AMBULATORY PEDIATRICS CLERKSHIP

Student Orientation & Expectations Guide

Welcome.
This is a hands-on, high-yield ambulatory experience built around thoughtful patient care, concise clinical reasoning, and compassionate communication with children and families.

MON	TUE	WED	THU	FRI
Dr. Wheaton	Dr. Wheaton	Dr. Borup	Dr. Lyons*	Dr. Wheaton

* Thursday assignment is tentative.

Primary preceptor Michael Wheaton, MD

Appointments are typically 10-20 minutes. Most teaching happens in the flow of patient care.

Welcome to the clinic

Our goal is to help you become more confident evaluating children, communicating with families, and making thoughtful clinical decisions - regardless of the specialty you ultimately pursue.

Clinical skills

Gather an age-appropriate history, perform focused and comprehensive exams, and interpret growth and development.

Clinical reasoning

Build a differential, explain the evidence for your assessment, and propose a safe, practical plan.

Preventive care

Apply immunization, screening, anticipatory guidance, and risk assessment to well-child care.

Communication

Adapt your approach for infants, children, adolescents, caregivers, and confidential care.

How this clinic works

This is a busy outpatient practice with predominantly preventive visits, plus acute illness, behavioral concerns, and chronic conditions. You will not lead every encounter. We will select patients based on educational value, readiness, appointment length, patient preference, and clinic flow.

You are not expected to know everything. You are expected to be curious, think independently, recognize uncertainty, and seek guidance when needed.

THREE QUESTIONS TO CARRY INTO EVERY WELL VISIT

1. Is this child growing and developing appropriately?
2. Are there health, developmental, behavioral, or psychosocial concerns?
3. What preventive care and anticipatory guidance matter most today?

Your role: graduated participation

Responsibility grows as your comfort and competence develop. Your preceptor remains responsible for all clinical decisions and patient care.

01	Observe & participate Watch workflow; perform portions of the exam; review growth charts and screening; identify one learning point.
02	Focused evaluation Obtain a focused history and exam; organize key findings; present your assessment before the preceptor completes the visit.
03	Student-led encounter Conduct a fuller visit; propose an assessment and plan; practice counseling under direct supervision.

The 60-90 second presentation

OPEN	Age + reason for visit
HISTORY	Key symptoms, relevant context, pertinent positives/negatives
FINDINGS	Important exam, growth, and screening results
THINK	Clinical impression + focused differential when appropriate
PLAN	Evaluation, treatment, counseling, follow-up, and safety net

Be ready to answer: What do you think is happening? What findings support it? What would you recommend, and why? We value your reasoning process as much as the final answer.

Well-child learning map

A well-child visit is a clinical assessment, not simply a checklist. Use each age to practice growth interpretation, developmental surveillance, risk assessment, preventive care, and counseling.

NEWBORN - 2 MO	Feeding, weight gain, jaundice, newborn screening, safe sleep
4 - 6 MO	Developmental milestones, feeding progression, immunizations
9 - 12 MO	Motor and language development, nutrition, screening as indicated
15 - 24 MO	Language, autism screening, behavior, toddler nutrition
3 - 5 YR	School readiness, development, vision, hearing, safety
6 - 11 YR	Growth, healthy habits, school performance, attention concerns
12 - 18 YR	Puberty, confidentiality, psychosocial and mental health screening, risk reduction

Look beyond the checklist

Ask what is normal for this age, what is changing, what risks are present, what the family is worried about, and which counseling point is most likely to help today.

Use current sources

Use current AAP guidance, current immunization recommendations, UpToDate, and your medical school clerkship materials. Local policy and supervising physician direction govern all patient care.

Pediatric Pearls

Use these prompts to structure each encounter while adapting to the child's developmental stage, the family's priorities, and clinic flow.

Well-child visit

INTERVIEW	Begin with concerns. Ask the child and caregiver what they most want addressed today.
SLEEP	Ask about routine, duration, night waking, sleep environment, snoring, and daytime effects.
ELIMINATION	Ask about stooling and urination patterns, toilet learning, constipation, pain, accidents, and caregiver concerns.
ORAL HEALTH	After 12 months, ask about tooth brushing, fluoride exposure, dental care, and bedtime feeding habits.
BEHAVIOR	At 18 months and older, ask about tantrums. Explore triggers and caregiver responses; reinforce calm, consistent, developmentally appropriate limits.

Developmental milestone checkpoints

Review age-appropriate milestones at each checkpoint. Ask about caregiver concerns, observe the child, review screening results when available, and address every concern with the supervising physician.

2 mo	4 mo	6 mo	9 mo
12 mo	15 mo	18 mo	24 mo
30 mo	36 mo	4 yr	5 yr

Sick visits: match the approach to the child

Infants & toddlers

Interview the caregiver. Engage the child gently, observe before touching, and use an age-appropriate, least-disruptive examination sequence.

Preschool through adolescence

Begin the interview with the child or adolescent, then invite the caregiver to add context. Complete the exam, form an assessment, and propose a plan.

Always close the loop: summarize the concern, state your assessment, explain the plan in plain language, confirm understanding, and identify follow-up or return precautions.

Health Supervision & Anticipatory Guidance

Health supervision combines purposeful screening with practical counseling that supports healthy growth and development, anticipates normal transitions, and helps families prevent avoidable harm.

Nutrition: obtain an age-appropriate dietary history

INFANT	Identify at least two benefits of breastfeeding; counsel families not to begin solid foods before about 4-6 months; address an appropriate vitamin or mineral supplementation principle.
TODDLER	Discuss transition away from bottle feeding, limit sugary drinks, and ask specifically about milk intake.
PRESCHOOL & SCHOOL AGE	Counsel on at least one healthy eating principle, such as limiting sugary drinks and highly processed snacks while encouraging fruits and vegetables.

Immunizations

Ask about and review the immunization record. Discuss the benefits and potential risks of routine immunizations, and use respectful, evidence-based communication when families express hesitancy.

Personal safety & injury prevention

- Motor vehicle safety
- Safe sleep position and location
- Falls and burns
- Poisoning prevention
- Fire safety
- Choking prevention
- Water safety
- Bike and scooter safety
- Firearms and weapons
- Age-appropriate supervision

Minimum achievement

- Address at least two age-appropriate safety concerns during a health maintenance visit.
- Counsel families to store medicines, chemicals, and other potential toxins securely using cabinet locks and safety caps when appropriate.
- Explain what to do after a possible toxic exposure, including calling Poison Control in the United States at 1-800-222-1222.

Clinic goal: Connect guidance to the child in front of you. Prioritize the two or three recommendations most relevant to the child's age, risks, and family concerns.

Adapted from the University of Washington Pediatrics Goals and Objectives. Follow current AAP guidance, local policy, and supervising physician direction.

Growth, Development & Behavior

Growth and development are vital signs of child health. Interpret them in context, look for patterns over time, and treat caregiver concerns as meaningful clinical data.

Growth assessment

MEASURE	Obtain accurate length or height, weight, head circumference when age-appropriate, and body mass index when indicated.
PLOT	Use the appropriate standard growth chart and verify age, sex, units, and plotted values.
INTERPRET	Recognize normal patterns and concerning changes in percentile, velocity, proportionality, or head growth.
RECHECK	If data appear abnormal, repeat the measurement and recheck the plot before drawing conclusions.

Developmental domains

Psychosocial	Language	Physical maturation
Motor	Cognitive	Behavior & context

Minimum achievement

- Describe at least one patient-specific observation in each developmental domain.
- Demonstrate a developmentally appropriate examination and recognize at least one sign of puberty when relevant.
- Identify common behavioral concerns, such as sleep difficulty or restrictive eating, using the history and examination.
- Identify psychosocial factors that may affect health, including limited family resources, stress, safety, or access to care.
- When a concern arises: clarify it, review screening and trajectory, discuss it with the preceptor, and make a follow-up plan.



Clinical habit: Interpret growth data and observe development during every physical examination - not only during designated well-child visits.

Adapted from UW Pediatrics objectives: Growth and Development and Behavior.

Care at Two Distinct Stages

Newborns and adolescents require different interviewing, examination, privacy, and anticipatory-guidance skills.

Adolescent care

INTERVIEW	Attempt to meet privately for part of the visit. Explain confidentiality and its safety limits. Use HEADSS, SSHADESS, or another structured psychosocial history; screen at least two risk-taking behaviors.
EXAM	Protect privacy and modesty, use appropriate draping, and identify when a chaperone is needed. With supervision, assess sexual maturity rating when clinically indicated and describe scoliosis assessment.
GUIDANCE	Offer practical preventive counseling on nutrition, exercise, sexuality, substance use, mental health, relationships, and safety as relevant.

Newborn care

History & guidance
- Feeding plan, duration, frequency, and volume
- Urine and stool output
- Jaundice and signs of illness
- Safe sleep and smoke exposure
- Rear-facing car seat and seating location

Prevention & follow-up
- Hepatitis B vaccine and vitamin K
- Hearing and newborn screening
- Follow-up care plan
- At least two reasons to call the clinician
- Nonjudgmental support for feeding decisions

Examination goal: Perform a complete newborn examination using a calm, warm, least-disruptive sequence and the clerkship physical-examination materials.

Adapted from UW Pediatrics objectives: Issues Unique to Adolescents and Newborn Care.

Fluids, Electrolytes & Pediatric Therapeutics

Pediatric fluid and medication decisions must be scaled to the individual child. Show your work, verify units, state assumptions, and reassess after treatment.

Assess volume status

HISTORY	Ask about oral intake, urine output, stool or emesis losses, duration of illness, and relevant baseline conditions.
EXAM	Assess at least two examination findings and one vital sign relevant to perfusion and hydration.
SEVERITY	Integrate appearance, mental status, mucous membranes, tears, pulses, capillary refill, respiratory pattern, weight change, and urine output.

Fluid management skills

- Calculate maintenance fluid requirements correctly using weight or body surface area and choose the appropriate water, sodium, glucose, and other additives.
- For supervised volume expansion, recognize isotonic fluid at 10-20 mL/kg as a common rescue-bolus range, with patient-specific judgment and reassessment.
- Choose an appropriate oral rehydration solution for mild to moderate volume depletion and explain how it should be given.
- Reassess clinical status after every intervention and revise the plan as needed.

Medication management

Calculate safely

Identify weight- or body-surface-area dosing for common pediatric medications. Confirm the child's current weight, dose units, concentration, and adult maximum.

Write completely

Include medication, formulation, dose, route, frequency, duration, quantity, and clear caregiver instructions. Verify calculations with the preceptor.

Safety rule: All fluid calculations, medication doses, prescriptions, and treatment decisions require supervising-physician review before implementation.

Adapted from UW Pediatrics: Fluid/Electrolyte Management and Pediatric Therapeutics.

The Acutely Ill Child & Clinical Reasoning

Children can compensate and then deteriorate quickly. Begin with appearance, breathing, circulation, mental status, and age-appropriate vital signs before narrowing the diagnosis.

CIRCULATION	Recognize tachycardia or bradycardia, weak pulses, prolonged capillary refill, cool extremities, and other signs of impaired perfusion.
BREATHING	Recognize retractions, tachypnea, apnea, cyanosis, abnormal effort, and signs of respiratory fatigue or failure.
MENTAL STATUS	Use behavior and responsiveness as illness markers: calm, fussy, inconsolable, agitated, somnolent, or obtunded.
APPEARANCE	Notice interaction, tone, cry, strength, color, and whether the child looks alert, weak, floppy, or toxic.

ACUTE	URGENT	EMERGENT
Needs timely assessment and treatment.	Needs accelerated evaluation, monitoring, or intervention.	Threat to airway, breathing, circulation, or neurologic status; escalate immediately.

A repeatable approach to common problems

1. Identify the essential clinical features and red flags.
2. Explain the expected natural history.
3. Stratify the differential from dangerous to common to less likely.
4. Formulate an evidence-based diagnostic and therapeutic approach.
5. Adapt the presentation, differential, testing, and treatment to the child's age and developmental stage.

Escalate early: If a child appears unstable or concerning, pause the routine workflow and immediately involve the supervising physician and clinical team.

Adapted from UW Pediatrics: Assessment of the Acutely Ill Child and core medical knowledge objectives.

A strong day in clinic

These are educational targets, not rigid quotas. Patient care, consent, safety, and clinic flow always come first.

- Arrive on time, ready to begin patient care.
- Review the schedule and identify learning opportunities.
- Introduce yourself as a medical student and obtain permission to participate.
- Complete at least two focused histories and examinations when feasible.
- Present at least two patients with an assessment and proposed plan.
- Interpret a growth chart or developmental screening result.
- Participate in supervised counseling with a child, adolescent, or caregiver.
- Identify one clinical question to review and seek feedback.

Teaching on the go



Commit. What do you think is going on?
Support. What findings support your assessment?
Plan. What would you recommend?
Reflect. What is one thing you learned?

Feedback

Feedback will be brief, frequent, and actionable. We will focus on knowledge and reasoning, history and examination skills, presentations, communication, professionalism, teamwork, and progress toward independence.

Ask regularly: "What is one thing I should keep doing, and one thing I should change on the next patient?" Share your personal learning goals early so we can shape opportunities around them.

Professionalism & patient trust

- Protect confidentiality and discuss patients only in appropriate clinical settings.
- Use developmentally appropriate, respectful, and inclusive language.
- Recognize the special importance of adolescent privacy and confidentiality within legal, institutional, and safety limits.
- Treat every team member as a partner in patient care.
- Be flexible when patient needs or clinic workflow change.
- Do not place orders, finalize documentation, or give unsupervised recommendations outside supervising physician and institutional requirements.
- State uncertainty clearly and ask for help early.

What success looks like

Curious	Shows genuine interest in patients, families, and the "why" behind care.
Prepared	Arrives ready, reviews the schedule, and takes appropriate initiative.
Thoughtful	Develops an assessment instead of only reporting facts.
Self-aware	Recognizes limitations and asks for help appropriately.
Compassionate	Communicates clearly with children, adolescents, caregivers, and staff.
Growth-minded	Seeks feedback, applies it, and improves across the week.

WELCOME TO PEDIATRICS

Be engaged. Think aloud. Care deeply. Ask for feedback.

My two learning goals

1. _____

2. _____