



# FAULKNER

## PHYSICIAN ASSISTANT STUDIES

### SYLLABUS

### FOR

COURSE NUMBER & NAME: PAS 6501 Pediatrics

Clinical Year of 2024

CATALOG DESCRIPTION: This course is a five week supervised clinical practice experience in general pediatric care providing exposure to patients across the lifespan of infants, children, and adolescents. Education may occur in varied clinical settings and is designed to provide encounters necessary to acquire the requisite competencies of a practicing physician assistant.

PREREQUISITES: Successful completion of the didactic portion of the MS-PAS program

NUMBER HOURS CREDIT: Five (5) semester hours

MODE OF DELIVERY: \_\_\_ Online X On Ground \_\_\_ Hybrid

COURSE DIRECTOR: Nathan Stanton, MS, PA-C, ATC

CHAIR: Brittany Syner, DMSc, PA-C

DEAN: Dave Rampersad, Ph.D.

#### Disability Services

Center for Disability Services serves as the central contact point for all students with disabilities at Faulkner University including Alabama Christian College of Arts and Sciences, College of Education, Harris College of Business, V. P. Black College of Biblical Studies, Jones School of Law, and all extended campuses. Students are responsible for informing the University of their need for services and accommodations. Contact Disability Services at 334-386-7185, 1-800-879-9816, x7185, email Nichole Fussell at [nfussell@faulkner.edu](mailto:nfussell@faulkner.edu), or visit <http://www.faulkner.edu/undergrad/student-life/living-on-campus/student-services/project-key-for-disabilities/>.

#### Student Access to Faculty and Administration

Students may contact the appropriate director, dean, department chair, or the Vice President for Academic Affairs as needed; contact information is posted on the web and available at <http://www.faulkner.edu/studentlife/documents/FacultyandAdministration.pdf>.

#### The Academic Center for Excellence (ACE)

The ACE provides academic support to all Faulkner students in all disciplines. To learn about ACE services, schedule a face to face appointment with a tutor, or learn more about TutorMe (24/7 online tutoring) please visit the ACE website [www.faulkner.edu/ace](http://www.faulkner.edu/ace). You are welcome to visit the ACE in Brooks Hall 405. If you have questions after reading the website, please email them to [ace@faulkner.edu](mailto:ace@faulkner.edu).

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I. COURSE GOALS (PURPOSE):

- A. Apply the knowledge developed throughout the didactic courses to evaluate patients' history, physical findings, and diagnostics, in order to obtain a working diagnosis and in concert with their supervisor (s), create a treatment plan in the care of patients in a pediatric setting.
- B. Develop the attitudes, knowledge, and skills for competent care of individuals, across the lifespan of infant, child, and adolescent, of various socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits.
- C. Develop procedural and physical exam skills pertinent for the assessment and management of pediatric patients.
- D. Demonstrate the appropriate behaviors related to the core values of professionalism (fostering patient-centered care, integrity and accountability, commitment to excellence, and fair and ethical stewardship of healthcare resources) in pediatrics.

II. OUTCOMES AND OBJECTIVES:

- A. STUDENT LEARNING OUTCOMES: (B3.03a,b,e, B4.01) At the completion of this course, the student will have attained the following knowledge; interpersonal, clinical, and technical skills; professional behaviors; and clinical reasoning and problem-solving abilities as it relates to infants, children, and adolescents:

	Student Learning Outcomes	Assessment
<b>Medical Knowledge</b>		
P1. B3.03a	Demonstrate medical knowledge of the sciences necessary to provide preventive, acute, and chronic patient care.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
P2. B3.03a B3.03b	Applies knowledge of published guidelines by providing clear and accurate patient education to infants, children, and adolescents for the prevention of illness, harm and/or accidents, including: health promotion, health maintenance, risk factor identification, and lifestyle/behavioral modification, anticipatory guidance.	SCPE Preceptor Evaluation of the Student, End of

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		Rotation Examination
P3. B3.03b	Apply knowledge of pharmacotherapeutics in the medical management of infants, children, and adolescents.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
<b>Interpersonal and Communication Skills</b>		
P4.	Establishes professional, interpersonal and communication skills with preceptors and clinical staff.	SCPE Preceptor Evaluation of the Student
P5.	Integrates preceptor feedback and self-awareness to improve clinical performance.	SCPE Preceptor Evaluation of the Student
<b>Clinical and Technical Skills</b>		
P6. B3.03b	Perform a focused or comprehensive physical exam as indicated by the clinical presentation for infants, children, and adolescents .	SCPE Preceptor Evaluation of the Student
P7. B3.03b	Perform routine technical skills and procedures utilized in the care of infant, child, and/or adolescent patients. <ul style="list-style-type: none"> <li>• Culture/Swab</li> </ul>	SCPE Preceptor Evaluation of the Student, Rotation Specific Skills Checklist Examination
P8. B3.03b	Select and interpret appropriate diagnostic studies indicated for the evaluation of common illnesses and conditions seen in infants, children, and adolescents.	SCPE Preceptor Evaluation of the

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		Student, End of Rotation Examination
P9.	Demonstrates ability to present an accurate and concise oral patient presentation.	SCPE Preceptor Evaluation of the Student
P10.	Composes accurate and ethical medical record documentation.	SCPE Preceptor Evaluation of the Student
<b>Clinical Reasoning and Problem-Solving abilities</b>		
P11. B3.03b B3.03e	Synthesize medical knowledge obtained during the didactic year to diagnose common medical and/or behavioral problems in infants, children, and adolescents.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
P12. B3.03b	Integrate clinical findings to formulate a differential diagnosis and implement a plan of care for infants, children, and adolescents.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
	<b>Patient Care and Professional Behaviors</b>	<b>Assessment</b>
P13. B3.03b	Provide patient counseling, resources, and referrals for routine patient assessments and care plan to infants, children, and adolescents.	SCPE Preceptor Evaluation of the Student
P14.	Demonstrates patient centered care that conveys compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse (religious, cultural, ethnic, gender, and sexual	SCPE Preceptor Evaluation

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	orientation) patient population.	of the Student
P15.	Maintains professionalism and patient confidentiality in all interactions with patients and other healthcare workers.	SCPE Preceptor Evaluation of the Student

**B. INSTRUCTIONAL OBJECTIVES:**

<ol style="list-style-type: none"> <li>1. Interact with a pediatric patient (infant, child, adolescent) in order to obtain an accurate problem-oriented history based on a patient's purpose for the visit during a focused or comprehensive patient encounter.</li> <li>2. Perform routine technical skills and common medical procedures noted below: <ol style="list-style-type: none"> <li>a. Culture swab</li> </ol> </li> <li>3. Provide the rationale for ordering clinical studies and interpret the findings of clinical studies such as: <ol style="list-style-type: none"> <li>a. Complete blood count, Peripheral blood smear, Basic metabolic panel and Comprehensive metabolic panel, Liver function test, Renal function test, Glycosylated hemoglobin, Sedimentation rate, Lipid panel, Hepatitis panel, Cardiac biomarkers, PT/INR and PTT, Thyroid function test, C-reactive protein, Iron Studies, Microscopic urinalysis and urine culture, Carbon monoxide level, Blood culture, Sputum gram stain and culture, Monospot testing, Plain film radiographic images</li> </ol> </li> <li>4. Demonstrate appropriate use of any required instruments or equipment such as: <ol style="list-style-type: none"> <li>a. Stethoscope, Sphygmomanometer, thermometers, pulse oximeters, Oscopes, ophthalmoscopes, ear cures</li> </ol> </li> <li>5. Counsel pediatric patients and/or their guardian on common diagnostic and laboratory tests such as patient preparation, procedure, possible complications, purpose of testing, risk/benefits, alternatives, and cost effectiveness.</li> <li>6. Utilize critical thinking skills to assimilate pertinent findings from your patient encounter (historical/ exam) to formulate differential and working diagnoses.</li> <li>7. Integrate clinical findings from patient history, physical exam, diagnostics and any external resources (research, journals, specialists etc.) to differentiate among the following common emergent, acute and chronic pediatric conditions such as: <ol style="list-style-type: none"> <li>a. Dermatology: Acne vulgaris Androgenetic alopecia Atopic dermatitis Burns Contact dermatitis Dermatitis (diaper, perioral) Drug eruptions Erythema multiforme Exanthems</li> </ol> </li> </ol>
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- Impetigo Lice Lichen planus Pityriasis rosea Scabies Stevens-Johnson syndrome Tinea  
Toxic epidermal necrolysis Urticaria Verrucae
- b.** ENOT/ Ophthalmology: Acute otitis media Acute pharyngotonsillitis Allergic rhinitis  
Conjunctivitis Epiglottitis Epistaxis Hearing impairment Mastoiditis Oral candidiasis  
Orbital cellulitis Otitis externa Peritonsillar abscess Strabismus Tympanic membrane  
perforation
  - c.** Infectious Disease: Atypical mycobacterial disease Epstein-Barr disease Erythema  
infectiosum Hand-foot-and-mouth disease Herpes simplex Influenza Measles Mumps  
Pertussis Pinworms Roseola Rubella Varicella infection
  - d.** Pulmonology: Acute bronchiolitis Asthma Croup Cystic Fibrosis Foreign body Hyaline  
membrane disease Pneumonia (bacterial, viral) Respiratory syncytial virus
  - e.** Cardiovascular: Acute rheumatic fever Atrial septal defect Coarctation of the aorta  
Hypertrophic cardiomyopathy Kawasaki disease Patent ductus arteriosus Syncope  
Tetralogy of Fallot Ventricular septal defect
  - f.** Gastrointestinal/ Nutritional System: Appendicitis Colic Constipation Dehydration  
Duodenal atresia Encopresis Foreign body Gastroenteritis Gastroesophageal reflux  
disease Hepatitis Hirschsprung disease Inguinal hernia Intussusception Jaundice Lactose  
intolerance Niacin deficiencies Pyloric stenosis Umbilical hernia Vitamin A deficiency  
Vitamin C deficiency Vitamin D deficiency
  - g.** Neurology/ Developmental: Anticipatory guidance Down syndrome Febrile seizure  
Immunization guidelines Meningitis Normal growth and development Seizure disorders  
Teething Turner syndrome
  - h.** Psychiatry/ Behavioral Medicine: Anxiety disorders Attention-deficit/hyperactivity  
disorder Autism spectrum disorder Child abuse and neglect Depressive disorders  
Disruptive, impulse-control, and conduct disorders Feeding or eating disorders Suicide
  - i.** Orthopedic/ Rheumatology: Avascular necrosis of the proximal femur Congenital hip  
dysplasia Juvenile rheumatoid arthritis Neoplasia of the musculoskeletal system  
Nursemaid elbow Osgood-Schlatter disease Scoliosis Slipped capital femoral epiphysis
  - j.** Endocrinology: Diabetes mellitus Hypercalcemia Hyperthyroidism Hypothyroidism  
Obesity Short stature
  - k.** Hematology: Anemia Bleeding disorders Brain tumors Hemophilia Lead poisoning  
Leukemia Lymphoma Neutropenia
  - l.** Urology/ Renal: Cryptorchidism Cystitis Enuresis Glomerulonephritis Hydrocele  
Hypospadias Paraphimosis Phimosis Testicular torsion Vesicourethral reflux
8. Participate in the appropriate selection of the following common pharmaceutical and/or  
non- pharmaceutical therapies involved in the management of the above-mentioned  
pediatric condition such as:
- a.** Topical Emollients, steroids, antifungals, antibiotics
  - b.** Antibiotics
  - c.** Steroids
  - d.** Antifungals
  - e.** Antivirals

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- f.** Antihistamines
  - g.** Antitussives
  - h.** Analgesics
  - i.** Vaccinations
  - j.** Nutritional Supplements
  - k.** Hormonal Therapies
  - l.** Antidepressants
  - m.** Antianxiolytics
  - n.** Stimulants
9. Provide appropriate counseling for the selected pharmacologic or non-pharmacologic management.
  10. Demonstrate your ability to write an initial history, exam, and final disposition for a patient encounter.
  11. Recognize, where appropriate, the need for formally trained language interpreters.
  12. Provide culturally aware, non-judgmental, patient-oriented care
  13. Deliver accurate oral patient presentation, with subjective and objective components, to preceptors and/or other medical professionals involved in the care of the patient.
  14. Adapt communication style and message to the context of the interaction.
  15. Create and sustain a therapeutic and ethically sound relationship with patients, including following all HIPAA guidelines.
  16. Include patient and/ or patient's guardian in the decision- making process about clinical interventions.
  17. Apply the principles of health maintenance, disease prevention, and health promotion in the patient centered care of pediatric patients such as:
    - Discuss the standard immunization schedule and major contraindications and complications of the various vaccines.
    - Discuss the necessary health maintenance procedures at various ages, e.g., hearing screening and vision screening, TB screening, lead screening, etc.
    - Discuss the significance of deviations in recorded growth from the standard growth curves.
    - Discuss common parental concerns at specific ages including feeding problems, colic, temper tantrums, constipation, and the risk factors for sudden infant death syndrome (SIDS).
    - Discuss and create a health and safety plan for the child and family.
    - Discuss how to recognize variations in development that require further or continuing attention.
  18. Exhibit integrity, accountability, and a commitment to excellence in the treatment of pediatric patients.

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19. Demonstrate appropriate professional demeanor, ethics, and respect for patient confidentiality.
20. Identify errors and assume accountability in order to be able to make appropriate corrections.
21. Provide rationale for clinical decision making in the delivery of health care.
22. Communicate in a patient centered and culturally sensitive manner to accurately obtain, interpret, and utilize subjective information.
23. Demonstrate professionalism at all times in patient/colleague interactions such as in dress, demeanor, attendance, and participation.
24. Review and expand core knowledge by reading suggested/ recommended textbooks, journal articles and/or other medical literature resources for optimal delivery of care in the pediatric clinical setting.
25. Locate, appraise, and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care.
26. Apply medical standards and clinical practice guidelines appropriately to clinical cases in the pediatric setting.
27. Identify cost effective healthcare and resource allocation strategies that align with quality patient care.
28. Partner with supervising preceptor and other members of the healthcare team to deliver effective healthcare such as: utilizing health care technology, providing clinical reasoning for interventions, assessing patient outcomes, improving the delivery and effectiveness of healthcare.
29. Advocate for and assist patients in obtaining resources (case management, referrals, financial aid etc.) to improve patient compliance and outcomes.

III. COURSE PREMISE, PHILOSOPHY, AND METHODOLOGY:

- A. This course is a five week supervised clinical practice experience in pediatrics and is designed to provide exposures to infant, child, and adolescent patients, and include management of acute and chronic conditions as well as opportunities to provide preventive care and patient education. Unique opportunities to be an integral part of a multidisciplinary team are expected. Education may occur in varied clinical settings and is designed to provide encounters necessary to acquire the requisite competencies of a practicing physician assistant.

IV. OUTLINE OF TOPICS TO BE COVERED:

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- A. Students are responsible for the topics covered in the PAEA EOR Topic list for Pediatrics. See attached appendix.

V. RESOURCES:

A. REQUIRED TEXTBOOKS:

- i. Hay, Jr. William W., et al (2018) CURRENT Diagnosis and Treatment Pediatrics (24e)

VI. METHODS OF STUDENT EVALUATION/ASSESSMENT: Student success in the course will be determined based on their performance on the following assessment methods:

A. Formal:

1. End-of-Rotation Examination (EOR): At the end of each core rotation, students are required to complete a comprehensive exam on the knowledge and skills they acquired on that rotation. Students failing to achieve a first time pass rate are required to take a second EOR to earn a passing score. The EOR grading scale is based on the SD from the national mean. The End of Rotation exam must be passed for successful completion of the course, thus providing sufficient stopgaps that will require students to remediate the course if the EOR is not successfully passed. The scale is as follows:

+1.5 SD = 100%

+ 1 SD = 95

+0.5 SD = 90%

National Mean = 85%

-0.5 SD = 80%

- 1 SD = 75%

-1.5 SD = 70%

- o If the student scores < 80% on an EOR exam, he/she must create a self study guide for the missed PAEA EOR content using the High Yield Topic Outline format for each topic.
  - o If a student scores < 70% on the EOR, the student must retake the EOR and achieve a score of 70% or greater to pass the course. If the student fails to score a 70% on the EOR re-take, then the student must repeat the entire clinical course/rotation.
  - o Remediation activities may also include written assignments, additional PANCE review questions, case studies, oral presentation, simulation exercises, OSCEs, or retake of the written exam.
2. End of Rotation Preceptor Evaluation of the Student: This evaluation is part of the Student Clinical Performance Evaluation Form. The end-of-rotation evaluation, or final evaluation, is a summative assessment of the student's performance using the Student Clinical Performance Evaluation Form. It is a required assessment of the

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student from the preceptors to help demonstrate that student learning objectives are being met at the end of each rotation. This evaluates the student's general performance, ability to meet student learning objectives, and demonstration of professional values at the SCPE site.

3. Written Assignment: The student must complete and submit a **Well Child SOAP** note. The student will be provided a rubric on Canvas.
4. Assignments:
  - Mid-rotation Preceptor Evaluation of the Student: This evaluation is part of the Student Clinical Performance Evaluation Form. The mid-term evaluation is a formative assessment completed using the Student Clinical Performance Evaluation Form that allows the student to discuss their performance half way through each clinical rotation. The mid-term evaluations are required from the preceptors to help demonstrate that course objectives are being met. This allows the program to address deficiencies in a timely manner. If a student is scored at a '3' or below, the student must email the DCE within 48 hours of the evaluation so that any remediation can be initiated. The preceptor evaluates the student based on student learning objectives specific to each individual course. The mid-rotation evaluation form is completed by the preceptor. This form allows for dialogue with the preceptor regarding the student's performance, up to this point and if the student was prepared for the rotation. It provides guidance for the student on areas that need to be improved.
  - Student Evaluation of the Rotation: The student evaluates the preceptor, clinical site, and course after each rotation. The evaluation is used to ensure that the supervised clinical practice experience is continuing to satisfy learning outcomes and maintain safety of the rotation.
  - Rotation Specific Skills Checklist: This is a formative assessment of the students' clinical and technical skills. The preceptor indicates proficiency by initialing by the procedure that has been performed.
  - Kaplan: The student will complete two, 60 question Kaplan tests, in test mode, during the rotation. The first test will be due by Wednesday of week three, and the second test will be due by Wednesday of week 5.
  - Patient Encounter Tracking Data: The student will document all patient encounters in CORE, a software system that tracks demographics, conditions, diagnostic codes, etc.
    - Patient logs should be entered daily, and students should log every patient encounter.
  - Clinical hours: The student will document all clinical experience hours in CORE. The student is required to

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document at least 1,200 clinical hours by the end of the clinical year.

- Morning Report: Each week on Tuesday and Thursday during the Pediatric rotation, Dr. Adam Scott (pediatric preceptor) will host a google meet session for pediatric morning report. All students will rotate through presenting a pediatric case at least once throughout the 5 week rotation. During weeks when the student is not assigned to present, he/she will be required to attend the call and participate in group discussion of the case presentation.

B. Informal Assessment:

- i. Students are expected to exhibit professional behavior in areas of ongoing professional development, attendance and punctuality, communication, attire, respect and cultural intelligence, critical curiosity and reflection. The professionalism rubric delineates expectations and consequences of behavior which does not meet expectations within this course. More severe consequences may be necessary for instances of serious professionalism infractions or persistent unprofessional behavior. All students are encouraged to refer to the College of Health Sciences handbook's Student Conduct policy (linked below) for a comprehensive understanding of potential actions and measures in response to such behavior. This policy outlines the steps to be taken and emphasizes the significance of upholding professionalism standards within the College of Health Sciences.

1. [CHS Graduate Student Handbook](#)

- ii. NO late assignments will be accepted in the clinical year. Any assignments not turned in by their due date will result in a zero.
- iii. Repeat late assignments will result in a zero and professionalism infraction.
- iv. Any documents uploaded for an assignment must be scanned. Pictures taken of documents will not be accepted. Submissions submitted in any other format on the due date will be considered a zero.

- 1. There are a number of free apps that will scan documents.

VII. COURSE GRADING: Students must achieve a course grade of 80% or higher overall to pass the course.

A: 90-100%  
B: 80-89.9%  
C: 70-79.9%  
D: 60-69.9%  
F: < 59.9 %

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Successful graduation is dependent on passing all courses in the Physician Assistant Studies Program with a final grade of 80% and above in all didactic and clinical year courses. However, a student will be allowed to receive two final grades of a “C” (70-79%) and still be allowed to progress in the program without delay in graduation. A student receiving a final course grade of “D” or below in didactic or clinical year will be automatically dismissed by the program. A student receiving a third final course grade of a “C” in didactic or clinical year will be automatically dismissed by the program. Note: There is no rounding of final course grades. Final course grade values with decimal points will be truncated to the whole number, for instance, a 72.2 will reflect as a 72 and a 72.9 will also reflect as a 72.

COMPONENT	%
End-of-Rotation Examination	65
End of Rotation Preceptor Evaluation of the Student	15
Written Assignment	10
Assignments	10
Totals	100

VIII. COURSE CALENDAR: See clinical rotation schedule. Students will be expected to work shifts that align with the preceptor's schedule.

IX. COURSE DIRECTOR CONTACT INFORMATION

Name: Nathan Stanton, MS, PA-C, ATC

City: Montgomery

Office Location: HSC 1430

Access Hours: M-F 8-5

Phone: 334-386-7335

Email: [nstanton@faulkner.edu](mailto:nstanton@faulkner.edu)

Response Time to Grading: Will return graded assignments within seven (7) working days from the due date.

Response Time to Emails: Will respond to pertinent course related emails within 2 working days.

X. ACADEMIC POLICIES

Refer to the PA Student Handbook, as well as general Faulkner publications, for a list of all policies.

1. Attendance and Professionalism: While on rotations, the student is expected to be an attentive, active participant as well as cordial, courteous, and respectful to preceptors, ancillary staff, and fellow students. Active participation is expected and will be notated during the evaluation. The operation of cell phones or other electronic devices must be limited to an inaudible mode so as

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not to disrupt patients or staff. If the student is consistently late for a rotation points may be deducted from the final evaluation for acting in an unprofessional manner.

2. A specific note related to the use of technology within this program is provided here for reference:
  - A. Use of technology in the classroom: Student use of cell phones, messaging devices and other technology and/or electronic devices (for example, but not limited to: recording devices, music players, PDAs, computers) is prohibited in classes unless specifically permitted by the instructor, and at public events (for example, but not limited to: concerts, convocations, theater productions, lectures) unless specifically permitted by the event sponsor.
  - B. Electronic Mail: Email is the official form of communication at Faulkner University. Every Faulkner student is assigned an email account. Students are required to read their Faulkner email every day and to maintain an email mailbox that is not “full,” to accept incoming emails. The School does not use personal email accounts to communicate with enrolled students. Just as the instructor has provided a response time to emails, the student is expected to respond to emails in a timely manner. Emails should be checked daily (multiple times a day) in order to ensure students are receiving all communications.
  - C. Canvas: All quizzes and many exams will be administered via Canvas, the University’s Learning Management System (LMS). Students should be proficient in the use of Canvas. If issues are experienced, the student may contact Faulkner Online’s Educational Technology Specialist for assistance.
  - D. Other classroom technology: Many classes utilize technological study tools (e.g. CORE, Kaplan). All students should become familiar with these platforms and use them during the course.

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**Pediatrics End of Rotation™**  
**EXAM TOPIC LIST**

**DERMATOLOGY**

Acne vulgaris	Lice
Androgenetic alopecia	Lichen planus
Atopic dermatitis	Pityriasis rosea
Burns	Scabies
Contact dermatitis	Stevens-Johnson syndrome
Dermatitis (diaper, perioral)	Tinea
Drug eruptions	Toxic epidermal necrolysis
Erythema multiforme	Urticaria
Exanthems	Verrucae
Impetigo	

**ENOT/OPHTHALMOLOGY**

Acute otitis media	Mastoiditis
Acute pharyngotonsillitis	Oral candidiasis
Allergic rhinitis	Orbital cellulitis
Conjunctivitis	Otitis externa
Epiglottitis	Peritonsillar abscess
Epistaxis	Strabismus
Hearing impairment	Tympanic membrane perforation

**INFECTIOUS DISEASE**

Atypical mycobacterial disease	Mumps
Epstein-Barr disease	Pertussis
Erythema infectiosum	Pinworms
Hand-foot-and-mouth disease	Roseola
Herpes simplex	Rubella
Influenza	Varicella infection
Measles	

**PULMONOLOGY**

Acute bronchiolitis	Foreign body
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Asthma  
Croup  
Cystic fibrosis

Hyaline membrane disease  
Pneumonia (bacterial, viral)  
Respiratory syncytial virus

### CARDIOVASCULAR

Acute rheumatic fever  
Atrial septal defect  
Coarctation of the aorta  
Hypertrophic cardiomyopathy  
Kawasaki disease

Patent ductus arteriosus  
Syncope  
Tetralogy of Fallot  
Ventricular septal defect

### GASTROINTESTINAL/NUTRITIONAL SYSTEM

Appendicitis  
Colic  
Constipation  
Dehydration  
Duodenal atresia  
Encopresis  
Foreign body  
Gastroenteritis  
Gastroesophageal reflux disease  
Hepatitis  
Hirschsprung disease

Inguinal hernia  
Intussusception  
Jaundice  
Lactose intolerance  
Niacin deficiencies  
Pyloric stenosis  
Umbilical hernia  
Vitamin A deficiency  
Vitamin C deficiency  
Vitamin D deficiency

### NEUROLOGY/DEVELOPMENTAL

Anticipatory guidance  
Down syndrome  
Febrile seizure  
Immunization guidelines  
Meningitis

Normal growth and development  
Seizure disorders  
Teething  
Turner syndrome

### PSYCHIATRY/BEHAVIORAL MEDICINE

Anxiety disorders  
Attention-deficit/hyperactivity disorder  
Autism spectrum disorder  
Child abuse and neglect

Disruptive, impulse-control, and conduct disorders  
Feeding or eating disorders  
Suicide  
Depressive disorders

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#### ORTHOPEDICS/RHEUMATOLOGY

Avascular necrosis of the proximal femur	Nursemaid elbow
Congenital hip dysplasia	Osgood-Schlatter disease
Juvenile rheumatoid arthritis	Scoliosis
Neoplasia of the musculoskeletal system	Slipped capital femoral epiphysis

#### ENDOCRINOLOGY

Diabetes mellitus	Hypothyroidism
Hypercalcemia	Obesity
Hyperthyroidism	Short stature

#### HEMATOLOGY

Anemia	Lead poisoning
Bleeding disorders	Leukemia
Brain tumors	Lymphoma
Hemophilia	Neutropenia

#### UROLOGY/RENAL

Cryptorchidism	Hypospadias
Cystitis	Paraphimosis
Enuresis	Phimosis
Glomerulonephritis	Testicular torsion
Hydrocele	Vesicourethral reflux

\*\*Updates include style and spacing changes and organization in content area size order. No content changes were made.

#### DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience; they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.