

# FLORIDA ATLANTIC UNIVERSITY™

## Graduate Programs—COURSE CHANGE REQUEST<sup>1</sup>

UGPC APPROVAL \_\_\_\_\_  
 UFS APPROVAL \_\_\_\_\_  
 SCNS SUBMITTAL \_\_\_\_\_  
 CONFIRMED \_\_\_\_\_  
 BANNER POSTED \_\_\_\_\_  
 CATALOG \_\_\_\_\_

DEPARTMENT:	COLLEGE: COLLEGE OF MEDICINE
COURSE PREFIX AND NUMBER: BCC 7140	CURRENT COURSE TITLE: PEDIATRICS CLERKSHIP
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): SUMMER 2013	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO:  CHANGE PREFIX FROM:                      TO:  CHANGE COURSE NO. FROM:                      TO:  CHANGE CREDITS <sup>2</sup> FROM: 6                      TO: 20  CHANGE GRADING FROM:                      TO:  CHANGE DESCRIPTION TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:    CHANGE COREQUISITES TO*:    CHANGE REGISTRATION CONTROLS TO:    *Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Attach syllabus for ANY changes to current course information.	
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Please consult and list departments that might be affected by the change(s) and attach comments. <sup>3</sup>

Faculty contact, email and complete phone number:  
 Barry Linger, Ed.D., 297-0913, blinger@fau.edu

<b>Approved by:</b> Department Chair: <u>Suzanne Henson</u> College Curriculum Chair: <u>Antonio Arraondo</u> College Dean: <u>Stacy Mack</u> UGPC Chair: <u>Marilyn Kuhn</u> Graduate College Dean: _____ UFS President: _____ Provost: _____	<b>Date:</b> <u>3/19/13</u> <u>3/19/13</u> <u>3/19/13</u> <u>3/27/13</u> _____ _____	<ol style="list-style-type: none"> <li>1. Syllabus must be attached; see guidelines for requirements: <a href="http://www.fau.edu/provost/files/course_syllabus.2011.pdf">www.fau.edu/provost/files/course_syllabus.2011.pdf</a></li> <li>2. Review Provost Memorandum: <b>Definition of a Credit Hour</b> <a href="http://www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf">www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf</a></li> <li>3. Consent from affected departments (attach if necessary)</li> </ol>
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Email this form and syllabus to [UGPC@fau.edu](mailto:UGPC@fau.edu) one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.

**FLORIDA ATLANTIC UNIVERSITY  
CHARLES E. SCHMIDT COLLEGE OF MEDICINE  
COURSE SYLLABUS**

**GENERAL INFORMATION**

<b>Course Number:</b>	BCC 7140
<b>Credit Hours:</b>	20
<b>Prerequisites:</b>	Enrolled in 3 <sup>rd</sup> Year of MD program
<b>Online:</b>	Blackboard Learning System
<b>Term:</b>	All
<b>Course Title:</b>	Pediatrics Clerkship
<b>Course Director:</b>	Sarah Wood, M.D.
<b>Office:</b>	BC-55 Room 347
<b>Office Hours:</b>	Tuesday 1:00 – 5:00 p.m.
<b>Telephone:</b>	297 4150
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**COURSE DESCRIPTION**

The purpose of the pediatric clerkship is to provide the medical student with the knowledge and clinical experience necessary to develop basic skills in the evaluation and management of health and disease in infants, children and adolescents. The core pediatric clerkship is an introduction to the care of children and emphasizes those aspects of pediatrics which should be understood and mastered by all physicians, regardless of ultimate career goals.

**COURSE OBJECTIVES**

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
- An understanding of the approach of pediatricians to the health care of children and adolescents.
- An understanding of the influence of family, community and society on the child in health and disease.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children and adolescents.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.

- Development of the attitudes and professional behaviors appropriate for clinical practice.

## **EVALUATION**

### **Grading Policy for M3**

#### **Grades in the third year clerkships**

Student will receive grades in the following Clerkships based on an Honors, High Satisfactory, Satisfactory, Unsatisfactory scale:

- Medicine
- Surgery
- Geriatrics
- Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- Community and Preventive Medicine/Longitudinal Preceptorship

Students will receive a Satisfactory/Unsatisfactory grade for each Longitudinal Integrated Clerkship.

A target will be set for a maximum of 25% Honors for each graded clerkship. This will be decided by the members of each discipline specific Clerkship Grading Committee.

#### **Grading requirements**

Performance in all aspects of the clerkship will be monitored. Students are required to pass all components stipulated in the clerkship syllabus in order to pass the clerkship. The clerkship grade will be determined by components that will assess medical knowledge, clinical skills, professionalism, and discipline-specific skills.

- Clinical Performance Evaluation by Faculty Preceptor (Clinical skills)
- NBME Subject Examination (Medical Knowledge)
- Professionalism (attendance, patient logs, participation, communication skills)
- Presentations, Oral Exams, OSCEs and Projects (Clerkship dependent)

Performance in a clerkship that is below expectations or unsatisfactory in any of the components of the clerkship, as defined in the discipline handbook, will result in grade of "Unsatisfactory".

#### **Expectations for the assignments and projects**

Clerkship Directors will determine the specific formative and summative requirements for their clerkship including write-ups, OSCE's, presentations, assignments, oral examinations etc. Determinates of the final grade in all clerkships will be clearly stated in the handbook for that discipline. Students should review the handbook for each clerkship so they understand the ways in which they will be assessed and how the final grade will be determined.

#### **Clinical Performance Evaluations**

Evaluation forms will be completed by clinical attendings and/or faculty preceptors.

Clinical Evaluations will assess students based on the following categories:

- (1) History Taking
- (2) Physical Examination
- (3) Record Keeping
- (4) Oral Presentation
- (5) Clinical Problem Solving
- (6) Fund of Knowledge
- (7) Professional Attributes and Responsibility

- (8) Self-Improvement
- (9) Interpersonal Communication Skills (Patients and Families)
- (10) Interpersonal Communication Skills (Relations with Health Care Team)
- (11) Narrative Assessment

The achievement of educational objectives in these areas defines the successful development of the physician-in-training and occurs during the course of a student's progress in medical school and beyond.

The Clerkship Evaluation Form is located in handbook.

#### Determining Final Core Clerkship Grades

All final core clerkship grades will be determined by the Grading Committee for that discipline. Further details on how grades are determined in each clerkship will be defined in that discipline's handbook. Grading Committees for each discipline will consist of the Clerkship Directors, Site Directors, and/or faculty members in that discipline. The final grade will reflect the totality of the experiences with that student. The Clerkship Directors have the authority to disregard an individual assessment based on judgment of the preponderance of the evidence. All grades for a given LIC will be reported to students no greater than six weeks after the completion of that LIC.

An **Honors** grade will be given to students for superior or outstanding achievement in all of their components for that clerkship, as determined by the Discipline Grading Committee. Ordinarily, Honors grades will be given to no more than 25% of a class.

A **High Satisfactory** grade will be given to students with superior achievement in several, but not all components of the clerkship.

A **Satisfactory** grade will be given to students who demonstrate satisfactory achievement in all components of the clerkship.

A grade of **Unsatisfactory** will be given to students whose performance is unsatisfactory or because of important deficiencies in some or all aspects of their clerkship performance.

#### Grade Descriptors

The qualitative descriptors below will be used for grade determination by the Pediatric Clerkship Grading Committee:

##### **Unsatisfactory:**

This student has shown significant deficits in any one of the major areas of assessment including history taking, physical examination, clinical problem solving, record keeping, presentation skills, fund of knowledge, professional attributes and responsibility, self-improvement, interpersonal skills, communication skills with patients, families, and the health care team. The student did not complete patient logs, assigned CLIPP Cases, or required Clinical Skills Assessments in a satisfactory manner. The student failed to pass the Pediatrics NBME Shelf Exam (< 5th percentile). The deficit(s) observed cause serious concern about the student's ability to deliver appropriate care to patients and/or to conduct themselves with the professionalism expected of third year medical students as determined by the Pediatric Clerkship Grading Committee.

##### **Satisfactory:**

This student has generally demonstrated proficiency with the basic material and skills expected of a student at this level of training but has shown limited motivation to learn during the rotation and has demonstrated one or two areas which though not frankly deficient would benefit from continued improvement. Examples include occasionally superficial or disorganized write-ups or presentations, occasional notable omissions or

errors in a history, some gaps in knowledge of basic pathophysiology or therapeutics, occasional difficulty in interactions with patients, family or staff. This student met expectations for their exams, assignments, and patient logs. Any significant deficits that raise serious concern about the student's ability to function appropriately in a clinical setting warrant a grade of Unsatisfactory rather than Satisfactory.

### **High Satisfactory:**

This student's work consistently exceeds expectations in all respects; in at least several areas, the student's work has been very good to outstanding. Although not truly exceptional, the student is consistently motivated, reliable, and organized, and works well with patients, staff and faculty. By the end of the rotation, he/she can be trusted to perform and present a thorough, reasonably efficient evaluation on a complex patient and generate an appropriate differential diagnosis and treatment plan. He/she has completed all expected tasks during the rotation and has sometimes sought out additional opportunities for learning and contributing during the rotation. This student performed adequately to extremely well on their Pediatrics NBME shelf exam, and completed all assignments and patient logs in a timely manner. This student demonstrates strong professionalism skills.

### **Honors:**

This student has consistently performed at levels that far exceed the expected level for their level of training. He/she has consistently demonstrated excellent to outstanding clinical skills, presentations, write-ups and fund of knowledge, is highly motivated, reliable and well attuned to patients, families and staff, reads widely, and shows a consistent interest in seeking out and incorporating feedback, extending skills and knowledge, and contributing to the team. This student completed all assignments and patient logs in an exemplary manner. This student has impeccable professionalism. High scores (particularly above 50th percentile) on the Shelf Exam, while not required, are a plus that may be considered when other areas of performance are in the range between Honors and High Honors. The student has demonstrated performance that would typically merit enthusiastic recommendation to a leading residency training program.

### Passing/Failing/Remediation policies

Students are expected to pass all of the components of the clerkship including clerkship evaluations, NBME subject exam, professionalism, and other assignments in order to pass the clerkship:

Expectations for the NBME Subject Examination in each discipline: Failure on the NBME shelf exam will result in a grade of "T" providing that performance in all other components of the clerkship is judged satisfactorily. Passing a re-examination will enable the "T" to be converted to a "P." No more than two such "T's" will be allowed during an academic year.

Students are expected to prepare independently. All examinations will be administered at FAU at the dates and times assigned in your clerkship schedule. A student must sit for all examinations as scheduled. *A student must obtain permission for an excused absence from the clerkship director* and notify the Dean for Student Affairs prior to the time for sitting for a scheduled examination. In the event of a personal emergency, the course clerkship director and the Dean for Student Affairs must be notified of the absence as soon as possible. A missed examination will be rescheduled at the discretion of the clerkship director, at a time that does not interfere with other clinical work. Unexcused absences will result in a grade of zero (0) for the missed examination.

### Criteria and Policies Regarding Failing the NBME

To pass the clerkship you must "pass" the NBME, defined as scoring at or above the 5th percentile nationally compared to first takers at a similar period of the academic year. If you fail to do so, you will receive an incomplete grade for the clerkship. You will be required to re-take the exam during one of the preferred NBME Remediation Dates, unless approved by the Clerkship Director to take it later at another time. If you fail to score at or above the 5th percentile on your second attempt, you will receive a failing grade and remediation (which may include repeating the entire clerkship) will be determined by the Clerkship Discipline Coordinator in conjunction with the Clinical Promotions Committee.

### Preferred Shelf Exam Remediation Dates

Upon notification of failing the NBME, the student must contact the LIC Director/or the Clerkship Director to set a date to retake the exam. To avoid having to study for and take the makeup exam while actively in another clerkship, the following dates have been set as preferred Shelf Exam Remediation Dates:

- The 1<sup>st</sup> Monday afternoon upon return from Winter Break
- The 1<sup>st</sup> Monday afternoon after return from Summer Break
- Two weeks after the completion of M3, prior to start of 4<sup>th</sup> year.

Ideally, the earliest one of these dates should be chosen. However, the student should have enough time to study for the exam, preferably spending one-to-two weeks of unscheduled time to do so. The date is to be determined by the Clerkship Director, after consultation with the student, and if necessary, with the M3/M4 Committee.

### Remediation of a Failing grade

If a student fails a clerkship, remediation will be determined by the Clerkship Director in conjunction with discipline specific Clerkship Grading Committee. If remediation includes additional time in clinical experiences, the scheduling of this time will be set by the LIC Directors, after consultation with the student, the Clerkship Directors, and the student's Learning Community Advisor. Exceptions will be at the discretion of the Clerkship Director and the discipline specific Clerkship Grading Committee. If a student fails 2 clerkships within a given LIC, the student will be required to re-take the LIC in the next calendar year.

### Professionalism

Students whose professionalism prompts concerns will see that reflected in their grade for the clerkship. Major professionalism issues may result in a Fail for the clerkship regardless of clinical grades or final exam performance.

The following is a list of some of the reasons for which the clerkship director will bring student up for discussion at the Clerkship Directors meeting and the students' grade may be impacted.

- Any unexcused absences to didactic sessions or clinical duties
- Any excused or unexcused absences to orientation
- Any excused or unexcused absences to exams (including exams rescheduled for valid reasons)
- Any excused or unexcused absences to simulation exercises
- Any comment of unprofessional behavior on evaluations or otherwise reported to the clerkship director
- Late, incomplete, or unsatisfactory submission of electronic patient log reports
- Recurrent tardiness
- Any late or incomplete assignments

### Attendance Policy

Student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress and ultimate success as physicians. **Attendance at all activities is mandatory.**

**For an absence to be excused, a request must be made to the Clerkship Directors. Only a Clerkship Director can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.**

Unexpected absences: If a student is absent unexpectedly from the scheduled daily activities of the rotation, the clerkship director and the supervising attending should be notified by phone as early as possible. If the clerkship director is unavailable, the LIC Director should be called. Failure to notify the appropriate individual will result in the absence being unexcused.

All absences will be recorded and reviewed at the monthly Clerkship Director meeting. Repeated absences from required curricular activities may result in disciplinary action, up to and including dismissal from the CESCO.

#### Monitoring Student progress/performance:

Weekly informal discussions on student progress between clerkship directors, site directors, and clinical faculty. These discussions will occur at the various clinical sites and also from 1 to 1:30 on Tuesdays at FAU prior to start of didactic afternoons.

Every two weeks the students' discipline specific patient log lists will be sent to each clerkship directors for review.

Monthly in person, email or phone communication will occur between clerkship directors/site directors and the clinical faculty and preceptors to hear how students are performing, and assure that they are meeting expectations.

Monthly clerkship directors meeting at FAU on Tuesday from 12 to 1 to officially review each student's progress and discuss curricular issues. Final monthly meeting of each LIC will be used as the grading committee meetings to discuss LIC grades for each student. The final meeting of each 6 months will be for discipline specific grading committee meetings and will be used to determine Honors /High Satisfactory/Satisfactory/Unsatisfactory grades for each clerkship.

Every 2 months an on-line evaluation form will be filled out by all clinical faculty/preceptors that will be sent to clerkship directors/LIC Directors for review. First 2 bimonthly on-line evaluations in LIC will be formative, final evaluation will be used for grading/narrative purposes.

#### Feedback to students:

Students will receive daily/weekly informal feedback from the clinical attendings and preceptors they are working with. Faculty development sessions will be used to educate faculty on how to give feedback to students in their offices and in the hospitals.

LIC Directors, Clerkship Directors, and /or designated Site Directors will meet individually every 2 months with students to give them formal feedback on their performance during the LICs. All attending evaluations, patient logs, assignments/projects, and participation in didactic sessions will be reviewed, as well as a student's own self-assessment. These meetings will occur after the on-line evaluations are received from the clinical faculty, so that this information can be reported to students and any plans for improvement/remediation can be implemented.

Students who have concerns or questions about their progress can at any time contact their clerkship director/LIC director individually to set up a meeting.

#### Student Appeal of a Grade

Students who do not feel that their summary evaluation or grade accurately reflected their performance should follow the policies defined in the FAU student handbook.

## **COURSE INFORMATION**

#### Clinical experiences:

##### **Pediatric Clerkship Overview:**

The Pediatric Clerkship will be divided into four components within the six month Family and Community Health Sciences (FCHS) Integrated Clerkship. Those experiences will be an inpatient

pediatrics experience, a continuity outpatient general pediatrics experience, a newborn nursery experience, and 3 pediatric subspecialty experiences.

### **Inpatient Pediatrics Experience:**

Each third year student will spend 4 weeks assigned to an inpatient pediatric ward/ER experience. The three pediatric inpatient sites are Joe DiMaggio Children's Hospital, Bethesda Memorial Hospital, and West Boca Medical Center. This is a hospital based rotation where each student will spend approximately half of their time on the pediatric inpatient ward service and half their time in the pediatric emergency room. This is expected to be a hands-on patient care experience focused on evaluating and managing children and adolescents in an acute care setting. Students will be assigned in groups of two or four for their 4 week block of inpatient pediatrics. The inpatient pediatric ward assignment will begin each morning with pre-rounds on patients, followed by work rounds, and teaching rounds with the attending. After rounds, students will participate in ward activities and spend time with patients and families. In the afternoons, students will go as assigned to either their longitudinal preceptor's office, didactics at FAU (on Tuesdays), or they will have "white space" time to see their patients, read, or complete assignments. The time spent in the pediatric emergency department will be assigned shifts spent evaluating and managing pediatric and adolescent patients.

### **Continuity Outpatient General Pediatrics Experience:**

This exposure to primary care pediatrics will occur scattered throughout the 24 week FCHS outpatient clinic blocks during the outpatient clinic weeks. Each student will be paired with an outpatient pediatrician where they will report for 8-9 designated half days during the integrated clerkship. Students are encouraged to see patients back for visits and well child check-ups so they can experience and appreciate the care of a pediatric patient over time. We hope that students will develop relationships with the patients and their families. This will be a hand-on clinical experience closely supervised by their pediatric preceptor.

### **Newborn Nursery:**

In an effort to integrate the student's ob/gyn experience with newborn medicine, this experience will occur during the 2 week Obstetric Labor and Delivery rotation. Students will be required to spend time each day examining their newborn infants with the neonatology attendings and nurse practitioners. Students are encouraged to attend NICU rounds when there is time available. Students will be required to become familiar with the newborn/NICU checklist below during this 2 week rotation.

- **Jaundice**
- **Respiratory Distress in a newborn: TTN/ RDS/Sepsis**
- **Hypoglycemia/ IDM**
- **Heart murmur/PDA**
- **r/o Sepsis evaluation/ GBS exposure**
- **IVH or a Neuro finding (tremor, seizure etc.)**
- **Anemia work-up**
- **IUGR, SGA, or low birth weight**
- **Discharge teaching with NP**

### **Pediatric Subspecialties:**

Each student will spend three scheduled half-days with three different pediatric specialists during their FCHS integrated clinic weeks. Students will be assigned to a pediatric cardiologist, pediatric otorhinolaryngologist (ENT), pediatric nephrologist, and /or pediatric neurologist. These exposures will



allow students to shadow a pediatric sub-specialist during patient encounters either in their office, at the hospital, or while performing procedures. Students will observe the physician's approach to the history, physical examination, differential diagnosis, and management of their pediatric patients. Whenever possible, the student can participate in the physical exam portion of the patient encounters.

### Assignments:

**Patient Logs:** All pediatric patients seen must be logged and submitted in a timely manner.

**CLIPP Cases:** Computer based Pediatric Cases. Students must complete assigned cases.

**Final Observed Pediatric Clinical Skills Assessment:** Each student will be observed by an attending during their final week of their inpatient rotation and assessed on their pediatric clinical skills – history taking and physical exam.

**Direct observation of Clinical Skills (“DOCS” cards):** All students are required to be observed interviewing and/or examining patients by their supervising attendings. Students are responsible to hand in their assigned Direct Observation of Clinical Skills cards to the clerkship director before the end of the clerkship.

**Student report:** All the students will present a case based teaching presentation during the Tuesday didactic afternoons at FAU. The topic will be a case from one of the FCHS disciplines: Pediatrics, Ob/Gyn, and Psychiatry. Appropriate current references and journals must be utilized.

**Pediatrics NBME Shelf Exam:** The final week of the rotation all students will take the Pediatric subject exam at FAU.

### Didactics:

Integrated teaching sessions will be held at FAU on Tuesday afternoons. All the topics within Family and Community Health Sciences will be integrated over the 6 month clerkship. The pediatric topics will be:

#### Introductory Week One Lectures:

- Pediatric Orientation
- Pediatric History and Physical Exam
- Common Pediatric Physical Findings
- Fever and Common Pediatric Infections

#### Pediatric Didactic Topics

- Newborn medicine
- Pediatric Health Supervision
- Pediatric Growth and Nutrition
- Fluid and Electrolytes
- Development and Behavior
- Immunizations
- Common Pediatric Emergencies
- Intro to Pediatric Therapeutics/Fluid calculations
- Prevention in Pediatrics
- Pediatric Respiratory Cases

- Pediatric Neurology
- Pediatric Critical Care
- Pediatric GI Cases
- Pediatric Radiology
- Chronic Disease in Pediatrics
- Pediatric Dermatology
- Adolescent Medicine
- Pediatric Mini cases- Ortho/Urology/Endo/Heme/
- Pediatric Mini cases- Renal
- Child/Adolescent Psych
- Pediatric Shelf Exam Review

Pediatric References and resources:

Title	Author	Publisher	Available at
The Harriet Lane Handbook, 19 <sup>th</sup> ed.	Johns Hopkins Hospital, Custer, Rau and Lee	Mosby	FAU Library Electronic Version
Nelson Textbook of Pediatrics, 19 <sup>th</sup> ed.	Kliegman, Behrman, Jenson and Stanton	W.B. Saunders	FAU Library Electronic Version
Atlas of Pediatric Physical Diagnosis, 6 <sup>th</sup> ed.	Zitelli and Holly	Mosby	
Nelson Essentials of Pediatrics (condensed), 6 <sup>th</sup> ed.	Kliegman, Marcante, Jenson and Behrman	W.B. Saunders	
AAP Red Book, 29 <sup>th</sup> ed.	Committee on Infectious Diseases	American Academy of Pediatrics	
Rudolph's Textbook of Pediatrics (condensed version available), 22 <sup>nd</sup> ed.	Rudolph, Rudolph, Lister First, & Gershon	McGraw Hill	
Current Pediatrics, 21 <sup>st</sup> ed.	Hay, Levin, Sondheimer, & Deterding	Lange/McGraw Hill	
Pediatrics for Medical Students, 3 <sup>rd</sup> ed.	Bernstein and Shelov	Wolters Kluwer/Lippincott Williams & Wilkins	FAU Library in Print
Pediatrics Clerkship Guide, 2 <sup>nd</sup> ed.	Woodhead, JC	Mosby	FAU Library in Print



Pocket Pediatrics: The Massachusetts General Hospital for Children Handbook of Pediatrics, 2012 ed.	Paritosh Prasad	Wolters Kluwer/Lippincott Williams & Wilkins	
PreTest for Pediatrics, 12 ed.	Yetman and Hormann	McGraw Hill	FAU Library Electronic Version
Case Files Pediatrics, 4 <sup>th</sup> ed.	Toy, Girardet, Hormann, Lahoti, McNeese, Sanders & Yetman	Lange/McGraw Hill	
Pediatrics Recall, 4 <sup>th</sup> ed.	McGahren and Wilson	Wolters Kluwer/Lippincott Williams & Wilkins	
Clinical Handbook of Pediatrics, 5 <sup>th</sup> ed.	Zorc	Wolters Kluwer/Lippincott Williams & Wilkins	
Blueprints – Pediatrics, 5 <sup>th</sup> ed.	Marino and Fine	Lippincott Williams & Wilkins	FAU Library in Print
Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 3 <sup>rd</sup> ed.	Hagan, Shaw and Duncan	National Center for Education in Maternal and Child Health	

#### Journals:

1. Pediatrics
2. Pediatrics in Review
3. Contemporary Pediatrics
4. Archives of Pediatrics and Adolescent Medicine
5. Pediatric Clinics of North America

#### On Line Resources: <http://www.library.fau.edu/med/>

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|---|---|
| 1. Computer-assisted Learning in Pediatrics Program | <a href="http://www.clippcases.org">www.clippcases.org</a>                  |
| 2. American Academy of Pediatrics                   | <a href="http://www.aap.org">www.aap.org</a>                                |
| 3. Bright Futures                                   | <a href="http://www.brightfutures.aap.org">www.brightfutures.aap.org</a>    |
| 4. Centers for Disease Control                      | <a href="http://www.cdc.gov">www.cdc.gov</a>                                |
| 5. Dynamed  | <a href="https://dynamed.ebscohost.com/">https://dynamed.ebscohost.com/</a> |

#### Religious Observance (Adapted from the FAU Policy)

The College of Medicine recognizes that students, faculty and staff observe a variety of religious faiths and practices. Although many religious holidays are observed with time off, a few of the religious days of observance may be part of the academic calendar. The College respects the religious beliefs and practices of its students and seeks to accommodate them within the requirements of the academic schedule. As a result, a student who must be absent from a class requirement will not be penalized. Students who anticipate absence should notify the OSA and the supervising faculty in advance. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the Director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. The

College will follow the established FAU policy regarding absences due to personal observances of religious holidays.

To review the policy, access the Leave of Absence Policy: [http://www.fau.edu/policies/files/PM76\\_OCR.pdf](http://www.fau.edu/policies/files/PM76_OCR.pdf)

#### Disability Support Services

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton – SU133 (561-297-3880 and follow all OSD procedures.

#### Code of Academic Integrity

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see:

1. *The Policy on Academic, Professional and Behavioral Requirements and Standards governing the College of Medicine*
2. *Oath of Academic and Professional Conduct for Students in the College of Medicine*
3. *University Regulation 4.001*