

Pediatric  
Faculty  
Handbook

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## PEDIATRIC CLERKSHIP MAJOR OBJECTIVES

By end of clerkship a student should be able to:

- PED-01. Obtain and report valuable patient historical information.
- PED-02. Perform a developmentally appropriate and complete physical exam.
- PED-03. Formulate reasonable differential diagnoses.
- PED-04. Utilize observational assessment skills to determine acuity of illness and disposition.
- PED-05. Assess whether or not a child is growing and developing normally.
- PED-06. Report current childhood immunization schedule.
- PED-07. Demonstrate knowledge of the etiology, presenting signs and symptoms, diagnostic evaluation and treatment plan for common pediatric illnesses.
- PED-08. Apply basic science knowledge to clinical situations.
- PED-09. Consider relevant social and cultural factors in patient management and using these to communicate with the patients and families in a culturally and developmentally appropriate manner.
- PED-10. Demonstrate skills required in performing a lumbar puncture utilizing a simulation model.
- PED-11. Demonstrate the ability to use evidence based medical literature in developing a basic management plan in the care of children.

## FOURTH YEAR OBJECTIVES

By the end of 4<sup>th</sup> year, the student will be able to:

1. Obtain a history and perform a physical examination (EPA #1) and present the information orally (EPA #6) for both complete and focused patient encounters.
2. Document accurately and succinctly information gained during patient encounters using an electronic medical record. (EPA #1, #5)
3. Form an appropriate differential diagnosis and document the clinical reasoning behind that differential. (EPA #2)
4. Recommend and interpret common diagnostic and screening tests. (EPA #3)
5. Formulate and update an accurate problem list for patients under their care.
6. Communicate effectively with patients and their families regarding differential diagnoses, treatment options and care plans in light of social, cultural and economic factors affecting the patient's healthcare. (EPA #1, #3)
7. Work effectively as a member of an interdisciplinary healthcare team including being able to call a consultant and request a consult. (EPA #9)
8. Give and accept patient handoff reports for transitions in care. (EPA #8)
9. Formulate accurate and appropriate patient care orders and prescriptions. (EPA #4)
10. Recognize a patient requiring urgent or emergent care and initiate the appropriate initial steps in that care. (EPA #10)
11. Effectively receive and give feedback.
12. Obtain informed consent. (EPA #11)
13. Research a clinical question relating to patient care with appropriate evaluation of resources and use of evidence-based information. (EPA#7)

And will have:

1. Completed all assigned rotations in a professional, ethical, confidential, and respectful manner. This will include appearance, timeliness, completion of assigned tasks and interactions with patients, families, coworkers and staff.
2. Completed the assigned curriculum in patient safety and quality (EPA #13)

### EPAs

|   |  |
|---|--|
| EPA 1: Gather a history and perform a physical examination                | EPA 8: Give or receive a patient handover to transition care responsibility                          |
| EPA 2: Prioritize a differential diagnosis following a clinical encounter | EPA 9: Collaborate as a member of an interprofessional team  |
| EPA 3: Recommend and interpret common diagnostic and screening tests      | EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management |
| EPA 4: Enter and discuss orders and prescriptions                         | EPA 11: Obtain informed consent for tests and/or procedures  |

|  |  |
|--|--|
| EPA 5: Document a clinical encounter in the patient record                   | EPA 12: Perform general procedures of a physician                                      |
| EPA 6: Provide an oral presentation of a clinical encounter                  | EPA 13: Identify system failures and contribute to a culture of safety and improvement |
| EPA 7: Form clinical questions and retrieve evidence to advance patient care |  |

## Pediatric Clerkship Requirements

1. Complete 2 inpatient write-ups
2. Complete 2 outpatient write-ups
3. Complete 30 CLIPP cases (skip #2 and #3) <https://www.med-u.org>
4. Complete 2 CORE cases (#11 and #12) <https://www.med-u.org>
5. Present at Sanford Pediatric Grand Rounds
6. Complete evaluations (in E\*Value) of your preceptors, clerkship and seminars/professor rounds
7. Enter patient encounters into E\*Value. Groups listed below:

### **Group A — Well Child Encounters (minimum requirement - 10)**

Well child examination  
Adolescent examination  
Sports physical examination

### **Group B — Newborn Encounters (minimum requirement - 5)**

Newborn nursery examination  
Newborn condition

### **Group C (minimum requirement - 10)**

Genetics/Dysmorphology  
Poisonings  
Evaluation of growth  
Evaluation of development  
Evaluation of behavior  
Evaluation of learning  
Evaluation of nutrition  
Fluid and electrolyte management  
Acute febrile illness  
Infectious disease  
Ophthalmological condition  
Ear, nose, throat condition  
Pulmonary condition  
Gastrointestinal condition  
Genito-urinary condition — male  
Genito-urinary condition — female  
Muscle/skeletal condition  
Dermatological condition  
Neurological condition  
Lymphatic system condition  
Radiological evaluation  
Injury  
Child abuse  
Childhood cancer  
Hematology condition  
Endocrine condition

## Clerkship Grade Submission Protocol

1. Clerkship site office sends out preceptor evaluation forms no later than one week **prior** to the end of the clerkship with explicit instructions to return within two weeks following the end of the clerkship in order to meet LCME requirements. (**Campus Clerkship Coordinator responsibility**)
2. If student evaluations are not received by end of Week Two post clerkship completion, campus clerkship coordinator notifies clerkship site director (**Coordinator responsibility**) who then personally communicates with the preceptors. (**Clerkship Site Director Responsibility**).
3. Department's Clerkship Director and Department Chair are notified by **Clerkship Site Director or Campus Clerkship Coordinator** if evaluations not received by end of Week Three post clerkship.
4. **Department's Clerkship Director is responsible** for ensuring that all student evaluations have been completed and entered into E\*Value by end of Week Four post clerkship.
5. **Campus Clerkship Coordinator** notifies student by email as soon as testing results are available post clerkship and instructs student to access the test scores.
6. **Department Chair** informed by **Clerkship Coordinator** on Monday of Week Five post clerkship if all student evaluations have not been submitted and grade reporting not completed. **Department Chair** then takes charge of process to ensure grades are submitted that week and students are notified via E\*Value.
7. **Office of Student Affairs** notifies **coordinator, clerkship director, department chair, and Associate Dean of Medicine** if evaluations have not been submitted and grades reported by Monday of Week Six post clerkship.
8. A final grade for each clerkship student will be submitted to the **Office of Student Affairs** using **E\*Value by the end of Week Six post clerkship**. Grades will be reported as Honors, Pass, Fail or Incomplete. Students who fail the shelf exam and are eligible for retaking this exam should have a grade of **Incomplete** submitted.

COMSEP Curriculum link:

<http://www.comsep.org/educationalresources/currobjectives.cfm>

UNDSMHS Competencies for Undergraduate Medical Education link:

[https://med.und.edu/education-resources/\\_files/docs/smhs-competencies-8-16-17.pdf](https://med.und.edu/education-resources/_files/docs/smhs-competencies-8-16-17.pdf)

Faculty Policies link:

<http://med.und.edu/policies/faculty.cfm>