

# PEDIATRIC CLERKSHIP CLINICAL EDUCATOR GUIDELINES

## BLOCK III

### 2009-2010

Pediatrics is an eight-week clerkship. It consists of inpatient pediatrics, ambulatory pediatrics, newborn nursery, exposure to community agencies involved in the care of children, and didactic sessions, reading, and exercises covering core topics and skills in pediatrics. The prerequisite for all students who take the Pediatric Clerkship will be successful completion of Block I, Block II and Block III Program Orientation. Students shall also have successfully completed Part 1 of the USMLE. The Goals & Objectives of Pediatric Clerkship at College of Human Medicine are derived from the 2005 revision of APA/COMSEP general pediatric clerkship curriculum [APA: Ambulatory Pediatric Association; COMSEP: Council on Medical Student Education in Pediatrics].

### GOALS OF THE PEDIATRIC CLERKSHIP

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
- An understanding of the approach of pediatrician to the health care of children and adolescents.
- An understanding of the influence of family, community and society on the child in health and disease.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children and adolescents.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.

Definition of terms used in the document:

Rationale: This section outlines the reasons that a specific topic or clinical issue is included in the curriculum.

Prerequisites: Knowledge of the material in this section is assumed. A student should have acquired the knowledge and developed the skills and attitudes listed in this section before the beginning of the pediatric clerkship

Competencies: The knowledge, skills, or attitudes that students should be able to demonstrate.

Universal (U): a skill, attitude, or behavior not specific to pediatrics that is essential to all aspects of clinical medicine

Core Pediatric (CP): a skill, attitude, or behavior specific to pediatrics and expected of students by the end of the clerkship experience

Mastery (M): a skill, attitude, or behavior specific to pediatrics that is expected of students with advanced training in pediatrics not necessarily during the clerkship experience.

Processes: the types of patients, real or simulated, that a student should see during the clerkship experience

### Core Text

Students may choose either of the suggested texts below, both of which are appropriate for use during an eight week clerkship. However, the reference text below is the definitive source for content on the pediatric oral examination.

## SUGGESTED TEXTS:

Nelson Essentials of Pediatrics, 5<sup>th</sup> Edition – with Student Consult Online Access. By Robert M. Kliegman, MD, Karen Marcadante, MD, Hal B. Jenson, MD, and Richard E. Behrman, MD, Copyright 2006, Elsevier/Saunders ISBN: 978-1-4160-0159-1

Pediatric Clerkship Guide, 2<sup>nd</sup> Edition – By Jerold C. Woodhead, MD, Copyright 2008, Elsevier/Mosby ISBN: 978-0-323-04333-5

**REFERENCE TEXT:** Nelson Textbook of Pediatrics e-dition, 18<sup>th</sup> Edition: text with continually updated online reference. By Richard E. Behrman, MD; Robert M. Kliegman, MD, Hal B. Jenson, MD, and Bonita F. Stanton, MD, Copyright 2007, Elsevier Mosby/Saunders ISBN: 978-1-4160-2450-7

## LEARNING OBJECTIVES FOR PEDIATRIC CLERKSHIP

For an unabridged version of this document, visit the Pediatric Clerkship Website ([www.phd.msu.edu/Education/PediatricClerkship](http://www.phd.msu.edu/Education/PediatricClerkship) or contact the Community Clerkship Director)

### I. PROFESSIONAL CONDUCT AND ATTITUDES

For Rationale, Pre-requisites, and Competencies See Web

### II. SKILLS

For Rationale, Prerequisites, and General Competencies (all skills are CP unless specifically designated U or M) See Web

1. Demonstrate sensitivity to confidentiality, privacy, and modesty, during the medical interview and physical examination (U) (see professionalism)
2. Demonstrate an ability to perform an age-appropriate history and physical examination in children of all ages (CP)

#### Specific Skills

##### A. Interviewing Skills

1. Demonstrate an ability to obtain the following information in an age-appropriate and sensitive manner from a child and or the accompanying adult: (CP)

##### History of the Major Active Problem (U)

1. Presenting problem
2. Describe onset of the symptom or problem, and give chronological account of events since that time
3. Complete description of each symptom (PPQRST)
4. Pertinent positives or negatives related to diagnostic hypotheses and/or ROS.
5. If a chronic problem, is this episode any different?
6. System review of affected area
7. Fluid intake-output: Fever, vomiting, diarrhea
8. Summarize data. Open ended questions, "Is there anything else?"
9. Concern of parent or child regarding illness or effect of illness on family
10. If patient has specific concern – inquire regarding basis of the concern.

##### Transition Statement to Past Medical History

##### Past Medical History (U)

1. Other medical problems in the past: Time-line developed in complex cases. Problem, treatment, resolution.
2. Childhood illness
3. Allergies: Pollen, drugs, food. What happened? Treatment and resolution
4. Accidents or injuries
5. Hospitalizations, Reaction of parent and child to these events
6. Surgical procedures, Reaction of parent and child to these events
7. Medications – including vitamins

## Transition Statement to Pregnancy

### Pregnancy (CP)

1. Was this pregnancy planned and was it desired?
2. Prenatal care: When first seen, frequency of visits during pregnancy.
3. Affect of pregnancy upon the mother and family.
4. Any physical problems during pregnancy (detailed in children under 2 ½ years).
  - any accidents or injuries during pregnancy
  - drugs taken during pregnancy
  - total weight gain
  - any exposure to infectious diseases
  - high blood pressure
  - bleeding
  - rashes
  - fever
  - x-rays
5. Labor: duration, complications, and anesthesia.
6. Delivery: vaginal, cesarean section.
7. Gestational age and birth weight.
8. Neonatal period: concerns, special care, when baby went home.
9. Bonding interaction with infant.
10. Adjustment to newborn for family (parents and siblings).

## Transition Statement to Health Maintenance

### Health Maintenance (CP)

1. Source of Primary Care Provider
2. Immunization (including tuberculin tests). Ask mother to bring in record.
3. Age appropriate nutritional assessment.
  - quantity
  - quality
  - milk intake
  - infant: breast or bottle
4. Age appropriate safety measures (car seat, seat belts, diet, exercise, sleep, guns, smoking, smoke detectors, water temperature, sexual activity, and alcohol).

## Transition Statement to Growth and Development

### Growth and Development (CP)

1. Here and now development, i.e., school progress, sports, games, few landmarks in early development (more detailed early development for young child).
2. Any concerns about either growth or development? If yes, details of early development.
3. Behavioral problems, habits (e.g., temper tantrums, thumb sucking).
4. Description of child, e.g., "How would you describe Johnny?"
5. Relationship of child to other parent, siblings and other children.
6. Discipline: How parents, play activities, exercise, television viewing.
7. Bowel and bladder training if appropriate for age of child.
8. Adolescents:
  - H-Home environment, perception of their health, menstrual history.
  - E-Education & goals
  - A-Activities: school, community, church.
  - D-Drugs, alcohol, cigarettes.
  - S-Sexuality.

## Transition Statement to Family History

### Family History (U)

1. Mother's age and health (family planning or birth control included here).
2. Father's age and health.

3. Sibling's ages and health.
4. Maternal grandparents.
5. Paternal grandparents.
6. Risk diseases in family:
 

< Allergies	< Cancer	< Heart disease
< Asthma	< Diabetes	< Hypertension
< Birth defects	< Epilepsy	< Mental Illness
< Bleeding disorders	< HIV	< Tuberculosis

### Transition Statement to Social History and Patient Profile

#### Social History and Patient Profile (CP)

1. Married, single, divorced, widowed: Family support system.
2. Employment.
3. Housing and sleeping arrangements.
4. Finances, i.e., adequate to meet family needs and medical care.
5. Medical insurance.
6. Religious, cultural, language and other belief systems.
7. Alcohol and/or drug abuse
8. Domestic Violence (Be attentive to confidentiality)
9. Family experience with health providers and hospitals

### Transition Statement to Review of Systems

#### Review of Systems (CP)

1. Skin: rashes, hives, bruises, changes in texture or color, itching.
2. Eyes: eye infections, drainage, redness, eyes more together, excessive tearing, eye examinations.
3. Ears, Nose, Throat: ear infection, drainage, hearing problems, hearing tests, nose bleeds, nasal discharge, frequent colds, sore throat, streptococcal infections.
4. Lymphatic: lumps in neck, "swollen glands".
5. Dental: eruption of teeth, bleeding gums, carries preventative care.
6. Cardiac: murmurs, chest pain, blueness of lips or fingernails, activity level, tires easily.  
Respiratory: cough, wheezing, chest pain, blueness of lips or fingernails, activity level, tires easily.
7. Gastrointestinal: vomiting, diarrhea, constipation, pain, jaundice, bowel training.
8. Genitourinary: pain, frequency, burning, blood, good stream, bladder training, bed-wetting.
9. Central Nervous System: headache, dizziness, weakness, tingling, numbness, seizures or convulsions, problems with coordination.
10. Musculo-skeletal: pain in bones or joints, redness, swelling, limitation of movement, muscle cramping.
11. Endocrine: growth pattern, excessive thirst, unusual weight gain or weight loss, unusual sensitivity to heat or cold.
12. General: weakness, fatigue, fever, milestones.
13. Immunologic/Infectious: frequent infections, frequent fevers, antibiotic use.

"Is there anything else you would like to discuss or any questions regarding other concerns you may have?"

### B. Physical Examination Skills - (The following constitutes a complete physical exam).

1. Demonstrate the role of patient observation in determining the nature of a child's illness and developmental stage (CP)
2. Conduct a pediatric physical examination appropriate to the nature of the visit or complaint (complete vs. focused) (U) and the age of the patient (CP)
3. Demonstrate an ability to perform the following examination skills (CP)

#### *Appearance*

- Interpret the general appearance of the child, including size, morphologic features, development, behaviors and interaction of the child with the parent and examiner.
- Identify signs of acute and chronic illness in a neonate, infant, toddler; school aged child, and adolescents as evidenced by skin color, respiration, hydration, mental status, cry and social interaction.

### *Vital signs*

- Measure vital signs, demonstrating knowledge of the appropriate blood pressure cuff size and normal variation in temperature depending on the route of measurement (oral, rectal, auxiliary or tympanic).
- Identify variations in vital signs based on age of the patient, the presence or absence of disease, and testing modalities (e.g. blood pressure cuff size).

### *Growth* (See section on Growth)

- Accurately graph and interpret height (length), weight, and head circumference; Calculate, plot, and interpret BMI percentiles. (U); Describe the usefulness of longitudinal data in assessing growth.

### *Development* (See section on Development)

- Accurately identify and interpret major developmental milestones of the neonate, infant, toddler, school-aged child, and adolescent.

### *HEENT*

- Observe, measure, and describe head size and shape, symmetry, facial features, and ear position as part of the examination for dysmorphic features
- Identify sutures and fontanelles in neonates and interpret the findings.
- Identify the red reflex and discuss how it is used to detect corneal opacities and intraocular masses.
- Detect the corneal light reflection and discuss how it is used to identify strabismus
- Describe reactivity of pupils; describe extraocular movements; attempt/perform fundoscopic exam when age appropriate
- Assess hydration of the mucous membranes.
- Assess dentition (U)
- Observe the tympanic membrane using an otoscope and an insufflator
- Identify the structures of the oropharynx (e.g. uvula, tonsils, palate, tongue) and recognize signs of pathology (U)

### *Neck*

- Palpate lymph nodes and describe what anatomic areas they drain (U)
- Demonstrate maneuvers that test for nuchal rigidity
- Palpate the thyroid and any neck masses (U)

### *Chest*

- Observe, measure and interpret the rate, pattern and effort of breathing (U)
- Identify normal variations of respiration and signs of respiratory distress e.g. grunting, flaring, and retraction (U)
- Identify normal breath sounds and findings consistent with respiratory pathology such as stridor, wheezing, crackles and asymmetric breath sounds (U)
- Identify transmitted upper airway sounds (U)
- Observe and describe breast tissue according to developmental stage (e.g. Tanner scale) (CP) and palpate breast tissue (M)

### *Cardiovascular*

- Identify the pulses in the upper and lower extremities through palpation.
- Observe and palpate precordial activity (U).
- Describe cardiac rhythm, rate, and quality (such as intensity, pitch, and location) of the heart sounds and murmurs and variation with maneuvers through auscultation. (U)
- Assess peripheral perfusion, using a test for capillary refill. (U)
- Identify central versus peripheral cyanosis

### *Abdomen*

- Palpate the liver, spleen and kidneys, and interpret the finding based on the age of the patient.

- Assess the abdomen for distention, tenderness, and masses through observation, auscultation, and palpation (U)
- Determine the need for a rectal examination, (CP) and demonstrate the age-appropriate technique (M).

#### *Genitalia*

- Describe the difference in appearance of male and female genitalia at different ages and developmental (e.g. Tanner) stages.
- Palpate the testes (CP) and identify genital abnormalities in males, including cryptorchidism (CP), hypospadias, phimosis, hernia, hydrocele and testicular mass (M).
- Recognize genital abnormalities in females including signs of virilization (CP) imperforate hymen, labial adhesions and signs of injury.(M)

#### *Extremities*

- Examine the hips of a newborn for developmental dysplasia of the hip using the Ortolani and Barlow maneuvers
- Observe and describe the gait of children at different ages.
- Identify age-related variations in the examination of the extremities, such as tibial torsion, genu valgus, flat feet, etc. (M)
- Recognize pathology, such as joint effusions, signs of trauma, and inflammation(CP) and restricted or excessive joint mobility (M)

#### *Back*

- Perform and interpret a screening test for scoliosis.
- Examine the back for midline tufts of hair, pits, sacral dimples, or masses.

#### *Neurologic Examination*

- Elicit the primitive reflexes that are present at birth and describe how they change as the child develops.
- Assess the quality and symmetry of tone, strength and reflexes, using age-appropriate techniques. (M)
- Assess the major developmental milestones of newborns, infants, toddlers, school aged, children, and adolescents.
- Assess cranial nerves and funduscopic when age appropriate.
- Assess cerebellar functions using age appropriate techniques.

#### *Skin*

- Describe and assess turgor, perfusion, color, hypo and hyperpigmented lesions, and rashes through observation and palpation (U)
- Identify jaundice, petechiae, purpura, bruising, vesicles, and urticaria. (U)
- For additional information on Physical Examination, please refer to physical diagnosis manual such as Bates).

### C. Patient Communication Skills

1. Conduct an effective interview by adapting the interview to the visit (e.g., first visit, acute care, health supervision), or chief complaint, (U)
2. Demonstrate effective verbal and non-verbal communications skills with children and their parents or families that include:
  - Establishment of rapport taking into account the patient's age and development stage (CP)
  - Use of communication techniques that enable development of a therapeutic alliance being sensitive to the unique social condition and cultural background of the family (U)
  - Identification of the primary concerns of the patient and/or family (U).
  - Discussion of medical information in terms understandable to patients and families avoidance of medical jargon (U)
3. Correctly identify the need for an interpreter in specific patient-physician interactions. (U)
4. Effectively communicate information about the diagnosis, diagnostic plan, and treatment to the patient and family and assess the patient and families understanding (M).

5. Describe the important role of patient education in treatment of acute and chronic illness, and prevention of disease. (M)
6. Observe and reflect on the communication of "bad news" to parents, children and adolescents. (M)

#### D. Peer Communication Skills

1. Demonstrate effective oral and written communication with the health care team avoiding jargon and vague terms (e.g. clear and normal). (U).
2. Present a complete, well-organized verbal 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. U
3. Document the history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, office or clinic visit, acute illness, health supervision visit, and interval care visits). (U)
4. Write admission and daily orders for a hospitalized patient (U)
5. Write a prescription (see Therapeutics section) (U) specific for a child's weight (CP)

#### E. Problem Solving Skills

1. Demonstrate an ability to generate an age-appropriate differential diagnosis and problem list based on the interview and physical examination. (CP)
2. Outline a diagnostic plan based on the differential diagnosis, and justify the diagnostic tests and procedures taking into account the test's sensitivity, specificity, and predictive value, as well as its invasiveness, risks, benefits, limitations, and costs. (MU)
3. Interpret the results of diagnostic tests or procedures, recognizing the age-appropriate values for commonly used laboratory tests, such as the CBC, urinalysis, and serum electrolytes. (M)
4. Formulate a therapeutic plan appropriate to the working diagnosis (MU)
5. Formulate an educational plan to inform the health care team and family of your thought process and decisions. (MU)
6. Search for relevant information using electronic (or other) data bases and critically appraise the information obtained to make evidence based decisions. (U)

### III. HEALTH SUPERVISION

**For Rationale, Prerequisites, and Competencies See Web**

#### Processes:

All students should see during the course of the Pediatric Clerkship should see an infant, toddler, school aged, and adolescent child for a health care supervision visit.

### IV. GROWTH

**For Rationale, Prerequisites, and Competencies See Web**

#### Processes:

All students on the Pediatric Clerkship should see a patient or patients with real or possible (e. g. parental concern) issues related to growth (e.g. failure to thrive, obesity, short stature, macrocephaly, microcephaly, constitutional delay, small for gestation age). This can be in the context of a well child examination or a child with a known disorder.

### V. DEVELOPMENT

**For Rationale, Prerequisites, and Competencies See Web**

#### Processes:

All students on the Pediatric Clerkship should see a patient or patients with real or possible (e.g. parental concerns) issues related to development (e.g. delayed or possibly delayed language, motor, fine motor, or social adaptive skills)

### VI. BEHAVIOR

**For Rationale, Prerequisites, and Competencies See Web**

#### Processes:

All students on the Pediatric Clerkship should see a patient or patients with an individual or parental concern over a specified behavior or group of behaviors (e.g. sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, attention deficit, encopresis, autism, eating disorders, conduct disorders, head banging, poor school performance).

### VII. NUTRITION

**For Rationale, Prerequisites, and Competencies See Web**

#### Processes:

All students on the Pediatric Clerkship should see a patient or patients with self or parental concerns or questions about

appropriate nutrition (e.g. failure to thrive, questions about breast vs. bottle feeding, questions about switching to formula, when to add solids). This can be in the context of a routine health care supervision visit.

#### **VIII. PREVENTION**

For Rationale, Prerequisites, and Competencies See Web

#### **IX. ISSUES UNIQUE TO ADOLESCENCE**

For Rationale, Prerequisites, and Competencies See Web

Processes:

All students on the Pediatric Clerkship should see an adolescent patient or patients.

#### **X. ISSUES UNIQUE TO THE NEWBORN**

For Rationale, Prerequisites, and Competencies See Web

Processes:

All students on the Pediatric Clerkship should see one or more newborns and a newborn with either jaundice, prematurity, feeding problems, respiratory distress, hypoglycemia, or vomiting.

#### **XI. MEDICAL GENETICS AND DYSMORPHOLOGY**

For Rationale, Prerequisites, and Competencies See Web

#### **XII. COMMON ACUTE PEDIATRIC ILLNESSES (Table 1)**

For Rationale, Prerequisites, and Competencies See Web

Processes:

- All students on the Pediatric Clerkship should see a patient or patients as listed in The Pediatric Portfolio Appendix 3.

#### **XIII. COMMON CHRONIC ILLNESS AND DISABILITY**

For Rationale, Prerequisites, and Competencies See Web

Processes:

Students on the clerkship should see one or more patients with one of the chronic medical conditions listed above. This can be in the context of an acute or routine visit.

#### **XIV. THERAPEUTICS**

For Rationale, Prerequisites, and Competencies See Web

#### **XV. FLUID AND ELECTROLYTE MANAGEMENT**

For Rationale, Prerequisites, and Competencies See Web

#### **XVI. POISONING**

For Rationale, Prerequisites, and Competencies See Web

#### **XVII. PEDIATRIC EMERGENCIES**

For Rationale, Prerequisites, and Competencies See Web

Processes:

All students on the pediatric clerkship should see a patient or patients, real or simulated, with respiratory distress

#### **XVIII. CHILD ABUSE**

For Rationale, Prerequisites, and Competencies See Web

#### **XIX. CHILD ADVOCACY**

For Rationale, Prerequisites, and Competencies See Web

## PEDIATRIC ELECTRONIC LOG

The student shall record all significant patient encounters in the Pediatric Electronic Log (PDA) according to the directions therein. The Pediatric Clerkship Portfolio will be reviewed at the mid-clerkship evaluation meeting by the Clerkship Director, and again at the completion of the clerkship. Successful passage of the clerkship requires Pediatric Electronic Log documentation in all categories listed therein.

Students are required to maintain an electronic log of patients and problems seen in the clinical setting. When the student enters diagnoses and/or procedures into the log system, the physician he/she lists as the supervisor will need to verify the patient encounter. The log is used to assess knowledge and skills. The expectation is that students will complete 100% of the minimum requirements as presented in the log. A student should see at least the number of patients listed as required to be seen in each of the domains (patient type or core conditions). For each domain, a list of presenting symptoms or concerns and diagnosis that would support having seen a patient in that domain is listed. The domains are by nature broad, e.g. upper respiratory tract, which includes many common pediatric illnesses. Similarly a minimal number of patients seen for each domain either real (R) or case based (C) is specified.

R = Real Patient

C = CLIPP Case

DIAGNOSIS	MINIMUM Requirements
Health Maintenance	
Well Child Care 0-1 month	1R
Well Child Care 1-12 months	1R
Well Child Care 12 – 60 months	1R
Well Child Care 5-12 years	1R
Well Child Care 13-19 years	1R or 1C
Growth	1R
Failure to thrive	
Poor Weight Gain	
Short Stature	
Microcephaly	
Macrocephaly	
Obesity	
Constitutional Growth Delay	
Small for Gestational Age	
Large for Gestational Age	
Nutrition	1R
Failure to thrive	
Breast vs Formula	
Questions about switching to formula	
When to add solids	
Beginning cow's milk	
Feeding Problems	
Development	1R
Delayed/possibly delayed language	
Gross Motor Delay	
Fine Motor Delay	
Delayed social/adaptive skills	
Behavior	1R
Sleep problems	
Colic	
Temper Tantrums	
Toilet Training	
Autistic Spectrum Disorder	

Enuresis	
Attention Deficit Hyperactivity Disorder	
Encopresis	
Feeding Problems	
Eating Disorder	
Head Banging	
Poor School Performance	
Upper Respiratory Tract	1R
Pharyngitis	
Strep Throat	
Viral URI	
Herpangina	
Peritonsillar abscess	
Common Cold	
Allergic rhinitis	
Otitis media	
Sinusitis	
Otitis externa	
Lower Respiratory Tract	1R
Bronchiolitis	
Bronchitis	
Pneumonia	
Aspiration	
Asthma	
Bronchiectasis	
Gastrointestinal Tract	1R
Gastroenteritis	
Giardiasis	
Pyloric stenosis	
Appendicitis	
Henoch-Schonlein Purpura	
Peptic Ulcer Disease	
Gastroesophageal Reflux Disease	
Dermatologic System	1R
Viral exanthem	

Scarlatina	
Eczema	
Urticaria	
Contact Dermatitis	
Toxic Shock Syndrome	
Thrush	
Atopic Dermatitis	
Seborrheic dermatitis	
Acne	
Anemia	
Central Nervous System	1R or 1C
Meningitis	
Traumatic Brain Injury	
Seizures	
Ataxia	
Headache	
Emergent Clinical Problem	1R or 1C
Meningitis	
Shock	
Testicular torsion	
Diabetic Ketoacidosis	
Acute Life Threatening Event	
Congestive Heart Failure	
Burns	
Status Asthmaticus	
Status Epilepticus	
Encephalitis	
Child Abuse	
Chronic Medical Problem	2 1R and 1C or 2R's
Seasonal allergies	
Asthma	
Cerebral palsy	

Cystic fibrosis	
Diabetes mellitus	
Malignancy (acute lymphocytic leukemia or Wilms Tumor)	
Sickle Cell Disease	
Epilepsy	
Atopic Dermatitis	
Obesity	
Sensory Impairment	
HIV/AIDS	
Unique Condition: Fever Without Localizing Findings	2 1R and 1C or 2R's
Rule out sepsis	
Urinary Tract Infection	
Systemic Viral Infection (EBV)	
Autoimmune Disease	
Unique Condition: Neonatal Problems	1R
Jaundice	
Vomiting	
Prematurity	
Feeding Problems	
Hypoglycemia	
Respiratory Distress	

PROCEDURE	MINIMUM Requirements
Pneumatic Otoscopy	1R
Lumbar Puncture	1R or 1C
Intramuscular Injection	1R or 1C
Urinary Catheterization	1R or 1C
Circumcision	1R or 1C
Other	1R or 1C

At mid-clerkship, the Clerkship Director will review student Pediatric Electronic Log reports to insure that they are keeping up and are being exposed to the required minimum listed above.

## ATTENDANCE REQUIREMENTS

**Students must be available to participate in all aspects of the clerkship, on weekdays, evenings and weekends as designated by the clerkship director. Attendance at all scheduled clerkship activities—focal problems, clinical assignments, rounds, lectures, clinical experiences such as surgeries, deliveries, etc.—is mandatory.**

**Students will not be excused from required clerkships to take either of the Step 2 exams. Any student who takes time off a required clerkship to sit for either part of the Step 2 exam will receive an N grade for the clerkship and need to repeat the clerkship.**

**In the case of emergency or sudden illness, the student must contact the community clerkship director, the community assistant dean's office, and his/her preceptor. Depending on the circumstances and length of absence, the student may be required to provide documentation.**

## **CLINICAL PERFORMANCE EVALUATION PROCESS AND GRADING CRITERIA**

### **Clinical Performance Evaluations (CPE)**

At the end of the clerkship experience, CPE forms are completed by attendings, residents, and other instructors who have supervised the student during the clerkship using the on-line E-Value web-base site. Obtaining a passing grade as defined in the Clinical Educator memo is required in order to pass the clerkship.

### **The Pediatric Portfolio:**

#### **Clinical Encounters**

The student shall record all required patient encounters using E-Value PxDx on PDA/web according to the directions therein. These will be reviewed at the mid-clerkship evaluation meeting by the Clerkship Director, and again at the completion of the clerkship. Successful passage of the clerkship requires that all items in all categories be completed during the Clerkship.

#### **CLIPP Cases**

Each student must complete a minimum of 10 CLIPP cases during the course of the clerkship.

#### **Pediatric Procedures**

Pediatric procedures required during the Clerkship are listed in table above. Students are expected to learn/participate in these procedures. These will also be documented using E-Value PxDx on PDA/web.

#### **Performance Based Assessment: Newborn Examination.**

Each student will be assessed on the performance of a comprehensive normal newborn examination, while observed by resident and/or faculty preceptor and will achieve the pass level specified. This will also be documented using E-Value PxDx on PDA/web. The preceptor will observe the student performing the exam and complete the Newborn PBA Checklist. The student will have two attempts to pass this exercise

#### **Structured Clinical Observations (SCO)**

A Structured Clinical Observation (SCO) is a formal method for a student to be observed and then receive feedback on one component of a history or physical examination. For the pediatric clerkship each student is required to complete *at least one* SCO for *each* of the following components of the physical examination of an infant or child: HEENT, Cardiopulmonary and Abdomen. The preceptor will observe the student and then provide the student oral and written feedback using the form provided. Preceptors may be residents or attending faculty but at least one of the three SCO's must be completed by an attending physician. Students must turn in the three completed forms to the clerkship director by the end of the clerkship.

**PICO Question** – Each student must develop one searchable clinical question using the PICO format on at least one patient encountered during the course of the pediatric clerkship. The student will submit this question to the Clerkship Director for review and evaluation by the Mid Clerkship meeting. The student will have two attempts to pass this exercise.