This handbook is your “road map” for the Pediatric Clerkship.

It is your responsibility to read and understand all components of this handbook.

It contains the clerkship goals and objectives, learning activities and requirements, evaluation tools, and many other useful details relevant to your education.
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Introduction

The faculty of the Department of Pediatrics at the Uniformed Services University of the Health Sciences welcomes you to the exciting and rewarding field of Pediatrics. We hope and anticipate it will be one of the most valuable and enjoyable experiences you have during your medical training.

The Pediatric clerkship addresses issues unique to childhood and adolescence by focusing on the health and well-being of the developing child, emphasizing growth and development, principles of health supervision, and recognition and treatment of common pediatric health problems. Additionally, the clerkship emphasizes the importance of the interaction of family, community, and society on the complete health of the patient. The role of the pediatrician in prevention of disease and injury, and the importance of collaboration between the pediatrician, other health professions, and the family is emphasized. As one of the core clerkships during the third year of medical school, our clerkship curriculum trains medical students to gain the knowledge, develop the skills, and acquire attitudes paramount to the development of a competent and compassionate military physician.

The Pediatric clerkship experience introduces the student to a unique, complex, and challenging field of medicine. It emphasizes those aspects of general pediatrics important for all medical students, and provides a foundation for those students who elect to further study the health care of infants, children, and adolescents. Students may have the opportunity to participate in the clinical activities of both general and subspecialty pediatric services, but the emphasis is placed on basic concepts and common illnesses.

We look forward to sharing the exciting, rewarding, and challenging field of Pediatrics.

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Pediatric Clerkship Goals

The primary goal of the Pediatric Clerkship is to equip medical students with the knowledge and skills of pediatric medicine to be competent military medical officers. A complementary goal is to promote the independent learning skills necessary for life-long learning. We synchronize our clerkship goals with those of the School of Medicine (SOM) as well as the Council on Medical Student Education in Pediatrics (COMSEP), and consistently monitor accomplishment across all of our clerkship sites. Please refer to the entire COMSEP Curriculum, 2005 available at the Clerkship website.

Ten specific goals for the student to attain during the clerkship are:

1. Acquire a basic knowledge of growth and development (physical, physiological, and psychosocial) and of its clinical application from birth through adolescence.

2. Develop communication skills that will facilitate the clinical interaction and collaboration with children, adolescents and their families.

3. Develop competence and comfort in the physical examination of infants, children, and adolescents.

4. Acquire the knowledge necessary for the diagnosis and initial management of common acute and chronic pediatric illnesses.


6. Promote an understanding of the influence of family, community, and society on the child in health and disease.

7. Develop an approach to health supervision of children and adolescents, to include disease and injury prevention.

8. Develop the professional behaviors and attitudes appropriate for clinical practice.

9. Acquire an understanding of the approach of pediatricians to the unique health care of children and adolescents.

10. Support the SOM goal of understanding the mission of the military healthcare team and the physician’s role as a uniformed officer.
Pediatric Clerkship Teaching Sites for the Class of 2018

- National Capital Area – Walter Reed National Military Medical Center; Malcolm Grow
- Darnall Army Medical Center at Fort Hood
- Fort Belvoir Community Hospital
- Womack Army Medical Center at Fort Bragg
- Madigan Army Medical Center
- Tripler Army Medical Center
- San Antonio Military Medical Center
- Wright-Patterson AFB
- Naval Medical Center San Diego
- Naval Medical Center Portsmouth
- Naval Hospital Camp Pendleton

At each clinical site, there is a Site Director, assigned as your primary point of contact.

Please see our Sakai site for the most up-to-date contacts at each site.
Clerkship Learning Resources

**Issued Textbooks:**


**Text Available as “Loaner” for each student at each site:**


**Recommended Electronic Texts available through LRC:**

- *Current Diagnosis and Treatment: Pediatrics 22nd edition.* (Hay, 2014)
- *Pediatrics in Review* (Monthly Board Review Articles, almost any topic available in archives)
- *Red Book OnLine: The Report from the Committee on Infectious Diseases* (The Pediatric Infectious Disease resource)
Clinical Passport

In order to ensure that all students in the Pediatric clerkship are able to meet our stated objectives, we have created the “Clinical Passport” as an accountability document for students and faculty.

The Clinical Passport contains the two checklists (Clerkship Activities Checklist and Core Problem List) for students to complete throughout the course of the clerkship. On the activities checklist, the first item includes Observed Encounters. You are required to be observed at least three times (we hope more) during the clerkship. Your preceptor is required to complete the observation form, give you feedback, and return the form to your file. Two encounters should be on the inpatient unit (ward and nursery) and another encounter should be a health supervision (well-child) visit from the outpatient clinic. Next, student should initial when they have completed each CLIPP case and finally sign when the other clerkship activities (Reflective Practice, Multidisciplinary Experience, written H&P’s, Otitis media module on Sakai, and Clerkship Quiz) are completed.

On the back, there are three required blocks for your clinical preceptors to document that they have given you feedback on your clinical performance. The student may need to seek out his or her preceptor to obtain the required feedback and ultimately, it is the student’s responsibility to ensure completion of this requirement.

The completed Clinical Passport must be submitted to your site director prior to leaving the site. Failure to do so will be considered as one measure of professionalism, and the student’s final clerkship grade may be adversely affected.

The Clinical Passport can be found as a hard copy in the student folder and additional copies can be printed from Sakai and the Pediatric Education Section website (http://www.usuhs.mil/pediatrics/education/forms.htm).
Combined Family Medicine & Pediatrics
Clerkship Introduction Week: Expectations and Schedules

Week 1 of the Core Block will be a joint “Introduction to Primary Care” in conjunction with the Department of Family Medicine. The following week students will travel to their respective clinical site (FM or Pediatrics) for the first Round (5 weeks). Following that five week clerkship experience, students will rotate to the next clerkship for (5) weeks before returning to USU final Assessment Week.

A schedule of events and assignments will be available prior to the start of the rotation on Sakai.

All of the sessions are required and attendance is mandatory.

An overview of the clerkship expectations and requirements will be reviewed in detail on the first day. The material covered during this entire week will be assessed either in clinical practice or written examinations.

Expect each day during this week to start at 0730 and finish at 1630. In general, the pediatric schedule of events will be as follows:

**Monday (USU):** Overview and Introductions; Clerkship requirements and Expectations; Assignments for Health Supervision Clinical Cases

**Tuesday (USU):** Health Supervision Clinical Cases small group discussions

**Wednesday (USU):** Chief complaint (Role Play) small group discussions; Fluids lecture

**Thursday (Sim Center, Forest Glen):** Simulation Cases

**Friday (USU):** Didactics covering Pediatric ID, Otoscopy, Child Abuse, and Dermatology
Clerkship Learning Activities and Responsibilities at your Clinical Site

**Reading Expectations**

Students are encouraged and expected to read extensively and research thoroughly the problems and issues pertaining to your patients on the rotation. As a result, you will more fully understand your patients’ concerns and problems, and thus become a more effective health care provider. Additionally, in order to prepare for the NBME examination, you should pursue an active, broad reading regimen addressing common problems in Pediatrics; your clinical experiences alone will not suffice to pass the test. We have also included three recommended articles in Sakai. Two articles outline care of the newborn and the third article reviews the adolescent psychosocial interview.

**Patient Care Experiences**

Depending on the set-up at your particular clinical site, you will spend about 50% of your time on the inpatient units (ward and nursery) and in the remaining 50% of the clinical time you will be in the outpatient clinic. You are expected to actively participate in all rounds, procedures, and activities relating to the care of patients within your assigned area of responsibility. While patients are the focus of your clinical education, you must read and become knowledgeable about many disease processes that you might not see during the pediatric rotation.

**Call Requirements**

The purpose of “call” is to participate as an integral member of the team, accepting new admissions, and providing comprehensive and compassionate care for all patients. As general guidance, medical students should work hours similar to residents, and will have access to resident or staff supervision at all times. Only one clerkship student should be on call per night on a given service in order to maximize learning opportunities. Also as general guidance, call should be supervised by residents and/or attending physicians, and not with non-physician health care providers. For your reference, the Dean’s Office issued a policy memorandum (SOM-DPM-003-07) in July 2007 regarding student work hours.

The timing, design, and execution of the call period and weekend work rounds will be left to the discretion of each site director depending on the structure of call at that program. While some sites with residency programs can accommodate student overnight call and a post-call day, other sites have attendings that primarily take phone calls from home and students will not spend the night in the hospital. Learning opportunities while on call can include attending deliveries on the Nursery service, evaluating patients in the Emergency Department, and listening to telephone triage and consults. Weekend and evening clinic, ward, or emergency department responsibilities (with resident and/or attending supervision) will also be left to the discretion of the site director.

In general, you may be expected to work 3 “shifts” outside of normal duty hours.
Introduction to Pediatric Inpatient Medicine

During the inpatient portion of the clerkship (Ward and Newborn medicine), you will be expected to perform history and physical exams on assigned patients and record the results in the patient record. All histories and physicals are to be of a quality suitable for inclusion in the patients’ permanent medical record and should be completed no later than 24 hours after admission. Students on inpatient rotations are expected to work-up, document, follow and present several patients during their time on service. You may be expected to present patient information during work rounds, attending rounds, subspecialty rounds, morning reports, and/or checkout rounds. Attendance at all rounds, including check-out rounds, is mandatory for students during the inpatient period of the clerkship. Effective communication is emphasized on all of these rounds in order for you to practice and perfect the art of presenting pediatric patients. You must acquire details surrounding your patients’ histories, physicals, labs, assessments/differentials, and plans and then follow them as if you are solely responsible for their care. You are expected to display appropriate professionalism at all times, to progress towards mastery of reporting skills, to take on the role of interpreter, and progress toward the roles of manager and educator during the clerkship.

Tips for success on the ward and nursery:

- **Be on time.**
- **Be enthusiastic and receptive to teaching.**
- **Be available to assist at all times.**
- **Seek out the expectations of you on Day One from the attending, residents and intern — Each team member’s expectations may be slightly different.**
- **Listen to how interns and residents give oral presentations.**
- **Solicit feedback in order to refine your H&Ps and presentations.**
- **Incorporate feedback into daily practice.**
- **Practice presentations with a peer and/or your intern before work rounds.**
- **Read about all the patients/illnesses on service, not just your patients.**
- **Examine all of the patients, especially those with interesting findings such as a murmur.**
- **Don’t be afraid to say “I don’t know but I’ll find the answer as soon as possible, and get back to you.”**
- **Do not “copy forward” daily notes.**

Expectations on the Pediatric Inpatient Units

1. You will ask your assigned attending about their expectations for you on the service.
2. You will perform H&Ps on assigned patients, and document your findings in the medical record.
3. You will focus on data collection, organization and prioritization of data, and reporting in both oral and written formats.
4. You should elicit feedback from your attending daily, if possible.
5. You are expected to provide an evaluation (form or via E-value) to every attending that you work with.
6. You are expected to ask your attending to initial any of the Core Problem encounters you saw.
The Pediatric Ward

The time spent on the inpatient wards are often the “make-or-break” time for students during the Pediatrics clerkship. Success on the ward depends on demonstrating not just sound clinical skills, but also organization, communication, and team participation.

The team: A ward team consists usually of an attending physician and a resident depending on your clinical site. There are also several different settings on the ward and each student needs to adapt to different areas of focus.

Pre-rounds: the time before morning report and work/attending rounds. You need to collect data on your patient(s) that the team will use to make management decisions. A good rule of thumb is to allow 20-30 minutes per patient to gather complete data.

1. Talk to the on-call resident and nurse to review overnight occurrences/changes
2. Review orders for new or changed entries
   a. Use of prn medications, especially sedation or pain meds
   b. New orders
3. Collect vital signs – and include the ranges for past 24 hours, and pay particular attention to the following:
   a. T_max, current T for infectious cases
   b. SpO2 and RR for respiratory cases
   c. HR for children with pain
   d. BP for sicker patients
4. Collect Ins and Outs (I/Os)
   a. In – oral fluids and food, NG or G-tube feeds, IV fluids (record total volume as well as mL/kg/day)
   b. Out – urine, stool, emesis, chest tube/drain output (total volume, mL/kg/hour for urine)
5. Results of pending studies and consults
   a. Look up daily labs
   b. Overnight X-rays/MRIs
   c. Consultant notes
6. Talk to the family
   a. Has patient overall improved/worsened?
   b. New symptoms?
   c. New concerns?
7. Talk to the patient
8. Examine the patient
9. Organize your data for smooth reporting
10. Discuss patient with intern or resident to determine if changes need to be made before work rounds

Work Rounds/Family-Centered Rounds: the entire team discusses all of the patients on the team with the senior resident and/or attending. Be aware of the following variations in expectations:

1. Sit-down vs. Walk rounds
2. Presentations – new patients vs. established
3. To-Do list
4. Understand plan (Problem-based approach vs. Organ-system approach)

Checkout Rounds: The goal is to efficiently give the call team a brief overview of the patients, as well an understanding of the pertinent issues they need to be aware of that occurred overnight.
The Newborn Nursery

The newborn nursery is a unique experience in Pediatrics. As an inpatient rotation, the hours may be longer than in the outpatient setting. The resident or attending will initially explain how to collect data on the patients and how to present for rounds. As an inpatient rotation, the service operates on weekends and holidays, and you are expected to participate fully. Please refer to the call requirement outlined above for this inpatient portion of the rotation.

While on the Nursery, you should expect to attend and participate in several deliveries, as well as have an opportunity to see and possibly participate in elective circumcisions. In Sakai, we have included two articles which you are strongly encouraged to read prior to starting your rotation.

There is a lot to learn about newborn babies. There are several goals to accomplish during this week:

1. Learn how to perform a complete physical examination of a newborn.
2. Learn how to set up an infant warmer in the delivery room, perform basic resuscitation of a newborn, and assign Apgar scores.
3. Be able to collect and review antenatal maternal history.
4. Document data in the medical record.
5. Deliver parent education and anticipatory guidance for common newborn issues, including:
   - Breast-feeding versus formula feeding
   - Normal bowel and urinary elimination patterns
   - Normal neonatal sleep patterns
   - Newborn screening tests, including metabolic screen and hearing screen
   - Appropriate car seat use
   - Safe Sleep practices
   - Immunizations (HBV)
   - Medications (eye prophylaxis, vitamin K)
   - Indications for and arguments against circumcision
6. Build core knowledge of newborn issues, including an approach to management of the following problems:
   - Hypoglycemia
   - Jaundice/Hyperbilirubinemia
   - Respiratory distress
   - Neonatal sepsis
   - Small or Large for Gestational Age (SGA/LGA)
   - Feeding problems
   - Tremulousness
   - Irritability
   - Lethargy
Comprehensive History and Physical Write-Ups

You will complete two comprehensive written history and physicals on pediatric inpatients during the clerkship. These patients can be from the inpatient ward or if possible, a patient with minor or major complications on the newborn nursery. Faculty at USUHS will evaluate your papers using the H&P grading form (Appendix C) and provide you with feedback. These two papers will comprise 10% of the total clerkship grade (each write up equally weighted and worth 5%). It is expected that you will use the feedback from H&P#1 to improve your performance on H&P#2.

The objectives of these write-ups are to document a competent, complete pediatric database, to include all historical information, physical examination including growth parameters, and relevant laboratory data at the time of admission, a problem list, a differential diagnosis, a concise hospital course, a clinical question relating to the patient’s diagnosis, treatment, or prognosis, a discussion of the clinical question, and a reference list used to prepare the discussion. Guidelines to assist you in preparing the write-up and assist the USU Clerkship Director in evaluating the H&P are included through Sakai and on the website at:


Both write-ups are due to your Site Director by the date assigned by your respective site director. Write-ups turned in late will be considered a sign of poor professionalism and may result in grade reduction. Each write-up must be your original work, with violations of academic integrity automatically resulting in grade reduction, with the possibility of failure. Cutting and pasting from an electronic resource such as UpToDate or eMedicine, copying or paraphrasing a text reference, and/or failing to appropriately use quotation marks, citations or footnotes are unacceptable and may result in failure.

You are encouraged to actively seek feedback from faculty on site for both write-ups so that your learning process is complete.

“The case write-up is an important task. Not only does it aid in the development of skillful written communication, but it also allows you an opportunity to formally organize your thoughts and convey them in a clear and purposeful manner. This will, in turn, improve your oral clinical presentation skills. Moreover, the write-up is an opportunity to make and see connections between the clinical presentation of symptoms and signs and the underlying pathophysiology of the disease process. The preparation for the write-up allows you to delve deeper into the literature and understand more about specific diseases and diagnoses.”**

** Some content cited or adapted from Pediatrics Clerkship: 101 Biggest Mistakes and How to Avoid Them, AA Bremer, M.D., MD2B Publishing, Houston, TX, 200, p.48, 101.
Comprehensive History and Physical Write-Ups, cont.

Instructions for Asking and Answering a Clinical Question:

The purpose of the discussion section in the comprehensive H&P is to have you ask and answer a clinical question regarding your patient. A clinical question usually probes for details about therapy, harm, diagnosis, or prognosis. Check with your preceptor to ensure the patient you are writing up presents an appropriate level of medical complexity.

Some general examples of a clinical question are:
- Why was the patient’s management plan chosen? (Therapy)
- What other options were available? (Therapy)
- What else was in the differential diagnosis, and why was the diagnosis chosen? (Diagnosis)
- What may be the complications of this condition? (Prognosis)

Some specific examples are:
- What is the latest information about the role of steroids in treating Kawasaki’s Disease? (Therapy)
- What is the evidence for cosmetic tooth damage from too much fluoride? (Harm)
- What is the best method for diagnosis of intussusception? (Diagnosis)
- What is the long term outcome of tricuspid atresia? (Prognosis)

In order to practice solid evidence-based medicine, you must be able to search for and select the best resources available that would guide the evaluation and management of a patient similar to yours. Many tips to this process can be found in the Users’ Guides to the Medical Literature: Essentials of Evidence-based Clinical Practice, a small tan book that was issued to you in your 2nd year.

For this exercise, you will need to cite at least three primary references, which should be the most current and best available. You may have as many references as you wish, although 5-7 should be the most that you should require for this paper. Please note that eMedicine and UpToDate are not acceptable primary references but can be used as launching points. The USUHS LRC provides access to a wealth of information, and is a treasured benefit of being a student or faculty member at USUHS. Comprehensive pediatric textbooks and online evidence-based resources such as the Cochrane collection or systematic reviews, practice parameters, or reports of well-designed, large controlled clinical trials are generally the best place to look first. References should be cited in the paper where they are used. Remember, plagiarism will result in a failing grade.

The discussion section of your paper should state the clinical question and answer it, using at least 500 words. Feel free to ask your site director or ward team to help you identify a pertinent clinical question if you need assistance. Asking someone on the ward team to read your paper for completeness, style, format, and accuracy prior to submission may also be helpful. A sample written H&P is available on Sakai.
Introduction to Ambulatory Pediatrics (Outpatient Clinic)

The outpatient clinic component focuses on general pediatric care. You will spend about 50% of your clinical time in the outpatient clinic. The goal is for you to experience a variety of patient encounters, including well babies and routine health maintenance visits, acute visits in patients of all ages, from young infants through adolescents, and follow-up of both acute and chronic illnesses. The majority of time will be devoted to general pediatric patients, although depending on rotation site, you may spend some time in an adolescent clinic or a pediatric subspecialty clinic.

Precepting will be provided by experienced staff physicians interested in student education and in improving your pediatric data collection techniques and fund of knowledge. Preceptors will work very closely with you to maximize opportunities to learn in each clinic session. You will be expected to collect and document data in the “SOAP” format (Subjective, Objective, Assessment, and Plan).

As a medicine specialty, pediatrics requires both a broad and deep fund of knowledge. Patients of varying ages and developmental levels require an individualized approach to each encounter. Data collection in children is a unique skill that requires flexibility on the part of the provider, often both mental and physical. The COMSEP curriculum (2005) serves as a starting point for study. Prior to your first day clinic, please read the HEEADDSSS article posted and review the COMSEP Pediatric Physical Examination Video in Sakai.

Expectations on the Pediatric Outpatient Clinic

1. You will ask your assigned preceptor about their expectations for you in the clinic.

2. You will perform H&Ps on assigned patients, and document your findings in AHLTA, by free text or using the TSW template for pediatric patients.

3. You will focus on data collection, organization and prioritization of data, and reporting in both oral and written formats.

4. You should see a minimum of three patients per half day, with a mix of acute and routine encounters.

5. You should elicit feedback from your preceptor(s) at the end of each clinic day.

6. You are expected to provide an evaluation form (blue card or via E-value) to your preceptor(s) each day.

7. You are expected to ask your preceptor to initial any of the Core Problem encounters you saw each day.
Computer-Assisted Learning in Pediatrics Project (CLIPP) Exercise

CLIPP cases consist of 32 peer-reviewed, interactive online case-based learning scenarios that are designed to simulate a patient encounter. The cases are also designed to cover all the core content contained in the COMSEP curriculum (See online at http://www.usuhs.mil/pediatrics/education/thirdyearclerkship.htm). Although you can view as many as you like, you must work through and complete twelve of these cases during the Pediatric clerkship. The required cases include:

\[
7, 9, 10, 11, 12, 15, 16, 17, 21, 23, 27, 31
\]

Please first register for access to CLIPP at the Med-U website (http://www.med-u.org) using your USUHS email account. Each case takes ~45 minutes to complete. You can also do part of a case, and return at a later time picking up where you left off. The majority of the questions on the Clerkship Quiz will be drawn from information within each of the twelve mandatory cases.

Otitis Media Module

We have developed a module to teach pediatric clerkship students how to examine ears in pediatric patients and diagnose otitis media. This is a REQUIRED module to complete. If not completed during Intro Week activities, your site director will designate a time for you to view the module with your peers during the first week at your clinical site.

Reflective Practice Exercise

Reflective practice is the process of writing about an experience you observed or participated in that challenged professionalism, ethics, or medical decision making. Reflective practice writing followed by discussion has been shown to enhance learning. We ask that students on the clerkship write a couple paragraphs about either their personal growth experience through the clerkship or an event in which they were an observer and/or participant that represented a meaningful example medical professionalism (good, bad, or otherwise). Please post the short essay on Sakai on the discussion board for your class year. Your site director will make a time to discuss the experience and how it might impact future practice with patients or staff members.

Consider the following prompts to facilitate your reflection:

1. How have you changed since beginning your clerkship year?
2. What is the most important concept you have understood since beginning medical school that enables you to think like a Physician?
3. What was the most difficult concept about being a Physician you have encountered?
4. Describe any new approaches to life, medicine, or learning that you have developed so far this year.
**Multidisciplinary Experience**

Students will have the chance to see the functioning of other health care professionals in the care of patients and their families. Multidisciplinary teams commonly involved in patient care include discharge planning, patient safety, pharmacology conferences, hematology-oncology conferences to devise care for a specific patient, and morbidity and mortality conferences. This experience will expose the student to the skills and knowledge base of nurses, social workers, nutritionists, occupational and physical therapists, hospital administrators, and/or physicians from other services.

**Clerkship Quiz:**

The quiz consists of 40 questions and is timed (75 minutes). Thirty of the questions are from the CLIPP cases and the remaining 10 questions are from the Health Supervision cases that were discussed during the Introduction Week at USU. Once started, the quiz must be completed. The test is not “open book” and is proctored. You are not allowed to use books, notes, online resources, smart phones, or collaborate with other students. You are on your honor not to discuss the questions or share answers at any time.

The Site Directors will allocate a dedicated block of time in the final week of the pediatric clerkship for completion of the Quiz. The performance on this quiz will be given a letter grade (A, A-, B+, B, B-, etc.) and comprises 10% of the clerkship final grade. You must achieve at least a 70% on this Quiz to pass. Students will receive an incomplete for the clerkship until they pass the Clerkship quiz.

**Combined Clerkship Assessment Week:**

During this Core Clerkship Block, you will travel back to USU on week 12 for an Assessment Week. During this week you will have several required activities to complete.

**NBME Shelf Examination:**

If you were assigned to Pediatrics during the last 5 weeks of the clerkship block, then you will be scheduled to take the Pediatric NBME on Monday of the Assessment week. If you were assigned to Pediatrics during the first 5 weeks of the clerkship block, then you will be scheduled to take the Pediatric NBME shelf examination on Friday of the Assessment week.

**NBME Shelf Preparation:**

After reviewing feedback from students, the most commonly cited shelf review books were Pre Test and Case Files. Other resources included First Aid for Pediatrics, NMS Pediatrics, Blueprints, and USMLE World or Kaplan QBank. Most successful students started and finished at least two board review activities, usually PreTest and Qbank for Pediatrics. In addition, all 32 CLIPP cases are available to use as a learning resource.
Clinical Skills Exam:

We will conduct a Clinical Skills Exam combining both Pediatric and Family Medicine standardized cases on Tuesday and Wednesday of the Assessment week. This examination will be worth 10% of your overall clerkship grade. There will be 3-4 standardized patient cases and 1 “paper” case where you will be given instructions on tasks to complete during the examination. Each student will spend about ½ day completing the exam. The cases cover content that was delivered during the clerkship. In addition, we have designed the cases to mirror the types of cases that you will encounter on the USMLE Step 2 Clinical Skills Examination.

Faculty Mentoring:

During available time of the Assessment week, you will be given time to review your overall clerkship performance and meet with an assigned Pediatric Faculty member to talk about career planning, areas for improvement on future clerkship blocks, and discuss any other outstanding issues about the clerkship.

Pediatric End-of-Clerkship Evaluation:

Because students’ evaluation of instruction is an important measure to assess the objectives, content, methods and effectiveness of teaching, the SOM has mandated that all medical students complete an online survey regarding their clerkship-specific educational experience. This survey was developed by the clerkships in conjunction with the Associate Dean for Medical Education. This feedback is necessary for enhancing the educational experience of future students and for SOM accreditation purposes. It is also an opportunity to recognize teachers that have had a positive influence on an individual student’s learning. Per SOM policy, the Pediatric Clerkship requires that each student complete the online Pediatric Clerkship Evaluation within one week of completion of the clerkship.

This evaluation must be completed in order to receive a final grade. Failure to complete the evaluation within one week of completion of the clerkship will result in an assigned grade of “Incomplete.” The Pediatric Clerkship considers the failure to appropriately complete this requirement as one potential indicator of suboptimal professional conduct. The Office of the Associate Dean for Medical Education will provide the clerkship with the list of students who have completed the online Pediatric Clerkship Evaluation survey. Your responses in the survey are completely anonymous.
Using “PRIME” Framework for Evaluation

Development of a standard vocabulary for assessing and describing the progress of learners is vitally important. Using an integrated approach allows the mentor to assess the synthesis of knowledge, skills, and attitudes acquired by the learner. We train our faculty to employ the following scheme, when assessing learners.

In an effort to comprehensively and explicitly provide meaningful formative and summative evaluations, the “PRIME” (Professionalism, Reporter, Interpreter, Manager, Educator) format is currently utilized. The RIME method assesses the learner at various stages of acquisition and performance, providing feedback in a clear, concise language that can be incorporated into future practice. The “P” emphasizes the importance of integrating professionalism in all activities of a medical student, resident, and physician.

PROFESSIONALISM (integrated throughout the RIME stages):

- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, their families, and colleagues
- Adheres to principles of confidentiality, scientific integrity, and informed consent
- Demonstrates sensitivity to gender, culture, behaviors, and disabilities of patients
- Recognizes and identifies deficiencies in one’s own performance

REPORTER: (THE “WHAT”)

- Demonstrates mature, polished interpersonal skills with the patient, family, and colleagues
- Obtains timely and accurate patient information, data, and clinical findings
- Develops the patient problem list
- Communicates information obtained in a comprehensive and coherent manner

INTERPRETER: (THE “WHY”)

- Analyzes patient data and problems
- Prioritizes patient data and problems
- Develops the differential diagnosis

MANAGER: (THE “HOW”)

- Interacts positively and educates the patient and family on findings
- Develops diagnostic and therapeutic plans
- Incorporates the patient and family into these plans
- Becomes technically proficient in procedures

EDUCATOR: (THE “WHO”)

- Incorporates feedback into practice
- Seeks the scholarly pursuit of medicine employing scientific methods
- Maximizes self-directed learning, constantly augmenting knowledge with current medical evidence

The information above has been adapted from Pangaro, L. A New Vocabulary and Other Innovations for Improving Descriptive In-training Evaluations. *Acad Med.* 1999; 74(11): 1203-1207.
Student Evaluation

<table>
<thead>
<tr>
<th>FINAL GRADE COMPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Evaluations from preceptors (inpatient and outpatient)</td>
</tr>
<tr>
<td>NBME Pediatric Subject Exam performance</td>
</tr>
<tr>
<td>Clerkship Quiz</td>
</tr>
<tr>
<td>Comprehensive History and Physicals write-ups</td>
</tr>
<tr>
<td>Clinical Skills Exam</td>
</tr>
<tr>
<td>TOTAL</td>
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</tbody>
</table>

The Department of Pediatrics is committed to ensuring that all clerkship students achieve a minimum level of competence in Pediatrics, in order for them to not only pass the required clerkship, but also to create a foundation for lifelong medical practice. Measurement of this level of competence will include preceptor clinical performance evaluations, NBME Pediatric subject examination performance, clerkship quiz performance, demonstration of professionalism (p.24), and a communication grade consisting of the history and physical write-ups and the clinical skills exam.

You will be expected to distribute inpatient evaluation forms and outpatient encounter cards (or via E-value) to staff and residents with whom you have worked. It is NOT your responsibility to collect the completed evaluations from preceptors and turn them into the Site Director. However, if your preceptor can complete the form at the end of your session and review it with you in person, you can forward that to your site director for your clinical file. It is this feedback, along with the Site Director’s input, which comprise 50% of the final grade (about 25% from outpatient clinic and about 25% from the inpatient units). You will receive feedback from your Site Director (or designee) regularly throughout the rotation. In addition, you are encouraged to ask for feedback on a daily basis at the end of each clinical experience. You are **required** to seek, at a minimum, a Mid-Clerkship and End-of-Clerkship feedback session with your Site Director.

Examinations (NBME & Clerkship Quiz) will comprise a total of 30% of the final grade. Your NBME examination performance, as reflected in national percentile rankings, will be reported on the departmental final evaluation, and the assigned exam grade will account for 20% of your final pediatric clerkship grade. You must pass this final examination with a score of approximately the 10th percentile nationally in order to successfully complete the clerkship. Students who fail the National Board examination must retake and pass it to complete the clerkship. A grade of “Incomplete” will be forwarded to the USU Registrar until the exam is retaken. The retake exam will be taken at one of the regularly scheduled times pediatric clerkship students, with the Clerkship Director’s approval, within that respective half of the academic year. Upon passing the retake examination, the passing raw score will be averaged with the original raw score for a final score. At this time, the revised final evaluation will be submitted to the registrar. Students not passing the NBME a second time will receive an “F” and must remediate the entire clerkship.

The remaining 20% of the final grade is comprised of the two written History and Physicals (10%) and the Clinical Skills exam (10%), as outlined previously. These grades will be determined by the faculty in the Education Section of the Department of Pediatrics at USU and reviewed by the Clerkship Director and Chair of the Department.
Student Evaluation (cont.)

To earn an Honors (H) grade in the Pediatric Clerkship, students’ final calculated grade must be equivalent to a GPA of 3.500 or higher (B+ = 3.33, A- = 3.67). A student who receives a grade in the “C” range for the NBME, Clerkship Quiz, Clinical Skills exam, or H&P#2 will not be eligible to receive Honors.

Students who earn a “C-” will receive a provisional “Pass” and their entire performance will be reviewed departmentally and specific recommendations for remediation will be made. The portion of the clerkship deemed necessary to be repeated will depend on the circumstances surrounding the assignment of the grade.

Students who receive a “D” or “F” on any component of the clerkship could receive an “F” for the final course grade. Students receiving an “F” as a final clerkship grade will be required to remediate the entire clerkship, as determined by the Clerkship Director, the Pediatric Education Section, and the Department Chair.

Professionalism is a component that is modeled, monitored, and evaluated throughout the clerkship. Should students fail to demonstrate adequate professionalism (p.24), their final clerkship grade may be lowered even so far as to an “F.” USUHS Instruction 1105 states the following:

“Both cognitive and non-cognitive performances are evaluated in all clinical sciences courses. Failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of F, even with adequate mastery of cognitive factors.”

The determination of grades rests ultimately with the individual Site Directors and the USU Department of Pediatrics. The final departmental evaluation will include a letter grade for each of the above components and a final, summative letter grade with a narrative summary of the student’s performance. As required by the USU Registrar, the final grade is expressed as Honors, Pass, or Fail on the school transcript. Students, as per the Student Handbook, may appeal their grade in writing within 14 days of grade receipt, and will be afforded due process as specified in USU Instruction 1105. The letter should be addressed to the Clerkship Director and Chair, Department of Pediatrics, and should contain specific reference to the component(s) of the final evaluation and/or narrative that they wish to appeal. Once an appeal has been received, the student’s entire performance in all aspects of the clerkship will be reviewed, and the Department Chair will respond to the appeal in writing.
Professionalism in Clinical Practice

Professionalism is a core competency of a qualified military medical officer. USUHS clinical science courses all evaluate both cognitive and non-cognitive performance. According to “USUHS School of Medicine Grades, Grading Policies, and Procedures,” USU Instruction 1105 (12/05), “failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of ‘D’ or ‘F’, even with adequate mastery of cognitive factors.” Also, please refer to the USU Dean’s Policy Memo, SOM-DPM-001-2011, for further clarification and guidance.

Furthermore, USU Instruction 1201 (12/05), “Medical Students Promotions Committee,” also clarifies the minimum expectations and gives specific guidance regarding academic integrity. Medical students may not:

1) “Use, attempt to use, or copy any unauthorized materials/aides during any examination or graded exercise.”
   (e.g., Copying material directly from external sources such as “UpToDate” or “MD Consult” without properly annotating the source and putting in quotes if copied.)

2) “Knowingly provide false information in any academic document or academic exercise.” (e.g., Documenting false information in a medical record, including examination findings not elicited. Copy-forwarding electronic notes without appropriate daily updates.)

3) “Knowingly present someone else’s work as their own.”
   (e.g., Turning in a graded history or physical examination completed by another individual, failing to appropriately use quotation marks or provide references for sources of information.)

4) “Forge or alter for advantage any academic document.”
   (e.g., Forging or altering a medical record.)

5) “Knowingly disregard instructions for the proper performance during any examination or graded exercise.”
   a) (e.g., Disregarding instructions on proper completion of standardized patient encounters, documentation of patient encounters, graded H&Ps, or examinations.)
   b) (e.g., Unreliability as a team member, such as demonstration of a pattern of failing to be on time for teaching conferences, rounds, on-call duties or patient checkout.)
   c) (e.g., Failure to appropriately respond to feedback.)

6) “Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete academic work.”
   (e.g., Intentionally not sharing information (particularly related to patient care delivery) with a fellow student to impede either care delivery or the other student’s clinical performance.)

7) “Make any attempt to compare answers with the examination of another medical student.”

8) “Knowingly assist a fellow medical student [or any health care provider] in any of the above activities.”

*** The Department of Pediatrics hopes this concise reminder of student responsibilities as an apprentice member of the profession of medicine will emphasize the high expectations we have regarding each student’s demonstrated attitude, skills, and behaviors during the clerkship. ***
Student Mistreatment/Grievance Policy

Professionalism and respect is a two-way street. We expect our site faculty, residents, and support staff to uphold the core values set forth by our Dean, School of Medicine, which include: **Respect, Integrity, Safety, and Excellence.** If any student feels they have been mistreated, assaulted, abused, discriminated against, or otherwise harmed we recommend the following:

1. If at all possible, address the issue at the lowest level where you feel comfortable. Consider talking directly with the person(s) involved.
2. Notify your site director immediately of the situation not matter how egregious.
3. Refer to the USU School of Medicine student manual for institutional policy on mistreatment. Contact the Associate Dean for Student Affairs as soon as possible to initiate a formal complaint, protection of yourself and all parties involved as well as protection from retribution as stated in SOM guidance on mistreatment.
4. Refer to local command website for points of contact for mistreatments to include, but not limited to: command managed equal opportunity program managers, sexual assault victim’s advocates, human resources liaison, command legal advisor, command chaplain corps officer.

Clerkship Narrative Guidelines

These guidelines are employed by the USUHS Pediatric faculty when writing the student narrative for the final clerkship evaluation. These guidelines will help ensure standardization of content and format in the clerkship narrative, regardless of clerkship site location. Since the specific comments made in the narrative are directly referenced in both the Chair’s and Dean’s letters for internship application, it is imperative to convey accurate and comprehensive information received directly from the evaluators, i.e., ideally including quotes from individual preceptors. Each narrative should contain, at a minimum, the following paragraphs detailing the student’s performance throughout the clinical rotation.

**General Statement of Performance**
- a. Overall statement of student’s entire clerkship performance, including final grade and comparison to level of peers
- b. Position of the rotation in reference to the academic year
- c. Any significant illnesses, injuries, or crises affecting performance (only comment if detrimental factors present and with student’s permission)

**Professionalism Demonstrated**
- a. Reliability/commitment/ethical conduct (attendance, participation, completion of required tasks, patient care as a priority)
- b. Military bearing and respect
- c. Interpersonal skills/communication skills/teamwork

**Reporter Skills Demonstrated**
- a. Data gathering (patient care history/physical examination, prioritization of data)
- b. Written documentation
  - i. Inpatient H&P, outpatient SOAP notes, patient orders
  - ii. Graded comprehensive H&P
Clerkship Narrative Guidelines (cont.)

c. Oral presentations
   i. Clear, concise, complete clinical presentations appropriate to environment
   ii. Graded oral presentation

d. Knowledge base (include national percentile and NBME letter grade)
   i. Clinical acumen demonstrated on each service
   ii. NBME grade and national percentile, and CLIPP grade

Interpreter, Manager, and Educator Skills Demonstrated

a. Data interpretation (synthesizes appropriate and reasonable differential diagnosis, lab/study interpretation)
b. Manager (develops appropriate and reasonable diagnostic/therapeutic plans)
c. Self-directed learner (seeks feedback and/or educational experiences beyond rounds and conference, demonstrates use of literature to answer patient-specific questions)

Summary Statement

a. Reiterate overall performance, particularly noting performance relative to level of training and level of peers
b. Summarize particular areas of strength and significant areas for improvement
c. Potential as a clinical trainee, ultimate clinician, and military medical officer