

Visit CLIPP

Had enough of reading texts, going to lectures?... Looking for something different? ... Try the Computer-assisted Learning in Pediatrics Project (CLIPP). These 31 web-based, interactive virtual patient cases can teach you the whole pediatric clerkship curriculum.

Comments from students: “Great way to learn”... “Makes a change from the textbooks” ... “Awesome pictures, lots of information, where are CLIPP in other subjects?”

How to register for CLIPP: Go to the web page <http://www.clippcases.org/login.htm>. You will find directions on how to register. The system will send two e-mails with your login and password (can take 24 hours).

Each case takes approximately 50 minutes (quicker if you skip some of the links).

Who can use CLIPP?

Anybody with a Dalhousie e-mail, faculty, med students, post-grads. CLIPP is written for Clerkship but is very relevant for PGY1's and for faculty to use for teaching.

Who developed the cases?

Clerkship and Undergraduate Directors in Pediatrics across North America (there are four Canadian authors) developed the cases. CLIPP has been updated and revised in the last two years.

What would interest you?

All cases contain multiple choice questions, links to relevant educational sites, diagnostic boxes so you can develop your own differential diagnosis. See figures of extracts from a CLIPP case.

The screenshot shows a web-based interface for a CLIPP case. At the top left, it says "Card 9 of 31 | Vital signs..". At the top right, there are links for "CASUS", "? Help", and "x Quit". The main text area contains the following information:

Tyler's heart rate is 150 bpm. Blood pressure is 90/50 in the right arm, and similar in all 4 extremities. Tyler has a respiratory rate of 70-80 breaths per minute. The O₂ saturation is 98%.

Which of his vital signs is abnormal? Select the ONE best answer.

Below the text is a photograph of a baby lying on a patterned blanket, crying with arms outstretched. The baby is wearing a white hospital gown and a diaper.

At the bottom of the interface, there is a "Multiple Choice Answer:" section with four radio button options:

- A: Heart rate
- B: Respiratory rate
- C: Blood pressure
- D: Oxygen saturation

At the very bottom of the interface, there are navigation buttons: "? Solution", "Expert", "Clipboard", "Network", "Back", and "Forward".

Figure 1. Extracts from one of the CLIPP cases.

Expert-Network History

[Open Print Version](#)

Findings:

Poor Feeding
 Respiratory Distress
 Diaphoresis
 Negative ROS

By clicking on the balloons, you will get the expert's explanation

Hypotheses	Poor Feeding	Respiratory Distr.	Diaphoresis	Negative ROS	Sum
Congestive Heart Failure	+	++	++	+	12
Pneumonia	+	++	--	-	0
Bronchiolitis	+	++	--	-	0
GE reflux	+	-	--	-	-4
Neurologic	+	--	--	-	-7


The hyperactive precordium is a strong indicator that Tyler's heart is functioning at an increased workload. In a baby, it is very difficult to determine accurately which ventricle is overloaded, but the value and importance of assessing precordial activity in this setting cannot be overstated.

This is a holosystolic murmur. Although the term holosystolic implies that the murmur encompasses all of systole, that is not necessarily the case. A "holosystolic" murmur is S1 coincident, meaning that the murmur starts with S1, not after it. A VSD, mitral insufficiency and tricuspid insufficiency all cause holosystolic murmurs. A VSD causes a holosystolic murmur because flow through the VSD starts with the onset of ventricular contraction.

An ejection murmur is also systolic but does not start until after S1 because there is a delay from S1 to the onset of ejection - the isovolumic contraction time. Ejection murmurs occur with aortic and pulmonic valve stenosis.

Done

CASUS ? Help



i 🔍 Image 1 of 1 ← →

Expert answer is displayed in green color

- A: Normal heart sounds
- B: Innocent murmur
- C: Systolic murmur
- D: Diastolic murmur
- E: Continuous murmur
- F: S3 gallop
- G: S4 gallop

Figure 2. Additional extracts from a CLIPP case.

Key teaching points are printable at the end of the case.

Faculty: There are CLIPP-related resources for faculty including a set of multiple choice exam questions.

Reference: Academic Medicine, 2004, 580(9):847-855.

How do medical administrators view CLIPP?

CLIPP addresses some of the pediatric LCME issues for accreditation.

ED-8. There must be comparable education experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

ED-30. Directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

ED-2. The objectives for clinical evaluation must include qualified criteria for the types of patients (real or simulated). The level of student responsibility and the appropriate clinical settings needed for the objectives to be met.

The LCME accepts CLIPP cases as counting for a patient encounter because CLIPP is interactive and there is formative feedback. As students work through each case, they have to use clinical decision-making skills to formulate hypotheses. Thus, throughout the cases, students are getting formative feedback on their performance. As well within CLIPP we have the means to administer a formative mid-term assignment. This will work towards remediation for the students having difficulty with the mid-term. Pediatrics is unique in that it has seasonal variations such as croup and bronchiolitis in the winter. We need to ensure students doing pediatrics in the summer months are exposed to such conditions and vice versa. Using CLIPP can supplement clinical exposure.

We have paid a small price for these CLIPP cases. Please use it, offer feedback and have fun.

(Dr. Blake's case is Betsy, an adolescent –Case #13.)

TEST YOURSELF!

CLIPP Cases- MCQ's

(Answers appear at the bottom of the page)

Which of the following milestones would you expect in a 9-month-old? Select all that apply.

- wave bye-bye
- use fine pincer grasp
- sits without support
- play pat-a-cake
- walks well
- says 2 words plus "mama" and "dada"
- stranger anxiety

Why is the murmur of a VSD almost never detected in the newborn period?

- murmurs are frequently missed by examiners
- elevated pulmonary vascular resistance in the newborn
- lower pulmonary vascular resistance in the newborn
- there is often also a PDA in newborns
- the VSD is not present in newborns

Which of the following evaluations will infants and children with Down syndrome need during the first 10 years of life? Select all that apply.

- repeat thyroid testing
- vision screening
- hearing screening
- head MRI
- pediatric gastroenterology referral
- pediatric immunology referral
- X-ray films of the neck in flexion
- pediatric cardiology referral

Why is penicillin given to children with sickle cell disease on a prophylactic basis?

Select the best answer.

- to prevent infections that can lead to sepsis
- to prevent rheumatic fever
- to prevent infective endocarditis
- to prevent recurrent otitis media
- to prevent acute chest syndrome

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