

Prescribed Clinical Experiences*

PEDIATRICS



Faculty of Medicine

*Preceptor: Develop Plan to facilitate student's exposure to prescribed experience

*Student: Complete T-Res upon exposure to the experience

(M=Mandatory R=Recommended)

www.t-res.net

EXPERIENCE	STUDENT RESPONSIBILITY
1. Abnormalities Related to Growth	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)
2. Parental Concerns or Abnormalities Related to Nutrition	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)
3. Parental Concerns or Abnormalities Related to Development	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)
4. Parental Concerns or Abnormalities Related to Behaviour	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)
5. Upper Respiratory Tract Illness	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)
6. Lower Respiratory Tract Illness	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
7. Nausea, Vomiting, Diarrhea or Abdominal Pain	<input type="checkbox"/> independent Hx/Px with discussion and documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)

EXPERIENCE**STUDENT RESPONSIBILITY**

8. Chronic Medical Problem	<ul style="list-style-type: none"><input type="checkbox"/> independent Hx/Px with discussion and documentation (M)<input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)<input type="checkbox"/> reassessment (R)<input type="checkbox"/> management plan changes (R)
9. Fever/Sepsis	<ul style="list-style-type: none"><input type="checkbox"/> independent Hx/Px with discussion and documentation (M)<input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)<input type="checkbox"/> reassessment (M)<input type="checkbox"/> management plan changes (M)<input type="checkbox"/> transfer of care activities and documentation (R)
10. Unique Condition: Neonatal Jaundice	<ul style="list-style-type: none"><input type="checkbox"/> independent Hx/Px with discussion and documentation (M)<input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M)<input type="checkbox"/> reassessment (M)<input type="checkbox"/> management plan changes (M)