

Course:	<u>Pediatrics – At-Risk Children</u>	<u>PED 1220</u>
Department:	Pediatrics	
Faculty Coordinators:	Course: At-Risk Children (12-20) Emma Raizman, M.D. Tess Barton, M.D. Matt Cox, M.D.	
Hospital:	Children’s Medical Center	
Periods offered:	Monthly except December	
Length:	4 weeks	
Max no. of students:	1	
First Day Time:	8:30 am	
First Day Contact:	Call 214-456-6134	
First Day Place:	Bright Building Children's Medical Center of Dallas ARCH Clinic, Lobby level	
Prerequisites:	3 rd year Pediatric Clerkship	

I. Course Objectives:

Students will be integral members of the ARMS (AIDS related medical services) and REACH (Referral and Evaluation of At-Risk Children) Teams. While working with the REACH team, students will participate in the inpatient and outpatient medical evaluations of suspected child abuse and neglect. The student will also spend time in an outpatient clinic evaluating and treating children with HIV exposure or disease. The patient population will include children of all ages.

The student’s clinical experience will include participating in: outpatient ARMS clinic evaluations, outpatient sexual abuse medical evaluations, inpatient physical abuse consultations, and outpatient physical abuse and neglect evaluations. The student will also attend multidisciplinary case review meetings (ARMS and REACH) and will observe civil and criminal court proceedings.

II. Course Goal and Objectives (based on ACGME competencies for resident education and modified for medical student education).

Patient Care: Students, together with supervising faculty, must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Objectives: Students are expected to:

1. Gather essential and accurate information about their patients. *Examples: history (including record review), physical examination and results of pertinent laboratory and radiographic tests.*

2. Make informed recommendations about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
3. Counsel and educate patients and their families. *Examples: discussions with parents regarding: 1. use of physical discipline, 2. when a report is made to the protection system because of injury to a child, 3. risks of HIV exposure and prevention, and 4. post-exposure prophylaxis for HIV after sexual assault.*
4. Use information technology to support patient care decisions and patient education. *Examples: provision of pamphlets, local telephone numbers and web sites concerning family violence and HIV disease.*
5. Work with health professionals, including those from other disciplines, to provide patient-focused care, develop and carry out patient management plans. *Example: communication with child protection personnel and law enforcement in child injuries*
6. Understand special health care needs of adolescents with HIV.

Medical Knowledge: Students must demonstrate knowledge about established biomedical and clinical sciences and the application of this knowledge to patient care.

Objective: Students are expected to:

1. Understand the modes of transmission, risk of transmission, and diagnosis of HIV disease in the pediatric population, including vertical transmission to the neonate and adolescent sexual exposures.
2. Recognize and utilize different therapies for HIV disease including primary treatment of the viral infection and infectious complications.
3. Recognize *toxicities and common side effects of HIV medications and be able to discuss challenges to good adherence in children taking multi-drug therapy.*
4. Recognize common risk factors for child abuse and neglect and recognize common patterns of inflicted injuries including bruises, burns, fractures, and inflicted neurotrauma.
5. Understand trigger situations and social stressors commonly seen in abusive injury. Understand the mechanism of inflicted physical injuries (such as rib fractures, patterned skin injuries, and burns)
6. Recognize normal and abnormal genital anatomy in the setting of routine genital examinations and understand the limitations of the physical examination in the identification of sexual abuse cases.
7. Student will demonstrate basic understanding of the child protection system and laws governing the protection of children and prosecution of criminal abuse cases.

Practice-Based Learning and Improvement: Students must be able to assimilate scientific evidence and improve their patient care practices.

Objectives: Students are expected to:

1. Locate and assimilate evidence from scientific studies related to their patients' health problems. *Examples: randomized control trials of therapy for HIV infection and perinatal exposure, and population studies on patterns and cause of injuries in children*
2. Use information technology to manage information, access on-line medical information; and support their own education.

Interpersonal and Communication Skills: Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients and families.

Objectives: Students are expected to

1. Use effective communication skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills. *Example: educating families about children's exposure to violence (media, school, family) and educating families about immunizations and other infection risks in HIV infected children*
2. Explain and discuss with families difficult information including results of physical examinations and radiographic studies that reveal injuries and effectively communicate with family concerns regarding child abuse and neglect.
3. Work effectively with others as a member of a health care team.

Professionalism : Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives: Students are expected to:

1. Demonstrate respect, compassion, and integrity; responsiveness to the needs of patients that superseded self-interest; accountability to patients and the profession; and a commitment to excellence and on-going professional development. *Example: willingness to think through difficult issues in patient clinical scenarios and to make constructive statements.*

2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, and confidentiality of patient information.
3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities.

III. Methods of Instruction:

A. Didactic

1. Weekly conferences on Child Abuse and HIV
2. Audiovisual instructions and reading time – a packet of important articles will be provided at the time of orientation to the elective
3. Faculty instruction

B. Clinical schedule:

1. Inpatient consult/rounds
2. One-on-one teaching in outpatient clinic
3. Extra-campus sites (City-wide infectious disease conference and City-wide HIV Case Conference – each bi-weekly, *Criminal and Civil Court proceedings, Dallas Child Advocacy Center, Bryan's House - optional*)

Time	Mon	Tue	Wed	Thurs	Fri
8:00			Dept of Pediatrics Grand Rounds		REACH Peer Review /Child Abuse Grand Rounds
9:00 – 12:00	REACH clinic/consults	ARMS clinic	REACH Consults/reading	ARMS clinic	REACH clinic
12:00 – 1:00	Noon conference	Noon conference	DCAC case Management conference	Noon conference	Noon conference/ Fatality Review (1 st Friday)
1:00 – 4:00	REACH clinic/consults	ARMS clinic	REACH clinic/consults	ARMS clinic	REACH clinic/consults
3:30-5:00	City-wide I.D. Conference		ARMS Conference	City-wide HIV Case Conference	

ARMS – AIDS related medical services
 REACH = Referral and Evaluation of At-Risk Children

C. Student responsibilities and to whom accountable

Assist with evaluation of patient consults and clinic patients, follow all clinical data as acquired, present to attending.

IV. Method of Evaluation of Students:

Pass-Fail grades. No examinations. Evaluations of the student by the faculty will be based on achievement of the stated objectives of the course. Similarly, evaluations of the elective will include whether the student considers that the stated objectives of the course were achieved.