



PEDIATRICS

2017-18 Clerkship Syllabus

Department of Pediatrics
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Welcome to Pediatrics!

Welcome to your Pediatric Clerkship! The pediatric clerkship addresses issues unique to childhood and adolescence by focusing on human developmental biology, and by emphasizing the impact of family, community and society on child health and well-being. Additionally, the clerkship focuses on the impact of disease and its treatment of the developing human, and emphasizes growth and development, principles of health supervision, and recognition of common health problems. The role of the pediatrician in prevention of disease and injury and the importance of collaboration between pediatrician and other health professionals is focused on.

As one of the core clerkships during the third year of medical school, pediatrics shares with family medicine, internal medicine, obstetrics/gynecology, psychiatry, neurology, geriatrics and surgery the common responsibility to teach the knowledge, skills, and attitudes basic to the development of a competent general 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 will provide a foundation for those students who elect to further study the health care of infants, children and adolescents. Students have the opportunity to participate in the clinical activities of both general and subspecialty pediatric services, but the emphasis in all services is placed on basic issues and common illnesses.

Our door is always open and we are happy to assist you at any time. We hope you enjoy your learning experience.



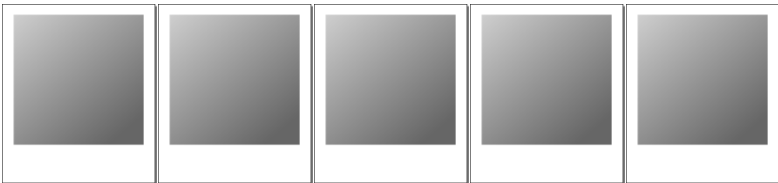
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Clerkship Administrator
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Clerkship Student Picture Roster Example page only



Student Student Student Student Student



Student Student Student Student Student



Student Assignments

Student Names with Clerkship Assignments

**Students see your assignments on syllabus
and personal schedule on Sharepoint**

Faculty Picture Roster

Pediatric Teaching Faculty at Wesley Medical Center and KU Pediatric Clinics

Hospitalists



Dr. L. Blue Dr. Duran Dr. Kuhlmann Dr. Pate
Dept. Chair Dr. Unruh

Newborn Hospitalists



Dr. Gwyn Dr. Kroeker Dr. Sanchez Dr. Thornhill-Scott

PICU Intensivists



Dr. Haws Dr. Smith
PICU Dir. Dr. Yaghmai Dr. Yagnik

Pediatric Subspecialty Clinic



Dr. SB Allen Dr. Kerschen S Kubendran Dr. Wittler
Res Prog. Dir.

Pediatric Faculty Clinic



Dr. Harris Dr. Hamison
Clerkship Dir. Dr. Homan Dr. Kenny Dr. Melhom Dr. Milsap Dr. Sivamurthy Dr. Solo Dr. Weeks

Neonatologists



Dr. Bloom Dr. Dom Dr. Hsaio Dr. Laudert Dr. Reed Dr. Raghuvveer



Pediatrics and Med/Peds Resident Roster

2017 - 2018 Pediatric and Medicine/Pediatric Resident Roster

Pediatrics PGY-1



Mazahir Ali, MD Catherine Bshouty, MD Sarah Carlson, MD Esther King, MD Nandhini Sehar, MD

Pediatrics PGY-2



Kirsten Bjorkman, Pharm.D. Gary King, MD Philip Montgomery, MD Hafsa Mohiuddin, DO Mercedes Ryan, MD

Pediatrics PGY-3



Kayla Johnson, MD Arjun Mahendran, MD Megan Moore, MD Fatima Saad, MD Sanya Thomas, MD

Medicine/Pediatrics –PGY-1



Aaron Carrithers, MD John Henry Carson, MD Deshanett Clay, MD

Medicine/Pediatrics - PGY-2



Joseph Borick, MD Christopher Bryant, DO Rachel Nichols, MD

Medicine/Pediatrics – PGY-3



Eric Calderon, MD Eamon Maloney, MD Jeet Mehta, MD

Medicine/Pediatrics – PGY-4



Chuck Coffey, MD Aaron Olson, MD



Clerkship Objectives

CLERKSHIP OBJECTIVES - 2013-2014
PEDIATRICS CLERKSHIP OBJECTIVES
Exhibit appropriate professional attitudes and behaviors necessary for successful clinical interactions and practice.
Practice tolerance of parent and family differences in attitudes, behaviors and lifestyles across different cultural and ethnic groups and in varying socio-economic situations.
Use intellectual curiosity and initiative throughout their clinical encounters.
Exhibit competency in presenting history and physical findings in a focused and chronological manner.
Take a complete and relevant history and perform a pertinent physical exam on children of varying ages and stages of development from newborn to adolescents.
Identify normal growth and development as it relates to pediatric patients from newborn to adolescence, as well as, deviations from normal.
Demonstrate competency in communication skills with families, patients, peers, medical and all ancillary staff.
Demonstrate and discuss the delivery of bad news.
Elicit a nutritional assessment.
Discuss immunizations with a family and patient.
Review anticipatory guidance with patients and families.
Apply the acquisition of knowledge needed for the diagnosis and initial management of common acute and chronic diseases that are seen in Pediatrics.
Demonstrate the development of clinical problem-solving skills pertinent to pediatric cases.
Describe an understanding of the influence of family, community and society on children's health care.



COMSEP Clerkship Competencies and Learning Objectives

1) Professional Conduct and Attitudes:

- a) Demonstrate the professional conduct necessary for a successful clinical interaction. Examples include: attitude, compassion, dress, integrity, and respect.
- b) Demonstrate tolerance of parent and family differences in attitudes, behaviors, and lifestyles, but recognize when a child or adolescent is at risk and know when and how to intervene. Provide examples that demonstrate how child-rearing practices differ across cultural and ethnic groups and in socioeconomic situations.
- c) Explain in general terms how to conduct an interview and physical examination of an adolescent when accompanied by his or her parent. In addition, outline how the results of the examination and any diagnostic tests should be discussed with the adolescent and parent.
- d) Discuss how to relate news of a serious acute or chronic illness or a congenital abnormality to parents. How would your discussion differ with the child or the adolescent?
- e) Demonstrate intellectual curiosity, initiative, responsibility, and reliability.

2) Clinical Skills (Interviewing, Physical Examination, Communication, Clinical Problem Solving, Procedures):

- a) Evaluate patients from infancy through adolescence in a variety of clinical settings, establishing rapport with the patient and family in order to obtain a complete history and physical examination.
- b) Prepare a complete written summary of the history and physical and present the case orally in a focused and chronological manner.
- c) Identify clinical problems and outline an initial diagnostic and therapeutic plan.
- d) Summarize the main adolescent developmental changes that are important to discuss with parents and adolescents.
- e) Explain how to perform the sexual maturity rating (Tanner).

3) Behavior:

- a) Take a complete and relevant history and perform a pertinent physical examination on a patient who presents with a behavioral problem.
- b) Elicit age-appropriate behavioral concerns during the health supervision visit.
- c) Distinguish between age-appropriate "normative" behavior and serious psychiatric illness.

4) Nutrition:

- a) Discuss the nutritional advice to provide families regarding:
 - i) Infant breast feeding vs. formula feeding,
 - ii) Why solids are added to an infant's diet,
 - iii) Use of cow's milk.
- b) Discuss how to advise families about the dietary prevention and treatment of common pediatric mineral (iron, fluoride, and calcium) and vitamin deficiencies.
- c) Obtain a routine diet history on an infant that includes: the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given (vitamins, fluoride, iron).
- d) Determine whether a formula-fed infant is receiving adequate calories.
- e) Recognize when nutritional assessment is necessary beyond infancy, and demonstrate how to obtain a daily diet diary with the assistance of a nutritionist.



5) Prevention of Illness and Injury:

- a) Initiate a discussion about immunizations with the family of an infant, a toddler, and a child about to enter school. Include immunization side effects.
- b) Counsel an adolescent about hepatitis B prevention.

6) Medical Genetics and Congenital Malformations:

- a) Discuss common physical exam findings and implications associated with the diagnosis of:
 - i) Chromosomal abnormalities (e.g. Trisomy 21).
 - (1) Sex Chromosome abnormalities (e.g. Turner's syndrome, Klinefelter syndrome, Fragile X syndrome).
 - ii) Other genetic disorders (e.g. Cystic Fibrosis, Sickle Cell Disease).
 - iii) Congenital malformations (e.g. spina bifida).
- b) Identify commonly-used prenatal diagnostic techniques and their uses, e.g. alpha-fetoprotein, amniocentesis.
- c) Discuss the effects of teratogenic agents including: alcohol, hydration, maternal tobacco smoking, illicit drug use.
- d) Collect relevant information, including history and physical exam, to evaluate a genetic disorder or congenital defect.
- e) Construct a family pedigree.

7) Common Pediatric Illness:

- a) Develop a differential diagnosis and management approach for each of the following clinical problems. Discuss etiology and/or pathophysiology and natural history of the common/significant illnesses in Pediatrics.
 - i) Cough and URI.
 - ii) Fever.
 - iii) Sore throat (Includes Streptococcal Pharyngitis).
 - iv) Ear pain.
 - v) Abdominal pain.
 - vi) Vomiting/Diarrhea.
 - vii) Dermatitis/rash.
 - viii) Trauma.
 - ix) Joint pain, limping.

8) Fluid and Electrolyte Management:

- a) Obtain historical information to assess state of hydration.
- b) Recognize the physical exam findings of dehydration.
- c) Calculate and write IV orders for initial fluid replacement and maintenance fluids for a patient with dehydration from 1) gastroenteritis, or 2) diabetic ketoacidosis.
- d) Explain the clinical consequences of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and hypokalemia, and discuss the effect of pH on the serum potassium level.
- e) Explain to parents how to use oral rehydration therapy for mild/moderate dehydration.

9) Poisoning/Prevention and Treatment:

- a) Provide anticipatory guidance regarding home safety and appropriate technique to prevent accidental ingestions.



- b) Elicit an appropriate history surrounding an ingestion (type, route, amount, timing), demonstrating sensitivity to the emotions of guilt and anxiety that may be present in the parent or caregiver.
- c) Demonstrate knowledge about the use of the poison control center and other information resources in the management of the patient with an ingestion.

10) Pediatric Emergencies:

- a) Identify the patient who requires immediate medical attention and intervention.
- b) Describe the initial emergency management of shock, seizures, severe respiratory distress, head trauma, and cervical spine trauma in childhood. Recognize those situations in which concern about intentional injury should be raised.
- c) Describe findings suggestive of non-accidental trauma.
- d) Recognize how the signs of shock in a child differ from those in an adult.

(These Objectives are based on the Council on Medical Student Education in Pediatrics, COMSEP guidelines)



The Council on Medical Student Education in Pediatrics [COMSEP] is a group of pediatricians who are dedicated to the education of medical students in the United States and Canada. COMSEP is the group that prepared the 'Learning Objectives for the Pediatric Clerkship'. COMSEP is interested in standardizing the teaching of Pediatrics throughout the country and has developed the 'Computer-assisted learning in Pediatrics Project' [CLIPP]. Go to the COMSEP website at <http://www.comsep.org> to explore more information under the Educational Resources tab.





The Computer-assisted Learning in Pediatrics Project (CLIPP) is a comprehensive Internet-based learning program of MEDU for use by third-year medical students during their pediatric clerkship. CLIPP's 31 interactive cases are designed to cover all of the core content of the curriculum of the Council on Medical Student Education in Pediatrics (COMSEP). It is expected that each CLIPP case will take a student approximately 45 minutes to complete, so that students may work through the full learning program over the course of an average six-week clerkship.


Your MID-TERM Exam questions will be randomly solicited from the 15 cases you have been assigned.

The CLIPP cases are found on the website: <http://www.med-u.org> The CLIPP cases are login and password protected.

Registering and Logging In

Once you have registered, you can log in to the CLIPP cases using your new login and password. Note: Please register only once!

Registering to Use CLIPP

1. Go to <http://www.med-u.org>
2. Click on **Register** tab at top right
3. Click on **Institutional User** and complete form that comes up to register. **ONLY USE YOUR KUMC.EDU EMAIL ADDRESS**. This is the only way they will recognize you as a paid user.
4. The system will send you a Login in two e-mail messages. *Note: There may be a delay of several hours before you receive the e-mail from the CLIPP system.* Be sure to save the Login and Password for future use. Your Login name cannot be changed. **BE SURE TO CHECK YOUR SPAM BOX TOO. IF YOU DON'T RECEIVE LOGIN INFORMATION WITHIN 24 HOURS CONTACT THEM.** Please also let Clerkship Administrator, Donnita Pelser know at donnita.pelser@wesleymc.com.
5. Click  cases and go to cases.
CLIPP - **Pediatric Cases** - Available Now
6. You will complete the assigned cases noted on the next page of your syllabus.
7. Your Mid-term exam is over the CLIPP cases you will be completing. Be sure to get started on them right away.



Assigned CLIPP Case List

Case 2 Infant Well Child (2, 6 and 9 months) – Asia

Authors: Robin English, MD; Louisiana State University, and Erin Knoebel, MD; Mayo Medical College.

Case 5 16- Year- Old Girl’s Health Maintenance Visit - Betsy

Authors: Kim Blake, MD; Dalhousie Univ

Case 6 16 – Year-Old Boy’s Pre-Participation Evaluation - Mike

Authors: Rani S. Gerieige, MD, University of South Florida College of Med

Case 7 Newborn with Respiratory Distress - Adam

Authors: Maxine Clark, MD, BS, FRCP (C) Queen’s Univ

Case 8 6- Day- Old with Jaundice - Meghan

Authors: Mitchell A. Harris, MD, Indiana Univ

Case 9 2 –Week-Old with Lethargy - Crimson

Authors: Robert Wittler, MD, Univ of Kansas Sch of Med – Wichita

Case 15 Two Siblings with Vomiting – Caleb (age 4 years) and Ben (age 8 weeks)

Authors: Deborah Kees-Folts, MD, Penn State College of Med-Penn State Hershey Children’s Hospital

Case 16 7-Year-Old with Abdominal Pain and Vomiting - Isabella

Authors: Julie Young and Blair Hammond, 4th Year Medical Students, Dartmouth Medical School

Case 19 16 -Month-Old with a First Seizure - Ian

Authors: Sherman Alter, MD, Wright State Univ Sch of Med; Michael Barone, MD, Johns Hopkins Univ

Case 21 6 –Year-Old Boy with Bruising - Alex

Authors: Elizabeth Stuart, MD; Stanford Univ Sch of Med

Case 24 2 –Year-Old with Altered Mental Status - Madelyn

Authors: Harris Burstin, MD, New York Univ Sch of Med

Case 29 Infant with Hypotonia – Daniel

Authors: William G. Wilson, MD; Univ of Virginia Children’s Med Ctr..

Case 30 2-Year-Old with Sickle Cell Disease- Gerardo

Authors: Roger Berkow, MD; Univ of Alabama at Birmingham

Case 31 5-Year-Old with Puffy Eyes- Katie

Authors: Mary Ottolini, MD; George Washington Univ.

Case 32 5-Year-Old with Rash – Lauren

Authors: Ashley Brunelle, MD, Dartmouth Med Sch; and Mark Fergeson, MD, Univ. of Oklahoma College of Med.



General Clerkship Information

Clerkship Sections

Ambulatory - Two Weeks

Pediatric Faculty and Residency Clinics are scheduled during Mornings/Afternoons for one week.

Private Office Experience with Community Preceptor or Pediatric Faculty Clinic Preceptor is scheduled mornings for one week. (Occasional all day opportunities are available. Please check with preceptor)

Inpatient – Four Weeks

Inpatient Wards are scheduled for one and a half weeks (morning report, rounds, admissions and taking call on inpatient service).

Pediatric Intensive Care Unit is scheduled for one and a half weeks (morning report, rounds, admissions and taking call on PICU service).

Newborn Rounds at Wesley is scheduled every day for one week (no weekend duty required).

Clerkship Resources

The Pediatric Clerkship Course Management programs are **Blackboard** and **KUMC SharePoint** their respective websites are: <https://bb.kumc.edu> and at <https://share.kumc.edu>. Students will find their syllabus, clerkship and personal schedules, lecture handouts, PowerPoint's, and general course information.

The faculty/student evaluation program is through **OASIS**. The **OASIS** website can be accessed at <https://kumc.oasisscheduling.com>. Students will receive an email when there is an evaluation for them to complete about faculty, resident, lecture or clerkship. Likewise, students will also receive an email notice when there has been an evaluation completed about them.

Patient Logging is required and students can access the logging program at the **JayLog Patient Encounter Logging website**: <https://www.kumc.edu/JayLog> .

The pediatric text available for check out is Pediatric **CaseFiles**. Each student must return their book by end of the clerkship.



General Clerkship Information

Clerkship Grading Policies and Information

A student's final clerkship grade is based upon passing all the required exams and assignments and conducting themselves professionally at all times. The percentages that make up the clerkship grade are; Clinical Evaluations (45%), NBME Subject Exam (35%), Midterm Exam (7.5%), OSCE Exam (7.5%), and Professionalism points (5%).

To pass Pediatrics...

Earn a raw score of **62** or the 6th percentile on the NBME Pediatric Subject Exam. If a student receives a score less than the score of 62, the student is required to retake the examination. If student fails the exam and passes it the second time, the maximum grade the student will receive for the clerkship is "Satisfactory." If the student fails the exam again, they will be required to work with the clerkship director and Academic and Student Affairs to come up with a satisfactory plan for remediation.

1. Both exam and clinical portions of the rotation must be satisfactorily completed. If any portion of the students' clinical evaluations are unsatisfactory, the Department of Pediatrics may require the unsatisfactory portion or the entire clerkship to be repeated at the discretion of the Pediatric Clerkship Director. If a clinical experience must be repeated, the student is required to repeat the failed portion of their clinical at the beginning of their fourth academic year. Pediatrics uses the Clinical Performance Rating (CPR) form that the medical school has mandated.
2. The Mid-term exam and Objective Structured Clinical Exam(OSCE) must be satisfactorily passed. Students only receive one opportunity to pass these two required exams.
3. Grade Breakdown is as follows:
The CPR point values are: Superior–5, High Satisfactory–4, Satisfactory–3, and Unsatisfactory–0.

Clinical points are weighted as follows:

Wesley Inpatient	11.25%
PICU	11.25%
Wesley Newborn	6.75%
Pediatric Faculty Clinic	6.75%
Community Preceptor	4.5%
Resident evaluations	4.5%

4. Professionalism points consist of: 1 point for finishing assigned CLIPP cases, 1 point for turning in assignments (Procedure card, Pt. log data, etc.), and 3 points for "behavior", i.e. showing respect for didactic leaders by being on time and prepared for didactics and showing respect to the department staff in your interactions.

NBME Exam Policy

University of Kansas School of Medicine- Wichita

Students are required to take their NBME Subject Examination on the last Friday of the clerkship as scheduled. Students may request to take their subject exam a day earlier than scheduled if extenuating circumstances warrant a special administration of the exam. Students are advised that leaving for a wedding or for a conference is not an extenuating circumstance. Medical school is not a convenience, it is a duty.

Students wishing to request a special administration of the subject exam are required to inform the Academic and Student Affairs office and the Clerkship Director in writing of their extenuating circumstances. Students should expect a decision in writing. A minimum of 4 weeks advanced notice is required so that exams are not needlessly ordered and the accompanying fees are not encumbered. Extenuating circumstances like a death in the family or medical emergency must be communicated to the Clerkship Director and Clerkship coordinator immediately if an exam cannot be taken on the scheduled date. Students who are excused from sitting for the exam on the scheduled date must adhere to the following procedures.

A. Students who are unable to sit for the subject exam on the scheduled test date either as a class or with special accommodations will have three options:

1. Take the subject exam one day early (Thursday) at a time specified by Academic and Student Affairs. OR
2. Take the exam on a make-up date that is agreeable to both Academic and Student Affairs and the student. OR
3. Take the subject exam at its next scheduled offering at the end of the next clerkship, i.e. 6 weeks.

B. Students who do not sit for their scheduled subject exam and have requested in writing and obtained written permission from Academic and Student Affairs to take their exam early or postpone their exam: Must specify on or before their originally scheduled test date whether they want option 1, 2 or 3 above. If an option is not selected at that time, the student will not be allowed to sit for the exam until the next regularly scheduled test date at the end of a clerkship. C.

Students who fail the subject exam will be required to retake the shelf exam according to the clerkship grading policy. Students who pass the subject exam on the second attempt will be assigned a grade based on the departmental policy. Students who fail a subject exam on a second attempt may be required to repeat the entire clerkship.

Subject exams will not be ordered for administration at times other than those specified above. **NBME regulations state:** Orders cannot be placed within 14 days of the test date.

NOTE: Students are required to turn off their pagers and cell phones while testing. Students are provided two hours and 45 minutes to complete their exam. Exam scores are generally released within one week of exam. The Clerkship Administrator will notify students of their exam score by secure confidential email. Students will then receive their clerkship grades at the end of 4 weeks on Enroll and Pay and by email.



Pediatric Grade Report Form

2 - Unsatisfactory		Student Name:	
3 - Satisfactory		Student ID:	
4 - High Satisfactory		Rotation Dates:	
5 - Superior			

Clinical Point Calculation

Description	Maximum Weighted Points: 45						
	Wesley Inpatient Wards 11.25 Clinical Points	PICU 11.25 Clinical Points	Wesley Newborn Rounds 6.75 Clinical Points	Pediatric Faculty Clinic 6.75 Clinical Points	Community Preceptor 4.5 Clinical Points	Resident Evaluations 4.5 Clinical Points	
Obtain accurate history from patients/family. (PC-1)	5	5	5	5	5	5	
Appropriately examines patients, using correct techniques and instruments. (PC-1)	5	5	5	5	5	5	
Develops a prioritized differential diagnosis and/or problem list based on patient assessment. (PC-2)	5	5	5	5	5	5	
Selects and interprets diagnostic tests based on scientific evidence and patient considerations. (PC-3)	5	5	5	5	5	5	
Uses sound problem-solving strategies to propose initial patient management plans. (PC-4)	5	5	5	5	5	5	
Assesses and addresses disease prevention/health promotion for individual patients. (PC-5)							
Performs selected investigations and technical skills correctly and with attention to patient safety and comfort. (PC-6)							
Medical Knowledge: Students will apply scientific knowledge in the logical diagnosis and management of medical problems and promotion of health.							
Accesses updated, reliable, high-quality scientific information in order to support clinical decisions. (MK-1)	5	5	5	5	5	5	
Provides evidence for their diagnostic and management decisions based on application of medical knowledge and clinical reasoning. (MK-2)	5	5	5	5	5	5	
Professionalism: Students will integrate altruism, accountability, excellence, duty, service, honor, integrity, and respect for others into all aspects of care.							
Demonstrates professionalism * in clinical and education activities. (P-1)	5	5	5	5	5	5	
Forms appropriate professional relationships with patients from diverse backgrounds. (P-2)							
Recognizes and addresses personal limitations or behaviors that might affect their effectiveness as a physician. (P-3)							
Interpersonal and Communication Skills: Students will communicate effectively and appropriately with patients, patient family members, colleagues, other health professionals, and relevant others as a basis for trusting, collaborative relationships to promote optimal health outcomes.							
Communicate effectively with patients and patient families. (ICS-1)					5	5	
Conducts culturally competent clinical encounters. (ICS-2)					5	5	
Provides concise, accurate, prioritized verbal summary of patient situations to supervisors and other members of the health care team. (ICS-3)	5	5	5	5	5	5	
Creates, maintains, and uses appropriate confidential records of clinical encounters using standard terminology and formats. (ICS-4)	5	5	5	5	5	5	
Systems-Based Practice: Students will prepare to function effectively in teams and within organizations. They will be aware of and responsive to community health issues and apply community and other resources to medical problems for individual patients and groups.							
Demonstrates effective participation in a health care team. (SBP-1)	5	5	5	5	5	5	
Adapts appropriately to the priorities, opportunities, and constraints of his clinical settings. (SBP-2)							
Incorporates organizational, financial, and health systems factors into clinical decision-making. (SBP-3)							
Practice-Based Learning and Improvement: Student will demonstrate critical and analytic thinking, awareness of the limitations of their knowledge and skills, and commitment to continuous learning and improvement.							
Refines diagnoses, management strategies, and prognosis as conditions evolve in the ongoing care of patients. (PBL-1)	5	5	5	5	5	5	
Accepts and provides constructive feedback. (PBL-2)	5	5	5	5	5	5	
Critically reflects on patient care activities, using analysis of experiences to improve performance. (PBL-3)							
Total Evaluation Points	65	80	75	90	90	60	
Weighted Clinical Points:	11.3	11.3	6.8	6.8	4.5	4.5	
Total Clinical Score:	45.0						



Pediatric Grade Report Form



Student Name: #N/A
 Student ID: #N/A
 Rotation Dates: #N/A

Didactic Point Calculation

NBME Points Equals 35% of Clerkship Grade									
Percentile	Points	Percentile	Points	Percentile	Points	Percentile	Points	Percentile	Points
>97	35	81-83	30.8	49-53	28.7	21-25	26.6		
95-96	34.3	77-80	30.5	45-48	28.4	15-20	25.9		
93-94	33.6	72-76	30.1	41-44	28	10-14	25.2		
90-92	32.9	64-71	29.8	36-40	27.7	5-9	24.5		
87-89	32.2	60-63	29.4	31-35	27.3	<5	0		
84-86	31.5	54-59	29.1	26-30	27				

NBME Raw Score: 97 = Percentile 95 = Points 35

Grade Calculation

Clinical Points:	45	(45 pts poss)	Superior	90% - 100%
Mid Term Exam Points:	7.5	(7.5 pts poss)	High Satisfactory	81% - 89%
OSCE Points:	7.5	(7.5 pts poss)	Satisfactory	71% - 80%
NBME Exam Points:	35.00	(35 pts poss)	Unsatisfactory	<70%
Professionalism	5.00	(5 pts poss)		
Total Score:	100			

Clerkship Grade: **Superior**



General Clerkship Information

Patient Logs

Student must maintain and keep their patient logs up to date. All students logs will be checked at the end of the third week to see how many and what types of patients students have had. Students must meet the logging targets. Students are required to have all patient logs completed by end of clerkship on Saturday at 11pm. Failure to do so may result in a grade reduction for professionalism.

Patient Care

You are part of a team caring for each patient. Your behavior and interaction can be a significant positive or negative influence on the patient and his/her family. Genuine concern for your patients and their families is appreciated. Professional conduct and attitude is a must!

Illness

Contracting infectious diseases occurs when exposed to sick children. Viruses are commonly communicated with our hands. Good hand washing will prevent some transmission. Touching your face with your hands increases the risk of transmission. Do not cross-handle patient charts if at all possible. This is to protect you, your patients and peers.

Professional Conduct and Attire

Present yourself in a professional manner at all times. Unprofessional behavior and conduct will not be tolerated. The dress code policy is business attire for all. Scrubs may only be worn while on inpatient during pre/post call or when doing a procedure. Men should wear ties in the private office setting unless told otherwise by preceptor. **Be Punctual** at all times. If you have an emergency or conflict and expect to be late, contact the appropriate person at your scheduled event to let them know of your late arrival.

Absences

If you are unable to carry on with your responsibilities because of a personal or family illness and/or emergency, please notify Donnita Pelsler, Clerkship Administrator at 962-2657 or Dr. Mark Harrison, Clerkship Director through the Wesley Page operator. If an absence is longer than one day, a student will be required to complete a leave form in ASA and will be required to make up the time. If you are absent or plan to be, notify the Clerkship Administrator, Donnita Pelsler and your resident(s) and attending physician as soon as possible. You must make plans for your patients to be covered as well. There are strict university policies governing student absences/dismissal when unexcused absences occur.

Student Feedback and Luncheon

At the midway point of the clerkship, students will meet individually with the Clerkship Director at an assigned time. Each student's individual patient logs will be reviewed to see if student is getting enough variety. The student will also be advised on their current progress on the rotation. A midterm evaluation form will be completed and student will be requested to sign the form that they received their midterm feedback. Immediately following individual student meetings, students, faculty and staff will meet for an informal luncheon.



Clerkship Required Activities



Standardized Patient

ALL students on clerkship will be required to participate in a standardized patient exercise during their third week of the clerkship. The standardized patient scenario will evolve around “giving bad news” to someone about a medical condition, diagnosis or other medical related topic. Students will be video recorded and their skill will be evaluated. Students will receive feedback about their performance. There will be a group discussion lead by a faculty member after the experience. Students will report to the KU Standardized Patient Rooms.

Mid-Term Exam

ALL students on clerkship are required to take the mid-term examination. This exam will cover information student has learned from completing the assigned 15 CLIPP cases. The exam will include multiple choice questions. The mid-term exam is 7.5 points of the clerkship grade. This exam is scheduled on the fourth Friday of the clerkship.

OSCE

ALL students on clerkship are required to participate in the pediatrics OSCE. The OSCE is administered in the KUSM-W SP lab by the pediatric faculty. The topics covered will be common patient conditions that the student would have been exposed to either in person or through their study. The OSCE accounts for 7.5 points of the clerkship grade. Students are graded using a standardized, validated scoring tool on their Pediatric knowledge and skills.

YELLOW Required Procedures Card (IMPORTANT)

ALL students on clerkship are required to perform an observed Physical Exam on a newborn either during Newborn Service or Pediatric Faculty Clinic. The procedure card must be signed off by the observing attending. This card is due by end of clerkship and must be turned into the Clerkship Administrator.

GREEN Patient Encounter Cards

ALL students on clerkship are required to complete a green patient encounter card for the hospital wards and for the PICU. Be sure to complete all the fields. These cards must be turned in by end of the clerkship.



Clerkship Required Activities



Clerkship Lectures

Most clerkship lectures are scheduled Wednesdays except for those on orientation Monday. ALL scheduled lectures and case discussions on student schedules are MANDATORY for students to attend.

Students can access lecture PowerPoints and handouts on [Blackboard](#). A complete list of all lectures scheduled is available at the end of this syllabus and on Blackboard. NOTE: There are some lectures that do not have handouts or power points.

While students are in lecture, ALL pagers and cell phones must be turned off. Failure to do so, may reflect in student's professionalism grade. Additionally, if student chooses to use their computer to take notes during the lecture, only related material to the lecture should be worked on. (i.e.; no web surfing, checking email etc.) All presenters expect student participation in lecture. Please be mindful of this when taking notes.

Students' participation in lectures is strongly encouraged to help students gain the maximum benefit of their learning experience. Lectures are located in the KU Pediatrics Classroom.

Students may also receive "on-the-fly" lectures from faculty and residents while in the clinical setting.

Introduction to Neonatal Intensive Care (NICU)

During the inpatient section of the clerkship, students will be required to participate in an introductory lecture/tour of the NICU. This activity is led by neonatologist, Dr. Wm. Randy Reed. Students will need to meet him in the NICU at 2pm on Tuesday afternoons. Be sure to wear short sleeves, or shirts that sleeves can roll up easily for hand/arm washing that is required to enter the unit.

Heartspring Tour

Students are scheduled to participate in a developmental pediatrics lecture and tour the Heartspring facility in Wichita. Heartspring is a world renowned facility for providing services, care of patients and students with developmental disabilities. Students will have the opportunity to observe both common and rare disorders. Students will also receive a lecture on child development. This activity is located at 8700 E. 29th St. North. It is East of the Rock Road and 29th Street intersection. When you arrive please drive to the rear of the complex to the "school entrance." Check in and ask for Dr. Kerschen. This activity is 2 hours. For more information about Heartspring, go to <http://www.heartspring.org>

KU Simulation Lab

Students are scheduled the fifth week of the clerkship to participate in the KU Simulation Lab (sim lab) for pediatric pulmonology activity. There will be a pulmonology lecture just prior to the sim lab next door to the sim lab.



Clerkship Patient Care Sections

Inpatient Wards in Wesley, Bldg. 4, 5th Floor



Patient Care Rounds

Students are expected to arrive early to round on patients as assigned by supervising resident. During this time student, should prepare their patient presentation for formal rounds with the hospitalists.

Formal Rounds

Students will round with the hospitalists, residents and other members of the medical team. Present your patient when asked. **Note: Student should present patient as a new patient even if they came in the night before.** Students should read first chapter of Case Files for patient presentation suggestions.

Morning Case Conference

Students must attend and participate in both resident and attending presentations. Case conference is held in the Pediatric Residency Conference Room, Bldg. 1, 6th Floor.

Pediatric Hospitalists

Students will be observed and evaluated by the Pediatric Hospitalists. The Pediatric Hospitalists are: Dr. Lillian Blue, Dr. Stephanie Kuhlmann, Dr. Brian Pate, Dr. Ralph Martello and Dr. Lisa Unruh.

Inpatient Supervising Resident IPSR

Students assigned to inpatient will be under the supervision of the Pediatric Hospitalists and the Inpatient Supervising Resident (IPSR). Students will be assigned patients by the IPSR. Students will also be evaluated by the IPSR.

On Call

Three calls are required during each student's time on inpatient. One will be primarily with the lower level on call, typically covering floor admissions. Another call will be with the senior resident, typically covering the PICU. The remaining call can be with either level resident, depending on which service the student is on at that time.

Call is 5PM until 11PM on week days and from 12Noon until 5PM on weekends. Students will be excused at that time, after pertinent clinical duties are finished. Students may stay longer if further learning opportunities are anticipated. Call rooms are in Bldg. 1, 4th floor, in rooms 403, 405, 411 and 421.

Students must sign up for which days they plan to take call on the board in the KU Pediatrics Classroom, by the first Wednesday of the clerkship.

Evaluations

Evaluations are available through Blackboard. Students will be assigned evaluations to complete about their attending and residents. Likewise, the hospitalists and residents will be completing evaluations about students.



Clerkship Patient Care Sections



Pediatric Intensive Care Unit in Wesley, Bldg. 1, 5th Floor

Patient Care Rounds

Students are expected to arrive early to round on patients as assigned by supervising resident. During this time student, should prepare their patient presentation for formal rounds with the Pediatric Intensivists.

Formal Rounds

Students round with the Pediatric Intensivists, residents and other members of the medical team. Present your patient when asked.

Morning Case Conference

Students must attend to participate in both resident and attending presentations. Case conference is held in the Pediatric Residency Conference Room, Bldg. 1, 6th Floor.

Pediatric Hospitalists

Students will be observed and evaluated by the Pediatric Intensivists. The Pediatric Intensivists are: Dr. Lindall Smith, Dr. Laura Haws, Dr. Priyank Yagnik, Dr. Beryl Yaghmai and Dr. Manish Bajracharya.

PICU Supervising Resident

Students assigned to PICU will be under the supervision of the Pediatric Intensivists and the PICU Supervising Resident. Students will be assigned patients by the resident. Students will be evaluated by the resident.

On Call

Three calls are required during each student's time on inpatient. One will be primarily with the lower level on call, typically covering floor admissions. Another call will be with the senior resident, typically covering the PICU. The remaining call can be with either level resident, depending on which service the student is on at that time.

Call is 5PM until 11PM on week days and from 12Noon until 5PM on weekends. Students will be excused at that time, after pertinent clinical duties are finished. Students may stay longer if further learning opportunities are anticipated. Call rooms are located in Bldg. 1, 6th Floor. Also available is a student lounge in room 415 with lockers and break room.

Students must sign up on board in KU Pediatrics Classroom, which days they plan to take call by the first Wednesday of the clerkship.

On-line SCCM Cases

Students have the opportunity to do critical care cases on line through SCCM. Students are encouraged to participate.

Evaluations

Evaluations are available through Blackboard. Students will be assigned evaluations to complete about their attending and residents. Likewise, the intensivists and residents will be completing evaluations about students.



Clerkship Patient Care Sections



While on Inpatient you are expected to:

1. Perform complete history and physicals each day and assist with all admissions to your panel between 7:00am – 5:00pm. **Students should refer to their “Case Files” text for review of presentation of patients. Students will be evaluated on their patient presentation skills.**
2. You will “follow” 2-6 patients. This means knowing patient illness, pathophysiology, labs, seeing patient and parent each day, and **being prepared to briefly present new patients (3-5 minutes) during rounds.**
3. MS-3 students are not permitted to dictate information for Medical Records.
4. Please let your resident know where you are during the day so he/she can contact you regarding admissions and other patient activities. After 5PM the student on call will assist the resident on all pediatric admissions and ER visits that night.
5. You will complete rounds with the resident and attending on the particular patients you are following. Attendings will not always call you for rounds; you must initiate this yourself in some instances.
6. Students are expected to work on CLIPPcases during any downtime period while on inpatient. There are computers available for educational use only located in the Pediatric Resident Library or in the hospital library.
7. CALL- You will have a total of 3-on call experiences during your 3-week inpatient rotation. One with each service (wards and PICU) and the third with the student’s choice of service.
8. Weekends – You will have an average of 1 day off a week during inpatient weeks. You can schedule these however you want over the weekends you are on inpatient.
9. Additional PICU information is available in Blackboard under Course Material. Students must read the PICU instructions prior to beginning their responsibilities in the unit.



Clerkship Patient Care Sections

Newborn Care in Wesley, Bldg. 3, 5th Floor/Bldg. 2, 3rd Floor



Patient Care Rounds

Students are expected to arrive early to round on patients as assigned by supervising resident. During this time student, should prepare their patient presentation for formal rounds with the hospitalists.

Formal Rounds

Students round with the hospitalists, residents and other members of the medical team. Present your patient when asked.

Morning Case Conference

Students must attend and participate in both resident and attending presentations. Case conference is held in the Pediatric Residency Conference Room, Bldg. 1, 6th Floor.

Pediatric Hospitalists

Students will be evaluated by the Newborn Care hospitalists. The Newborn Care Hospitalists are; Dr. Laurie Gwyn, Dr. Dr. Deborah Kroeker, Dr. Alisha Sanchez and Dr. Fannette Thornhill-Scott.

Inpatient Supervising Resident

Students assigned to inpatient will be under the supervision of the Newborn Care Hospitalists and the Newborn Supervising Resident. Students will be assigned patients by the resident. Students will also be evaluated by the resident.

On Call

There is no call required while on Newborn Care week.

Evaluations

Students will hand deliver their evaluation on Friday to the Newborn Hospitalist on after they have completed the week. Evaluations are available through Blackboard. Students will be assigned evaluations to complete about their attending and residents.

Pediatric Faculty Clinic, 620 N. Carriage Pkwy



Patient Care

Students have the opportunity to work with the full time pediatric faculty in a general pediatrics setting. There are several types of patient care clinics held. General, PKU, Hemoglobinopathy, Adolescent, Child Development, Child Abuse and Asthma Clinics.

Requirements

Students should arrive by 800am. Ask for the pediatric faculty that is on duty that day. Be prepared to interview and examine patient. If the faculty clinic is slow or no faculty, you may work with a senior level resident, specifically the acute care resident. Students will be given access to the EMR.



Clerkship Patient Care Sections



Pediatric Faculty Clinic, 620 N. Carriage Pkwy – cont.

General Information

This clinic is 8am to 5pm Monday through Friday. Please dress professionally. Wear white coat and bring stethoscope. Student will be evaluated by Dr. Harrison based on faculty assessments.

Private Office Experience (POE) with Community Preceptor

General Information

Students are assigned to participate with a community pediatric preceptor (POE) to learn private office skills. Students are generally assigned for mornings only during this week. However, if the student is asked by the preceptor to stay longer and/or if the student wishes to stay all day, this is fine except for Wednesdays and days of testing. Please inform Donnita if you plan to stay all day by email message or call.

Contact Information/Attire

Students must contact their preceptor the Thursday before their start date to confirm time and place to meet that first day. Students are required to dress professionally. Please make sure you wear your white coat and name badge.



Locations for Pediatric Rotation

(See student calendar for specific dates and times)

Lectures and Case Discussions	KU Peds Dept. Classroom in Med Arts Towers, Suite 402
Student Simulation Workshop	KU Simulation Lab at KU School of Medicine
Mid Term Exam	KU Peds Dept. Classroom in Med Arts Towers, Suite 402
OSCE	KU Med School Standardized Patient Center
Standardized Patient	KU Med School Standardized Patient Center
NBME Subject Exam	KU Med School room TBA
Issues in Medicine	KU Med School locations TBA
Heartspring Tour	8700 E. 29 th St. N. at rear of complex, School entrance
Morning Case Conference	Wesley Ped Residency Library, Bldg. 1, 6 th Fl.
Inpatient Wards	Wesley, Bldg. 4, 5 th Fl.
Peds Critical Care	Wesley, Bldg. 1, 5 th Fl.
Newborn Rounds	Wesley, Bldg. 3, 5 th Fl. Or Bldg. 2, 3 rd Fl.
Peds Faculty Clinic	620 N. Carriage Pkwy.
Community Preceptor	See personal schedule for information



Didactics Schedule










Example Schedule

<u>Date</u>	<u>Time</u>	<u>Event/Topic Title</u>	<u>Presenter</u>	<u>Location</u>
10 July	7:30a 0830a	Clerkship Orientation Intro to Peds/Peds Exam(2 ½ hrs)	Donnita Pelser Dr. Harrison	Peds Classrm Peds Classrm
12 July	12:00p 1:30p 3:00p	Pediatric Nephrology Fluid & Electrolytes Inpatient Potpourri	Drs Subtirelu/Auron Dr. Kroeker Peds Hospitalists	Peds Classrm Peds Classrm Peds Classrm
19 July	12:00p 1:00p	Medical Genetics Care of Newborn/Nutrition	Shobana Kubendran Dr. Reed	Peds Classrm Peds Classrm
21 July	10:30a	Heartspring Tour/Dev Peds lecture	Dr. Kerschen	Heartspring
26 July	12:00p 2:00p	Pediatric Cardiology Child Abuse	Drs. Doshi's/Toni Dr. Melhorn	Peds Classrm Peds Classrm
26 July	4:00p	Standardized Patient Activity	TBD	KU SP Center
31 July	12:00p	Pediatric Neurology	Dr. El-Nabbout	Peds Classrm
2 Aug	12:00p 1:00p	Student Feedback Luncheon Meeting Peds Infectious Disease/Immunizations	Dr. Harrison Dr. Wittler	Peds Classrm Peds Classrm
4 Aug	1:00p 2:00p	Pediatric Gastroenterology Pediatric Mid Term Exam	Dr. Zayat Donnita Pelser	Peds Classrm Peds Classrm
9 Aug	12:00p 2:00p	Pediatric Pulmonology Peds Simulation Lab – Sim Lab KU	Dr. Sollo TBA	KU TBA KU Sim Lab
11 Aug	12:30p	OSCE's	Dr. Harrison	KU SP Center
16 Aug	1:00p 2:00p 3:00p	Adolescent Medicine Diabetes Peds Heme/Onc	Dr. Kenny Dr. Guthrie Dr. Hall/Thapa	Peds Classrm Peds Classrm Peds Classrm
18 Aug	1:00p	NBME Pediatric Exam	TBA	KUSM – W



Private Office Experience with Community Preceptor Schedule

Example Schedule

	<u>Preceptor</u>	<u>Date</u>	<u>Student</u>
	Pediatrics POE/Dr. Kenny 620 N. Carriage Pkwy Wichita, KS 67208 316-962-3100	Jul 10 – Jul 14	Student
	Pediatrics POE/Dr. Kenny 620 N. Carriage Pkwy Wichita, KS 67208 316-962-3100	July 17 – July 21	Student
	Patsy Barker, MD 315 N. Hillside, Suite B Wichita, KS 67214 316-265-3774	July 17 – July 21	Student
	Elaine Harrington, MD 9211 E. 21 st St. N. Wichita, KS 67206 316-609-4501	July 24 – July 28	Student
	Jamie Page, MD 9211E 21 st St N Wichita KS 67206 316-609-4501	July 31 – Aug 4	Student
	Luke Nichols, MD 9211 E. 21 st St. N. Wichita, KS 67206 316-609-4501	Aug 7 – Aug 11	Student
	Tara Weiser, MD 9825 Shannon Woods Wichita, KS 67226 316-634-2000	Aug 7 – Aug 11	Student
	Mark Springer, MD 818 N. carriage Parkway Wichita, KS 67208 316-651-2278	Aug 14 – Aug 18	Student