.	6,9,10,11,12
2. Medical Knowledge	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.	1,2,3,4,5,6,7,8,9 ,11,12,14
3. Patient Care	Residents on their first day of residency must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.	2,3,9,10,11,12

<b>4. Interpersonal and Communication Skills</b>	Residents on their first day of residency are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.	4,8,9,10,11,12, 13,14
<b>5. Professionalism</b>	Residents on their first day of residency are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effective care for patients. Please note that professionalism is an integral part of the career of a physician. Clinical sites do have the right to fail a student or remove them from rotation due to deficits in professionalism.	7,9,10,11,12, 13
<b>6. Practice-Based Learning and Improvement</b>	Residents on their first day of residency must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.	5,6,7,8,12,14
<b>7. Systems-based Practice</b>	Residents on their first day of residency are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost- effective medicine.	5,6,7, 8,12,14

<b>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</b>	<b>WU</b>	<b>COMP</b>
Critical Thinking	1	1, 2, 3 6
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	1, 2, 3, 4, 5, 6, 7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision-Making Skills	5	1, 3,5,6
Lifelong Learning	6	1, 2, 3, 6, 7
Evidence-Based Practice	7	1, 2, 3, 6, 7
Humanistic Practice	8	3, 4, 5

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