

**MED 6004–Pediatrics II**

Course Name	Code	Semester	Type of course	Theory (hours)	Group work (hours)	ECTS
Pediatrics II	MED 6004	XII	Mandatory	35	66	7
<b>Faculty, the educational program and education level</b>	Faculty of Medicine, one-cycle Educational Program “Medicine”					
<b>Author (s)</b>	<p><b>Ivane Chkhaidze</b>–Professor, Doctor of Medicine            Mob.tel.: 577 41 89 12; e-mail: ivane <a href="mailto:ch@internet.com">ch@internet.com</a></p> <p><b>Esra Kezer</b> –invited teacher            Mob.tel.: 0532 687 31 24; e-mail: esra keze@yahoo.com</p> <p><b>Maia Makalatia</b> –Assistant Professor            Mob.tel.: 599 29 25 52; e-mail:maiamakalatia@yahoo.com</p> Consultation day and time - individually					
<b>Educational course format</b>	Lecture Group Work					
<b>Educational course Loading</b>	<p><b>Total:</b> 210 hours  <b>Contact hours:</b> 105 h</p> <ol style="list-style-type: none"> <li>Lecture – 35 h</li> <li>Team work – 66 h</li> <li>Midterms – 2 h</li> <li>Final exam -2 h</li> </ol> <p><b>Independent work</b> – 105 h</p>					
<b>Prerequisites</b>	MED 4001 - Pediatrics I					
<b>The purpose (s) of tutorial course/modules</b>	<p>The 6<sup>th</sup> year pediatric study program provides extensive clinical experience with diseases of infants, children, and adolescents, as well as with normal infants and children. Patients are seen in a variety of clinical settings, including the newborn nursery, the pediatrics inpatient units, and a variety of outpatient settings as well as in the emergency room. Normal processes of growth and development are emphasized, and diseases are approached within this frame of reference. The student will develop necessary skills in the evaluation and management of infants and children, and will gain an understanding of the attitudes and approaches of pediatric medicine that are intended to foster optimal physical and psychosocial development of the child.</p> <p>During study students are exposed to both ambulatory and inpatient pediatric care. The student inpatient experience often focuses on children with more severe or chronic diseases. Education about health maintenance; disease prevention; common illnesses; focused interviewing; and clinical problem-solving; as well as knowledge of community resources is provided by using community-based general pediatrics office experiences.</p>					

<p><b>Teaching and learning methods</b></p>	<p>Lecture  Discussion  Question and Answer  Observation  Group Work  Role Play  Preparing and/or Presenting Reports  Demonstration  Drill and Practice  Problem Solving  Interaction with patients and pediatricians in clinics and on wards  Histories and physical examinations on patients (inpatients / outpatients)  Case presentations on histories and physical examinations  Participation in small group discussions with regards to:</p> <ul style="list-style-type: none"> <li>• differential diagnosis formulation with respect to system or symptom based complaints</li> <li>• generation of appropriate initial investigations with respect to system or symptom based complaints</li> <li>• verification of physical findings at the bedside in small groups</li> </ul> <p><b>Consultation</b> –individual support work with students (weekly)</p>
<p><b>Assessment criteria</b></p>	<p><b>Maximum score- 100</b>, that includes:</p> <ol style="list-style-type: none"> <li><b>1. Midterm assessment -60 scores:</b> <ul style="list-style-type: none"> <li>• Attendance -10 scores;</li> <li>• Activity – 10 scores:</li> <li>• Discussion – 10 scores;</li> <li>• Role-playing games -10 score</li> <li>• <b>Midterm Exam – 20 scores</b></li> </ul> <p>The final score for Group work activity is calculated by the arithmetic average.</p> <p style="text-align: center;"><b>Group Work Assessed Based on the Following Criteria</b> (maximum 10scores)</p> </li> </ol> <p><b>10 scores-</b> Student has been able to present complete and thorough knowledge of the subject, a substantial amount of detailed and relevant information. Demonstrate considerable depth of understanding of the studied main and additional literature. Bring forward a balanced view of the main arguments on the issues.</p> <p><b>9 scores</b> - Student has been able to bring forward a consistent number of deductions on most of the topics tackled. make very good comments on the different perspectives on most of the issues. Demonstrates knowledge of the main readers.</p> <p><b>8 scores</b> - Student has been able to bring forward a consistent knowledge, Has properly developed terminology. Demonstrates knowledge of the main readers.</p> <p><b>7 scores</b> - Student has been able to present some factual information sufficiently linked with the topic. demonstrate a good understanding of the topics selected. make a good attempt to bring forward a balanced view of some arguments on the issues. Terminology is partially developed.</p> <p><b>6 scores</b> - Student has been able to make some good comments on the different perspectives on some of the issues. Make poor deductions on most of the topics tackled. analyse some causes and results of human interactivity related to the issues.</p>

**5 scores** - Student has been able to demonstrate inconsistent comments on the different perspectives on some of the issues. Terminology is partially developed. Present mediocre level of knowledge. Make poor deductions.

**4 scores** - Student demonstrates general overview of the topics. Terminology is not developed. Information sufficiently linked with the topic. Demonstrate irrelevant understanding of the literature.

**3 scores** - Student demonstrates general/superficial and inconsistent knowledge of the subject. No sufficient knowledge of the literature.

**2 scores** - Student demonstrates general comments, no knowledge of the terminology, no consistency.

**1 score** - Student demonstrates insufficient answer, not terminology awareness, chronologic manner of the answer, mostly wrong, no knowledge of literature.

**0 score:** Student demonstrates not even elementary knowledge of the topics.

**Role playing games (10 scores):**

1. Ability of verbal communication – 2 scores;
2. Ability of nonverbal communication - 2 scores;
3. Diagnostics test choosing – 2 score;
4. Data interpretation – 2 score,
5. Ability of knowledge applying for the medical problem decision- 2 scores;

**Abstract preparation and presentation's criteria (10 scores - max.):**

1. Actuality of appointed problem – 1 score;
2. Academic content - 1 score;
3. Literature data's observation in the frame of subject -1score;
4. Correspondence between the research methods and research purpose -1 scores;
5. Coherence of argumentation- 1 score;
6. Correctness of conclusion and the connection with the main text - 1 score;
7. The presented matter's visual and technical aspects - 1 score;
8. Debating and listening culture - 1 score;
9. Accuracy and reliability of indicated references and literature sources – 1 score;
10. Proper language and speaking style – 1 score.

**Midterm Exam – 20 scores**

(Written test -40 questions, 0,5 score for each)

Minimal score of midterm assessment (for final exam) – is 11; to take in account that student will receive the maximum score at the final exam.

**Final Exam -40**

Is held in the written test form (test consists of 80 questions, each question is rated as 0,5 score).

The final exam would accounted as passed in case of maximum 70% or more ( $40 \times 70 / 100 = 28$  scores).

Credit will be given to the student if he has collected at minimum 51 scores out of 100.

The students' assessment has to be done in the following way:

**Positive rate:**

- (A) Excellent- 91 or more scores;
- (B) Very Good- 81-90 scores;
- (C) Good- 71-80 scores;

	<p>(D) Satisfactory- 61-70 scores;  (E) Enough- 51-60 scores; (FX) Failure - 41-50 scores,  <b>Negative rate:</b>  (FX) Failure - 41-50 scores, which means that a student needs to work more and an independent and considerable further work is required to pass the exam once again to be re-awarded;  (F) Fail - 40 scores or less, which means that the student's diligence is not sufficient and student has to learn the subject all over again.  The student can pass the additional exam during the same semester.  The time interval between the final and the additional exams should be not less than 10 days.</p>
<b>The basic literature</b>	<ul style="list-style-type: none"> <li>• <b>Edited by:</b> Mary Rudolf, Malkolm Levene Pediatrics and Child Health, Blackwell Publishing, II, 2006;</li> <li>• Roy Meadow Simon Newell, Pediatrics, Blackwell Publishing, VII, 2002</li> <li>• Kliegman, Stanton, St. Geme, Schor and Behrman (2011). Nelson Textbook of Pediatrics, 19th Edition. Elsevier Saunders; ISBN: 978-1-4377-0755-7.</li> </ul>
<b>The auxiliary literature</b>	<ul style="list-style-type: none"> <li>• Richard J.Martin, Avroy A.Fanaroff, Michele C.Wash Fanaroff and Martin's Neonatal-Perinatal Medicine Disease of Fetus and Infants (Volume I, II), Elsevier Mosby, VIII 2012;</li> <li>• Praveen Khilnani Practical Approach to Pediatric Intensive care, Jaypee Brothers Medical Publishers (P) LTD, II, 2009</li> </ul>

#### The tutorial/training course content

Nº	Subjects	Lecture (hour)	Work in group (hour)
1	COMMON ACUTE PEDIATRIC ILLNESSES: List the age appropriate differential diagnosis for pediatric patients presenting with each of the following symptoms: Abdominal pain; Cough and/or wheeze; Diarrhea; Fever and rash; Fever without a source; Headache; Lethargy or irritability; Otagia; Rash; Rhinorrhea; Seizures; Sore throat; Vomiting.	5	10
2	COMMON CHRONIC ILLNESS AND DISABILITY: Clinical features of chronic medical conditions seen in children such as: asthma; atopic dermatitis; cerebral palsy; diabetes mellitus; epilepsy; malignancy (e.g. acute lymphocytic leukemia and Wilms tumor); obesity; seasonal allergies; sickle cell disease. How chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning. The impact that chronic illness has on the family's emotional, economic and psychosocial functioning.	5	8
3	PEDIATRIC EMERGENCIES: Airway Obstruction/Respiratory distress; Altered mental status (Delirium/lethargy); Apnea; Ataxia; Gastrointestinal bleeding; Injuries and accidents; Seizures; Shock, Child Abuse.	5	10
	<b>Midterm Exam</b>		2

4	COMMON PEDIATRIC RESPIRATORY ILLNESSES: Allergic rhinitis; Bronchiolitis; Nosocomial pneumonia; Cystic fibrosis; Croup; Gastroesophageal reflux (GERD); Laryngomalacia and tracheomalacia; Pertussis; Tuberculosis; Peritonsillar abscess; Mastoiditis.	5	8
5	COMMON PEDIATRIC GI ILLNESSES: Constipation/encopresis; Cholecystitis; HP Gastritis; Inflammatory bowel disease; Pancreatitis; Peptic ulcer disease; Celiac Disease; Clostridium difficile infection; Malabsorption; Hepatitis.	5	10
6	COMMON PEDIATRIC SYSTEMIC ILLNESSES: Systemic vasculitis; Sarcoidosis; Metabolic syndrome; AIDS; Systemic lupus erythematosus, Guillain-Barré syndrome; Kawasaki disease; Juvenile Rheumatoid Arthritis; Familial Mediterranean Fever.	5	10
7	COMMON PEDIATRIC GENETIC AND METABOLIC ILLNESSES: Down Syndrome; Turner Syndrome; CHARGE Syndrome; Cornelia De Lange Syndrome; Osteogenesis Imperfecta; Klinefelter Syndrome; Gaucher disease, Phenylketonuria, Galactosemia.	5	10
	<b>Final Exam</b>		2

### Learning Outcomes

Criteria	Subject Specific Competences
<b>Knowledge and understanding</b>	Students will be able to: elicit an accurate history and perform an age-appropriate, complaint-specific physical exam on pediatric patients, using an organized, respectful approach, and minimizing patient discomfort; to construct a comprehensive problem list and differential diagnosis for common clinical conditions in pediatric patients; to develop prioritized, patient-centered intervention and management plans for common pediatric diseases and presentations using current scientific and epidemiologic knowledge; to interpret clinical, laboratory, radiologic and pathologic data, recognizing variations with age.
<b>Applying knowledge</b>	Students will be able: to demonstrate the ability to generate an age-appropriate differential diagnosis based on the interview and physical examination; to describe the components of a pediatric health supervision visit including health promotion and disease and injury prevention, the use of screening tools, and immunizations for newborns, infants, toddlers, school aged children, and adolescents; to list the differential diagnosis for common symptoms or patient presentations; to describe the clinical features of common acute and chronic medical conditions Students will gain understanding of types of medical practice and healthcare delivery systems and how they impact patient care. You will also gain experience in working with multiple health-care team members including nurses, lab technicians, and case-managers.
<b>Making Judgment</b>	Students must be able to investigate and evaluate their patients, appropriate use history, objective assessment and laboratory data, appraise and assimilate scientific evidence; Compare, contrast and analyze medical data.

<b>Communication Skills</b>	Students must be able: to demonstrate communication skills with patients and families that convey respect, integrity, flexibility, sensitivity, and compassion while avoiding use of medical jargon; to present a complete, well-organized verbal and written summary of the patient's history and physical examination findings, including an assessment and plan modifying the presentation to fit the time constraints and educational goals of the situation.
<b>Life-long learning ability</b>	Students should: recognizes personal limits in knowledge and experience and initiates steps to rectify gaps in knowledge; Applies acquired knowledge; Evaluates change in academic or professional environment and develops adaptive strategies to meet these changes; Explores new opportunities for intellectual growth and professional development; Continually updates knowledge of best clinical practice guidelines.
<b>Values</b>	Values represent the demonstration of ideals in the growth and development of the student into a professional doctor. The values are bounded by ethical principles, behavior, decision making and judgment while demonstrating qualities of compassion, and a perspective of the professional role for the individual patient, the community, and society at large.