

Pediatric Clerkship at Children's Hospital of Akron
for NEOUCOM M3 Students
Revised July 2004

Introduction: Pediatrics is a cornerstone of primary care, involving the care of infants, children, and adolescents. The Pediatrics rotation, a required M3 rotation, is designed to help each student demonstrate competency in the care of pediatric and adolescent patients. In addition to passing the rotation, each student is also required to pass Step 2 and Step 2 CS of the USMLE to graduate from NEOUCOM. Therefore, it is the objective of this clerkship to facilitate the student's acquisition of knowledge of pediatric and adolescent medicine and to assure the presence of adequate clinical skills in each student such that each student will successfully complete the pediatric portion of these graduation requirements. In addition, it is a goal of the clerkship that the student will gain an appreciation for the recognition of the critically ill pediatric patient.

The focus of the pediatric clerkship is the acquisition of a fundamental body of knowledge, clinical competency with infants, children and adolescents, and the development of clinical problem-solving skills. The format chosen to accomplish this is two 4-week segments. One segment involves a rotation through the inpatient service of a children's hospital. The other segment is an ambulatory experience including office-based practices, the emergency room of a children's hospital and the newborn nursery. Through this broad-based exposure the student will see a variety of patients, from those that are well to those that are critically ill as well as from infant to adolescent.

A final goal of the clerkship is to afford the student a broad overview of the field of pediatrics in order to assist the student in future career decisions.

The specific **Goals and Objectives** for each student follow:

Goal 1: Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.

Objectives to help accomplish Goal:

- Describe normal and abnormal growth and development.
- Understand growth and development as it relates to the care of the patient and his/her family.
- Describe appropriate psychosocial developmental milestones.
- Develop familiarity with the developmental screening tools available, such as the Denver.

Goal 2: 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.

Objectives to help accomplish Goal:

- Lucidly present clinical data in both written and oral form.
- Demonstrate ability to take a birth history, an immunization history, and a social history for infants.
- Demonstrate the ability to take a developmental history and behavioral history in toddlers and children.
- Demonstrate ability to take social history in adolescents.
- Establish an effective doctor-patient relationship.

Goal 3: Development of competency in the physical examination of infants, children and adolescents.

Objectives to help accomplish Goal:

- Lucidly present clinical data in both written and oral form.
- Develop the ability to perform pneumatic otoscopy.
- Perform a sexual/genitalia examination.
- Collect adequate data at the bedside, including an age- appropriate and presenting-problem-appropriate physical examination.

Goal 4: Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.

Objectives to help accomplish Goal:

- Lucidly present clinical data in both written and oral form.
- Acquire basic knowledge of the common and important disorders in Pediatric Medicine.

Goal 5: Development of clinical problem-solving skills.

Objectives to help accomplish Goal:

- Lucidly present clinical data in both written and oral form.
- Maintain competence of clinical problem-solving skills.
- Synthesize data so as to be able to generate a pertinent problem list, relevant differential diagnosis, diagnostic and management plan.

Goal 6: An understanding of the influence of family, community and society on the child in health and disease.

Objectives to help accomplish Goal:

- Develop an awareness of the patient's feelings about and view of illness.
- Develop self-awareness of one's own feelings about illness.
- Recognize that one's own view of illness results from one's life experience and that this view influences one's clinical interactions.

Goal 7: Development of strategies for health promotion as well as disease and injury prevention.

Objectives to help accomplish Goal:

- Discuss importance of car seats, seat belts, bicycle helmets, sun screen, firearm safety.
- Discuss importance of immunizations.

Goal 8: Development of the attitudes and professional behaviors appropriate for clinical practice.

Objectives to help accomplish Goal:

- Lucidly present clinical data in both written and oral form.
- Recognize that one's own view of illness results from one's life experience and that view influences one's clinical interactions.
- Develop an awareness of the patient's feelings about and view of illness.
- Develop self-awareness of one's own feelings about illness.
- Emphasize the ethical concepts of finite resources.
- Establish an effective doctor-patient relationship.
- Function competently and professionally within the hospital setting.
- Work effectively with peers, nurses, hospital personnel and other professionals.

GENERAL INFORMATION

1. **Reading and Studying:** The amount of information to be covered during this rotation is vast. You are expected to read, study and work through all CLIPP cases in addition to participating in the rotation. Your reading should cover specific patient conditions you encounter on the rotation and subjects of general importance in Pediatrics. The entire

curriculum is comprised of the CLIPP cases (see #2 below), the conferences and case discussions and your own reading and studying.

Two textbooks are provided to you for the duration of the clerkship: Berkowitz' Pediatrics: A Primary Care Approach and Lissauer and Clayden's Illustrated textbook of Pediatrics. Plan to read through one of the textbooks; a list of suggested chapters in Lissauer and the related CLIPP cases follows. You are encouraged to find other resources as well in the hospital library.

Physical Diagnosis Lissauer Chapters 2, 3, 10 CLIPP cases 1 – 6	Fluid and Electrolytes Lissauer Chapter 5 CLIPP case 15, 16
Child Abuse Lissauer Chapter 6 CLIPP case 25	Behavior Lissauer Chapter 21 CLIPP cases 1 – 6, 28
Fever Lissauer Chapters 5 and 13 CLIPP cases 10, 11, 23	Kidney and Urinary Tract Lissauer Chapter 16 and 17 CLIPP cases 10, 31
Diseases of CNS Lissauer Chapter 25 and Chapter 13 CLIPP cases 19, 20, 24	Endocrine and Metabolic Disorders Lissauer Chapter 23 CLIPP cases 9, 16
Upper and Lower Respiratory Tract Disorders Lissauer Chapter 14 CLIPP cases 12, 13, 14, 26	Genetics Lissauer Chapter 7 CLIPP cases 29, 30
Gastrointestinal Diseases Lissauer Chapter 12 CLIPP cases 15, 21, 22, 27	Bones and Joints Lissauer Chapter 24 CLIPP case 17
Hematological Disorders Lissauer Chapter 20 CLIPP cases 8, 21, 30	Perinatal Medicine Lissauer Chapter 8 CLIPP case 1
Malignant Diseases Lissauer Chapter 19 CLIPP cases 20	Neonatal Medicine Lissauer Chapter 9 CLIPP cases 7, 8, 9
Cardiac Disorders Lissauer Chapter 15 CLIPP case 18	Skin Lissauer Chapter 22 CLIPP cases 11, 21

2. CLIPP Cases: A major portion of the curriculum for this rotation is covered in the web-based interactive cases called “CLIPP,” or Computer-Assisted Learning in Pediatrics Project. There are 31 cases, each of which will take 30 to 45 minutes to complete. The cases are designed to help you advance your problem-solving skills as well as cover general Pediatrics.

The cases are divided up so that you will cover most of the cases during the Inpatient portion of the rotation, with the remainder to be covered during the Outpatient portion. Some of the cases will be discussed in detail, others will be referred to briefly, and others may not be discussed at all

in a group setting but are expected to be worked through by each student.

The cases to be covered during the Inpatient portion of the rotation are noted on the **Conference Calendar**. Please work through the case(s) prior to the conference to which it is assigned and be prepared to discuss what you have learned.

The cases you are to work through during the Newborn week are: 1, 7, 8.

The cases you are to work through during the two weeks in a private office are: 2, 3, 4, 5, 6, 14, 17, and 24. Aim to complete cases 2-6 within the first week, as these cover well-child care issues for all ages of patients you will see. The remaining cases should be done in the second week.

No cases are specifically assigned to the ED portion of the rotation.

The website is www.clippcases.org. You will need to use your NEOUCOM email address to log in. Further directions can be found on the website.

- 3.** **Student Attire:** Students are to maintain an appearance and level of cleanliness that is consistent with the highest standards of the profession.
- No blue jeans or T-shirts.
 - No scrubs except when on call, and then only after 4 pm, overnight, and on the post-call day. The white coat must be worn over scrubs.
 - Socks or hosiery must be worn at all times with appropriate shoes.
 - Hair that is neatly kept.
 - Neckties for male students are strongly encouraged. Female attire must be appropriately modest (e.g. no lingerie visible). Artificial nails are discouraged due to infectious disease concerns.

In addition, students must wear a white jacket with the College and Hospital ID clearly visible at all times when the student is in the hospital.

- 4.** **Saturdays:** Students on the **outpatient** service have no weekend duties except to study.

On the **inpatient** service, all students will round with their team each Saturday unless the student is assigned to be on call that Sunday, in which case the student has that Saturday off. Those students who are not on call on Saturday may leave after signing out to the resident and student on call before leaving, which generally occurs by noon on Saturday.

- 5.** **On-Call:** There are 2 call rooms for medical students located on the 5th floor which you will be shown during the tour.

During the **outpatient** portion of the rotation, there is no night or weekend call.

During the 4 weeks of the **inpatient** portion of the rotation, students are assigned to take call approximately every 4th night, which works out to 5-6 calls during the rotation. Each student will have at least one weekend call day (Saturday or Sunday), with the remainder being during weeknights.

On the Sunday before the students change from one floor to the other (6th to 7th or *vice versa*), the student will take call on the NEW floor. No student will be assigned to be on call the Sunday before the switch from inpatient to outpatient.

Regarding the post-call day, students may go home after the noon conference provided that their daily work is finished and that they have signed out to the resident and to the on-call student. It is not appropriate to sign out daily notes to another student. Students are expected to attend the Student Project presentations, Ethics Day and the mid- and final evaluations regardless of call status. It is a privilege, not a right, to be able to leave after noon conference on post-call days.

6. Conferences for Students on Inpatient Rotation: All scheduled conferences are **mandatory**.

Students are expected to attend **Morning Report**, which is held Tuesday -Thursday mornings from 8:30-9:00 in Bowery Classroom 7. No food is allowed at this conference; students are expected to get breakfast either before or after.

Students are expected to attend **Grand Rounds**, held on Friday mornings at 8 am in the Bowery Auditorium.

Daily noon conferences will be held for the students, some of which will be combined with the residents. There are also various conferences at other times during the day (ID Rounds; Chairman's Rounds; Chief Rounds). The schedule and location for these conferences is on the **Conference Calendar**. Be sure to consult this calendar on a daily basis.

7. Conferences for Students on the Outpatient Rotation: The student is not expected to attend conferences at the hospital but is most welcome to, depending on his/her outpatient schedule. The student will attend the Student Presentations and Ethics Day; the schedule for these is on the **Conference Calendar**.

8. Beepers: Each student will be assigned a beeper for the entire 8 weeks. Students are **expected to keep their beepers turned on** Monday through Friday during regular business hours, as we may need to reach you with changes in the schedule or regarding other issues. Beepers are to be kept on during both the inpatient and outpatient portions of the rotation.

9. Student Project and Presentation: Each student will give a presentation during the outpatient portion of the rotation. Our intention in requiring a project is two-fold:

1. To supplement the information you receive in didactic sessions, during rounds and during the ambulatory rotations.
2. To give you experience preparing and presenting a brief talk to your peers.

Choose a topic from the list below and sign up by the end of the first week of the rotation in the Medical Education office (call Katrina Wolford at 330-543-8407 to sign up).

Ambiguous genitalia

Anemia

Asthma

Collagen-vascular diseases

Common skin problems

Congenital malformations

Developmental Delay

Development - Normal

Diabetes

Eating disorders

Failure to thrive

Febrile seizures

Fever in a 0-36 month old

GI bleeding

Glomerulonephritis

Headaches

Hypotonia in a neonate

Immunodeficiencies

Inflammatory bowel disease

Leukemias

Neonatal hyperbilirubinemia

Neuromuscular diseases

SIDS and ALTE

Solid tumors

Stridor

Suicide

The format for your presentation is of your choosing, from informal to "chalk-talk" to overheads to slides. If you choose to use slides, please use Powerpoint (on a floppy disc or CD). You should have a handout either in outline form or as a copy of your slides. If you use slides as your handout format, print **6 slides to a page** and use a **white background** for the slides. Copy the handout on **both sides** of the paper. Your handout should include 2-4 written objectives for the audience. For example, "The student will be able to describe the major causes of neonatal hyperbilirubinemia." "The student will be able to discuss the appropriate diagnostic approach to a neonate with jaundice."

10% of your final grade comes from the project. The project is not graded on a curve, and you may all receive perfect scores on the project if you prepare well. The grading will be based on:

Organization:

Handout provided and in correct format
Objectives provided and met
Logical order to presentation
Brief summary statement at end
Within time limit

Content:

Factual
Important points of topic discussed
Appropriate detail
Appropriate bibliography (not just websites)

Presentation:

A-V material appropriate
Good eye contact with audience
Appropriate volume
Appropriate pacing
Questions answered appropriately (“I don’t know” is OK if true!)
Presenter models professionalism

Limit your talk to 15 minutes. Practice with a clock beforehand. You will be warned of overtime at 16 minutes and you will be stopped at 17 minutes. Points will be deducted for going beyond 16 minutes.

10. Patient Logs: The medical school requires that students keep a log of the patients they care for in order to assure equity between rotation sites. Accordingly, each student will log the patients they see on both the inpatient and outpatient rotations. You must turn these logsheets in to the Clerkship Director in order to pass the rotation.

•**Inpatient:** Fill out the logsheet with the patient’s age, sex and diagnosis. **DO NOT** include the patient’s chart number or initials or their admission or discharge dates. Bring your logsheet to your mid- and final evaluations.

•**Outpatient:** You do not need to log the patients you see in the Newborn week. You will need to log patients you see in the ED and in the outpatient office. The ED logsheet will be turned in to Dr. Pollauf or Dr. Ramundo. Logsheets for the outpatient office will be turned in to the Clerkship Director. You will log the age, sex and diagnosis, but **DO NOT** include any identifying information such as initials or medical record number or date of encounter. Bring these sheets to the mid- and final evaluations.

11. Pediatrics Website and Case Studies: NEOUCOM has a website for Pediatrics that is a good resource for students on the rotation. The address is <http://www.neoucom.edu/depts/peds>. Please go to the site and browse. You will find slides from lectures on various topics from both students and faculty on topics that will help you care for patients and study for the Shelf. Click on *Faculty Lectures* or *Student Presentations* to view the slides of lectures.

In addition, the site contains Case Studies of common pediatric problems. Each student is expected to answer the questions to 2 of the cases and email them to Dr. Martinez (sglick@chmca.org) by the end of the rotation. The purpose of this is to encourage you to read in some depth on a topic that you might otherwise not. You should aim to spend 15-30 minutes on each case, doing the necessary reading and coming up with the answers. Instructions for getting to the cases:

- i. Go to the website above.
- ii. Click on *M3 Clerkship General Pediatric Curriculum*.
- iii. Click on *Log On to My WebCT*.
- iv. Log in. Your username is your first initial and your last name, all lower

- case with no spaces, e.g. jsmith for John Smith.
- v. Your password is your last name, all lower case, e.g. smith.
- vi. Students with last names shorter than 3 letters will have the username as described above, but their password will be their **entire** first and last name, all lower case with no spaces.
- vii. Once you have logged in the first time, you will be prompted to select a different password. If you forget the password, or **if you have any other difficulties** with the website, please contact Sharon Combs at NEOUCOM by email (scombs@neoucom.edu) or phone (330-325-6229).

12. Ethics Day: Students from each campus will come together for one afternoon at Rootstown for “Ethics Day,” a time set aside for discussing some cases and for participating in a group experience. The date is on the **Conference Calendar**. Please be sure to read the articles in your packet prior to this day.

13. Absences: There are no “personal days” during the rotation. If a student is ill or must be absent for any reason, both of the following must occur:

1. Notify the Office of Medical Education at 330-543-8693 (Jeannette Douglas) or 330-543-8407 (Katrina Wolford).
2. Notify the senior resident in charge of your floor (via the hospital operator at 330-543-1000) OR the attending in charge of your outpatient rotation.

Arrangements to make up missed days will be made on an individual basis by the Clerkship Director. If you must be absent for two consecutive days for a medical condition, you are advised to see a physician and to present proof of your office visit to the Clerkship Director.

14. Procedures: Students are expected to do throat cultures and nasal swabs (in season), otoscopic exam and cerumen removal, and immunization administration during the rotation. Students are encouraged to seek experience with other procedures as they arise, such as bladder catheterization, wound suture or adhesion, or venipuncture or IV placement. All procedures **MUST** be performed under the direct supervision and in the physical presence of a resident or attending physician.

15. Grading:

- 60% blue evaluation forms
- 20% Shelf exam
- 10% Clerkship Director
- 10% Student Presentation

INPATIENT ROTATION

Student/Resident Assignments: The senior resident on the floor will assign patients to students. You should aim to follow 4 patients at a time. The intern caring for that patient will guide you in day to day activities in patient care such as writing daily notes and performing admission H&Ps.

Notes in Chart: You are expected to write an admission H&P on each patient you admit (e.g. during the day or when on call at night). You may use the pre-printed H&P forms. You will write daily progress notes on blue progress notepaper; you may not use the computer-generated progress notes that residents use. Your notes will be reviewed and signed by the intern or senior resident.

Notes are to be written daily on each patient you follow, including Sundays. Use the SOAP format. A few pointers: DO NOT write anything in your notes about discharge unless the attending has already written a note about discharge. DO NOT write any sensitive psychosocial

information in the chart. If you are in doubt about what is considered sensitive, do not include it.

Orders: You are expected to write the orders on your patients and must have the intern or senior resident co-sign all orders.

Charts: **Do not** remove charts from the front desk area for any reason. **Do not** remove pages from the chart for any reason. The only exception to this rule is that you may take out a **blank** blue progress note sheet in order to write your note.

Signatures: Always write "M3" or "MS3" after your signature. In addition, **you must print your last name** underneath your signature.

Medical Terminology and Abbreviations: You must use proper terminology when writing orders and notes. Only standard abbreviations may be used. See separate list of "Do Not Use" abbreviations.

OUTPATIENT ROTATION – See separate packet.