

PEDIATRIC CLERKSHIP MANUAL
SW CAMPUS-BISMARCK

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THIRD YEAR MEDICAL STUDENTS
UND SMHS DEPARTMENT OF PEDIATRICS
SW CAMPUS – BISMARCK – 2019-2020

Welcome to the 3rd year Pediatric Clerkship where *“The care of children is the finest privilege!”*

We hope that your eight-week experience in Pediatrics will provide you with a broad and exciting introduction to the care of infants, children, and adolescents. While rotating through Pediatrics, you will have the opportunity to work as part of a team comprised of community attending physicians, nurses, and paramedical personnel.

Our commitment to you: The faculty of the Southwest Campus is composed of volunteer faculty pediatricians under the leadership of Dr. Parag Kumar, Pediatric Clerkship Director. You will be provided prompt feedback to enable you to optimize your learning experience on Pediatrics.

Your commitment to us: We expect that as third year medical students, you come to the Pediatric Clerkship prepared to give 100% to each patient encounter. We also expect you will conduct yourself in a professional manner. You are welcome to discuss any obstacles or problems with Dr. Kumar, or Maxine, Clerkship Coordinator. Dr. Kumar is available by cell phone 24 hours a day at 226-1064 and Maxine at 751-9575 (8:00-4:30 pm).

CURRICULUM AND OBJECTIVES

The curriculum and objectives for the UND third year medical student rotation in Pediatrics is taken from the Committee on Medical Student Education in Pediatrics (COMSEP). You will find it in its entirety via the following website:

<http://www.comsep.org/Curriculum/CurriculumCompetencies/>

The Aquifer cases were tailor made to accommodate your study/reading requirements for this curriculum. 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. Students will know and discuss the importance of immunizations and the data supporting them.
- 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.
- PED-12. Demonstrate ability to function as a student member of an interprofessional health care team.

PED-13. Students will identify cases where diversity affects patient care.

PED-14. Students will demonstrate professional behavior in both the inpatient and outpatient settings. This is in line with our medical school's pillars of excellence and with medical licensing standards in the United States and abroad.

INPATIENT EXPERIENCE

Purpose: Each day in your inpatient rotation you will follow a Sanford Pediatric hospitalist. This is called "teaching rounds". It will involve watching and participating in all aspects of patient care. Each student will be expected to follow at least one patient every day. If the pediatric hospitalist/preceptor wants you to follow more than one patient, then do your best. This means that you know the full history, physical exam and lab. If the hospitalist is busy and unable to engage you at that moment, please retreat to student desk and self-study.

Schedule: Please arrive daily at 7:00 am to round on at least one patient before hospitalist starts rounds, unless hospitalist requests another time. As part of our feedback to you, each medical student will be scheduled to present two cases to Dr. Kumar. This detailed "oral presentation" and also called "Professor Rounds", will include full history and physical. Please review "Development of Outstanding Oral Presentation Skills" in your electronic binder and try to follow the oral case presentation template. You will be graded (formative & summative) as outlined in OPCRS form. Please turn in the OPCRS forms to Maxine.

Call Schedule: An initial call schedule will be provided to you. When on call, you are expected to stay on 6th floor Pediatrics. Call is 8:00 am to 9:00 pm, Monday through Friday evening. Weekend call is Saturday or Sunday, 8:00 am to 9:00 pm. Week-end call you should attend rounds with hospitalist and stay on the floor until told you can leave. Write your name and cell phone number on white board in nurse's station.

When you admit a patient, complete an admission note and give to the hospitalist. You can ask Dr. Kumar to sign-off on your notes in EPIC.

Professor Rounds: Professor Rounds is to help students learn clinical reasoning using a case-based format. Inpatient students will present weekly to Dr. Kumar. Each student will present for two Professor Rounds with Dr. Kumar. Dr. Kumar will announce when each student presents; this will be upon availability of patient. Students will be notified ahead of time and will be given several hours to prepare for presentation.

You will use the OPCRS forms given to you on the first day at orientation. Bring the form with you to each Professor Rounds. **Give completed form by Dr. Kumar to Maxine after Professor Rounds.**

OPCRS Rating Form

History	1	2	3	4	5	Comments
2. Chief complaint noted either before HPI or as part of introductory sentence	No Chief complaint noted		Chief complaint mentioned		Chief complaint clear	

	1	2	3	4	5	Comments
3. HPI starts with clear patient introduction including patient's age, gender, pertinent active medical Problems, and reason for admission	No introductory sentence		Intro included most pertinent information		Intro painted a clear picture of patient	<input type="checkbox"/> too much <input type="checkbox"/> too little

	1	2	3	4	5	Comments
4. HPI is organized so that chronology of important events is clear	Sequence of events unclear		Sequence of major events is clear		Sequence of all events is clear	<input type="checkbox"/> too much <input type="checkbox"/> too little

	1	2	3	4	5	Comments
5. The PMH, FH, SH, and ROS include only elements related to active medical problems	Info has no clear connection to active problems		Information adequately describes the patient's active problems		Info completely/ concisely describes all active problems	<input type="checkbox"/> too much <input type="checkbox"/> too little

Physical exam and diagnostic study results	1	2	3	4	5	Comments
6. Begins with a general statement	General statement poor or missing		Mostly clear general statement		Succinct statement creates clear picture of patient	<input type="checkbox"/> too much <input type="checkbox"/> too little

	1	2	3	4	5	Comments
7. Presents all vital signs (and growth parameters if patient is a child)	Vitals inappropriately incomplete		VS & growth parameters mostly complete		All vitals signs/growth parameters given	<input type="checkbox"/> too much <input type="checkbox"/> too little

	1	2	3	4	5	Comments
8. Includes a targeted physical exam	Either too much		Most important info		All important	<input type="checkbox"/> too much

stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings	or too little information given		given		elements of PE given	<input type="checkbox"/> too little
	1	2	3	4	5	Comments
9.Organizes laboratory data/results of diagnostic tests to distinguish between possible diagnoses	Irrelevant test results presented or significant results omitted		Most relevant results reported; few omissions or extra results included		All results relevant to possible diagnoses are presented	<input type="checkbox"/> too much <input type="checkbox"/> too little
Summary statement	1	2	3	4	5	Comments
10.Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical examination, and diagnostic studies into 1 sentence	No summary statement or restatement of story without synthesis		Most pertinent information synthesized; may repeat some unnecessary information		Summary statement concisely synthesizes all key information	<input type="checkbox"/> too much <input type="checkbox"/> too little
	1	2	3	4	5	Comments
11.Includes a prioritized problem list (by systems only if appropriate) including all active problems	No problem list or poorly organized list or used systems when inappropriate		Most important problems included and prioritized on problem list; systems if appropriate		Complete problem list appropriately prioritized; systems if appropriate	<input type="checkbox"/> too much <input type="checkbox"/> too little
	1	2	3	4	5	Comments
12.Provides an appropriate differential diagnosis for each problem	No differential diagnoses are given		A ddx with several possibilities is given for major problems		Extensive ddx for all problems given	<input type="checkbox"/> too much <input type="checkbox"/> too little
	1	2	3	4	5	Comments
13.States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the problem list	Patient plan is not described or is unrelated to the problem list		Plan for the patient addresses most important issues, may omit active but lower priority problems		Patient plan is complete and relates directly to the problem list; all active issues are included	<input type="checkbox"/> too much <input type="checkbox"/> too little
Clinical reasoning/synthesis of information	1	2	3	4	5	Comments

14. The presentation included the pertinent positives and negatives from the H&P to support the differential diagnosis and plan	Key positives and negatives were not included		Key pertinent positives and negatives were presented at some point in the presentation		Most pertinent positives and negatives were included at logical points	
	1	2	3	4	5	Comments
15. At the end of the presentation I had a clear picture of this patient's situation and what needed to be done next	Much ambiguity remained		The picture was clear for the major issue(s)		The picture was complete and all issues were clear	
General aspects	1	2	3	4	5	Comments
16. Overall organization	Poorly organized and hard to follow		Mostly well-organized		Very well organized	
	1	2	3	4	5	Comments
17. Speaking style	Difficult to understand		Mostly understandable and engaging		Understandable and engaging speaking style	
	1	2	3	4	5	Comments
18. Able to answer questions during and immediately after presentation	Unable to answer questions		Moderately able to answer questions		Answers questions fully and responsively	

	1	2	3	4	5	6	7	8	9	Comments
20. Overall assessment of presentation	Needs significant help		Needs some help		Mostly on target		Above expectations		Well above expectations	

H&Ps: Two inpatient H&Ps are required. You present the H&P during Professor Rounds and give Dr. Kumar a copy. **Also email Maxine copies within 48 hours of presentation.**

OUTLINE FOR PEDIATRIC HISTORY & PHYSICAL EXAM

HISTORY

Introductory Statement

This is the (1st, 2nd, 3rd) admission for this age, sex, with a reason for admission.

Chief Complaint (CC) in parents' or child's own words.

History of Present Illness

Information in this section is of greatest importance. Remember that 90% of pediatric diagnoses are made with the history. All of the significant information that supports the differential diagnosis should be found in the HPI. List here all the pertinent, positive and negative direct answers to your questions. The information should be listed chronologically and should include the initial symptom and then the subsequent symptoms. The portions of past history that would be pertinent to the present illness should be included in the information of the HPI. The HPI should contain a number of important details, but these details should be written precisely, concisely, and orderly. Include objective data in your narrative (e.g., x-ray reports and labs obtained in other hospitals) gathered prior to admission that pertain to the patient's need for admission. Information that reflects the severity of illness, for example how the current symptoms affect routine activities is valuable. It is important also to report in the HPI that which reflects the parents' understanding of the problem and their fears and concerns. Finally, note the reason in which the referring physician feels the child actually requires admission rather than treating problem as an outpatient.

Past History

Perinatal and Neonatal Information: More emphasis will be placed on this information especially when it pertains to an infant patient. The information in this section might include birth date, hospital, city, weight, and length and the type of delivery, for example, spontaneous and the type of presentation; vertex or breech. Apgar scores, age of mother, length of gestation, exposures to infectious diseases, and medications, drugs, or alcohol including tobacco used during pregnancy should be recorded if pertinent to the case. Information regarding the newborn, might include hypoglycemia, cyanosis, pallor, seizures, jaundice, skin lesions, muscle skeletal deformities, respiratory distress or feeding problems.

Nutrition: Questions regarding nutrition should be appropriate for the child's age. For example, infants - breast or bottle fed, and if formula is used which type. Also note vitamin supplementation, water source and WIC participation.

Developmental History: Record information regarding a child's current developmental status with regard to each of the four following areas: gross motor, fine motor, social, and language skills. When children are of school age include information regarding academics and physical activities such as sports.

Immunization: Indicate sources of information, dates immunizations given, and which type of immunization was provided. Also include TB testing results and dates if performed. Remember that parents often wrongly assume that their children are "up to date on shots" and it is always best to review vaccine record yourself.

Habits and Personality:

- Sleep
- Issues with regard to behavior

Previous Illnesses: Age, severity, complications, and sequelae. Report as a list and include dates. Serious childhood illnesses, injuries and fractures, and hospitalizations must be reported.

Surgical Procedures: List with approximate dates, and complications

Allergies (Medication and Others)

- Type of reaction

Current Medications: Create numbered list, including name of medication, dose, route, frequency and indication for the medication.

Family/Genetic History

Record all known significant diseases in first degree relatives (parents, grandparents, aunts, uncles, and siblings). Record all deaths in these first degree relatives. Examples that might be included in this section would be diabetes, cancer, epilepsy, allergies, hereditary blood dyscrasia, early coronary artery disease, hyperlipidemia, mental retardation, dystrophies, congenital anomalies, degenerative diseases, cystic fibrosis, and celiac disease. Report the condition in relationship to the patient (for example: maternal uncle has glycogen storage disease type 1.)

Social History

- Living circumstances: place and nature of dwelling, sleeping arrangements, daycare arrangements.
- Economic circumstances
- Parents occupations and marital status
- Household pets
- Potential exposures to toxins in home, for example, cigarette smoke exposure
- Age of home of children less than 3 (possible lead exposure)

Review of Systems

Review each of the following systems and include all positive answers to questions. (Remember that this is a review of systems and not review of symptoms. Do not repeat HPI information in this section). Include at least one item in each system and be sure not to use the short-cut of “negative” or “unremarkable.”

- General
 - HEENT
 - Respiratory
 - Cardiovascular
 - Gastrointestinal
 - Genitourinary
 - Skin
 - Muscle/Skeletal
 - Hematologic/Lymphoid
 - Endocrine & Growth
 - Neurologic
 - Psychiatric

PHYSICAL EXAMINATION

All positive physical findings should be recorded and pertinent negative findings to that specific differential diagnosis should also be included in the physical examination. The following list of physical findings contains examples of those things that might be included.

A successful pediatric examination varies with the age of the patient. Very young infants and neonates are often easiest to examine on the examining table. From several months to preschool age it is often more effective to have the patients lie or sit on the mother's lap. It may be best to interview and examine adolescents without the parents present. If a parent is not present during the examination a student should have a nurse or the attending physician present at the time of examination or have parental permission to examine the child.

Observe the child under ideal circumstances, for example, while in mother's lap and leave the more painful and uncomfortable parts of the examination until last, for example, throat and ears.

Vital Signs: Record vital signs which include temperature, pulse, respiratory rate, and blood pressure (arm and legs). Weight, height, and head circumference should be measured, preferably using the metric system, and should include percentiles. Record BMI and percentile for all children 2 years and older. Plot these parameters on a growth chart if not previously done. Record O₂ saturations and the amount of oxygen delivered if appropriate.

General Appearance: For example, any obvious deformities, size appropriate for age, respiratory distress or pain, and hydration and general nutrition status.

Head: Normal or abnormal facies and normal or abnormal head shape. Fontanel size if open (anterior and posterior).

Eyes: Include all positive findings on eye examination and include proptosis, sclerae, conjunctivae, strabismus, photophobia, and fundoscopic exam.

Ears: Hearing, external canal, discharge, tympanic membrane appearance.

Nose: Air movement, mucosa, septum, turbinate appearance, perinasal sinus tenderness.

Mouth and Throat: Color, dryness, fissure; appearance, teeth – number, presence of caries, gum - color and hypertrophy, epiglottis - appearance, tonsils - size and appearance.

Neck: Flexibility, masses. Thyroid - size.

Lymph node: If abnormal in size or texture record location, consistency, tenderness, size in centimeters.

Spine: Scoliosis, mobility, tenderness.

Thorax: Appearance and contour, respiratory rate and effort, regularity of breathing, symmetrical chest movement, character of respirations such as retractions.

Lungs: Percussion, palpation, fremitus, auscultation.

Cardiovascular:

- Inspection, precordial bulge, apical heave, auscultation, rhythm, character and quality of sounds.
- Palpation: PMI, thrills, heaves.
- Auscultation: quality and intensity of heart sounds, murmurs, for example, timing, duration, intensity, location, radiation.
- Pulses: radial and femoral pulses, rate and rhythm.

Abdomen:

- Inspection, contour, umbilicus, distention, veins, visible peristalsis, hernia.
- Percussion: fluid wave, shifting dullness, tympany, liver size, spleen size, Costovertebral angle tenderness, abnormal masses.
- Palpation: tenderness, rebound, guarding, masses.

Genitalia:

Record Tanner Stage

- Male: circumcised, testes - appearance and size, hydrocele - presence hernia.
- Female: external genitalia, appearance of vulva, clitoris, hymen.

Breasts:

Tanner Stage

Rectal (only if indicated):

Fissures, hemorrhoids, prolapse, sphincter tone, stool in ampulla, abnormal masses.

Skin:

Texture, color, turgor, temperature, moisture, icterus, cyanosis, eruptions, lesions, scars, ecchymoses, petechiae, spider nevi, desquamation, hemangiomas, mongolian spots, nevi.

Extremities:

Tone, color, warmth, clubbing, cyanosis, mobility, Ortolani and Barlow maneuvers in newborns and infants, deformities, joint swelling or tenderness.

Neurologic:

- Mental status: affect, level of consciousness, speech.
- Motor: station and gait, muscle strength, tone, tics, ataxia.
- Cranial nerves: testing 2-12
- Deep tendon reflexes: 2+ is average when recording.
 - Record if Babinski present.
 - Infants note premature reflexes such as grasp, suck, Moro, rooting, stepping, placing.
- Abnormal sensory findings.
- Meningeal signs

CLINICAL DECISION MAKING

Problem list

Create a comprehensive list of problems on admission for your patient, such as dehydration and pneumonia. Be as specific as possible. Include some information about the severity or seriousness of each problem. Don't forget problems like incomplete vaccination status or obesity that could be addressed after discharge.

Summary Statement

Write one or two sentences concisely summarizing pertinent historical and objective information.

The first half should include the key historical information and the second half focusing on the objective findings (exam and lab). The summary statement should balance being complete and concise from which a differential diagnosis is created.

Differential Diagnosis

Using your summary statement (not just each problem in your problem list) as your point of origin, develop a differential diagnosis for your patient. Ideally there would be 4-6 items to consider in your differential. If the diagnosis is known on admission, consider other possibilities as well. For a known infection, like bronchiolitis, consider not only other pathologic processes (like heart disease, airway abnormalities) or which infectious agents could be the culprit (RSV, adenovirus, pertussis, etc.)

Clinical Impression

Which of your possible diagnoses do you think is most likely and which are less likely? Show your clinical reasoning and be convincing.

MANAGEMENT

Use your problem list to generate your plan to be sure you cover everything that is important for your patient. Use specific doses of medications, including mg/kg if applicable. For IV fluids, include the composition and rate. For labs and radiology, include specific tests and what you hope to learn from the results. Patient and family education goals prior to discharge should be considered part of the plan. A outstanding plan includes contingency planning (if-then, when to escalate work up or care) and could refer to a clinical guideline applicable to your patient.

Addendum

Pertinent subsequent lab results or change in patient status after your admission H and P that you may desire to report.

LEARNING ISSUE

Write a short, one to two paragraphs in your own words on something you found interesting about your patient that you wanted to learn more about. Report on a specific medical topic that pertains to this patient. This might be from the differential diagnoses or problem list. Use evidence-based literature to support your information and document your references.

FEEDBACK NOTES

Attending evaluation

In addition to meeting the clerkship requirements for professionalism, a part of your preceptor evaluation will be based on how well you do with your write ups. You will be asked to complete at least 2 full inpatient write ups. You may be asked to complete a third write up if needed to demonstrate competency in this area. We are looking for completeness, evidence of clinical reasoning, and ability to incorporate feedback into improvement.

PHAPPEE Rubric

The clerkship uses the PHAPPEE rubric for evaluation. This rubric was developed and validated by the national group of pediatric clerkship educators and is similar to the oral case presentation evaluation form used for Professor Rounds. The scale goes from 1-5 (5 being the highest) with the goal of being at a level of 3 by the end of third year.

GUIDELINES FOR PROVIDING CARE ON THE PEDIATRIC WARDS

1. Do not wake up patients.
2. Obtain parent and nursing staff permission at all times before examining or playing with patient.
3. Do not examine patient in playroom.
4. Play with patient in playroom or patient's room with witness present (parent or hospital staff, not another medical student).
5. Raise the crib and bedside rails when leaving room.

GOOD HAND WASHING will be monitored and noncompliance may lead to expulsion from direct patient care.

PATIENT CHARTS

It **IS** possible to write student notes on EPIC. Please leave notes on each of your patients daily unless notified otherwise by the pediatric hospitalist/attending physician. Please leave notes on ALL patients you round on and Dr. Kumar will review them. Dr. Kumar will instruct you how to route the written notes to him so he can review them.

OUTPATIENT EXPERIENCE

Purpose: To provide you with an opportunity to learn about and participate in well child care, acute and chronic sick visits, as well as behavioral/developmental evaluations. The experience is provided by busy volunteer faculty. Enter into E*Value all patient encounters, a minimum of 10 well checks, 10 sick visits and 5 newborn encounters.

Please watch video before outpatient clinic: <http://vimeo.com/76294957>

Prescriptions: It is expected that you practice prescription writing while in outpatient clinic and Dr. Kumar will work with you on this skill.

H&Ps: Two outpatient H&Ps are required. Email or give a paper copy of the H&Ps to your outpatient preceptor to review. Email Maxine the two outpatient H&Ps by the end of your third week of outpatient rotation. You do not have to give Dr. Kumar copies of your outpatient H&Ps.

OUTLINE FOR PEDIATRIC OUTPATIENT NOTE

Format:

-Introductory statement and chief complaint (36 month old otherwise healthy child here with fever and cough)

-History of present illness

-Past history

-Meds/Allergies/Immunizations

-Social history and Family History (if pertinent)

-Review of Systems (Pertinent)

-Physical exam (always include vital signs, general impression, and all positive findings and pertinent negative findings)

-Labs/imaging

-Summary statement-summarize the key clinical data to include the history, physical and lab findings (36 month old with 4 days of fever and cough. He has tachypnea, hypoxemia to 94%, crackles in left base, and infiltrate on chest X-ray.

-Impression - (e.g., pneumonia)

-Plan

Useful Websites:

<https://www.m-chat.org/>

The Modified Checklist for Autism in Toddlers (M-CHAT) is a validated developmental screening tool for toddlers between 16 and 30 months of age. It is designed to identify children who may benefit from a more thorough developmental and autism evaluation. This is administered at our 18 and 24 month check-up.

<http://agesandstages.com/>

The ASQ is a screening tool used at check-ups at 9, 18, and 24 months. This form is filled out by parents prior to the visit then scored by nursing staff. It screens for developmental and social-emotional delays. The form is usually ready for you to review just before seeing the patient.

<http://www.immunize.org/>

The Immunization Action Coalition works to improve vaccine rates and provide information on vaccine preventable diseases to healthcare professionals and the public. This is a great resource for parents with concerns about vaccines. There is an excellent section on personal testimonies by parents who lost children to influenza, pertussis, pneumococcal meningitis and more.

<http://www.healthychildren.org/>

A website designed for parents by the American Academy of Pediatrics. There is information on parenting, safety and prevention, development, nutrition, medical and mental health issues. This is useful for well child visits and general parenting advice.

<http://www.cdc.gov/vaccines/schedules/>

Current vaccine schedule. Includes links to catch up schedule.

SUBSPECIALTY OPTIONS

If you are interested in Pediatric specialties, during your outpatient rotation you can request to spend one or two days with Specialists at Sanford Bismarck. The Pediatric specialists are Dr. Justin Horner, Pediatric Cardiology, Dr. Chris DeCock, Pediatric Neurology, and Dr. Jonathan Rodrigues, Allergy & Immunology. Let Maxine know at beginning of rotation and requests will be honored upon availability of the specialist.

NEWBORN EXPERIENCE/NURSERY WEEK

Purpose: To provide you with an opportunity to learn about and participate in evaluation and treatment of the newborn condition utilizing patients admitted to the newborn nursery. You are required to see five well baby nursery visits.

You are expected to fully participate in an evaluation and management of a normal newborn in the nursery. Normal newborn experience will be with Dr. Wahab at CHI St. Alexius Health, and Dr. Kumar at Sanford Bismarck.

ANNE CARLSEN CENTER – Jamestown, ND

Purpose: The Anne Carlsen Center is an institution that offers education, therapies, and healthcare to the severely disabled pediatric population that it houses. This experience will provide opportunities to learn about behavior/development, chronic disabilities, and ethical considerations in pediatrics, as well as an exposure to institutionalize care of the chronically disabled patient.

Expectation: Students will be scheduled to the Center for two days (arrive 8:00 am/depart 5:00 pm daily). Dr. Quanrud, pediatrician at Anne Carlsen, will assign one or two students to you and she will ask for one or two H&Ps. The format is attached. Please email Dr. Quanrud (myra.quanrud@annecenter.org) and Maxine your H&Ps within one week of your visit.

The following website will provide you with additional information about the Anne Carlsen Center, including traveling directions: www.annecenter.org Sleep rooms at Jamestown Regional Medical Center are occasionally available should you choose to spend the night in Jamestown (the fee is \$10 and is the student's responsibility). Maxine has contact information for you if you are interested in this option.

H&P WRITE-UPS & EXPECTATIONS

Purpose: To provide opportunity for you to organize on paper a complete history and physical, generate and think your way through a problem list based differential diagnosis.

Expectation: The required number of H&Ps is two inpatient, two outpatient, one or two Anne Carlsen, and one nursery/newborn exam. *Your preceptors might ask for more H&Ps.* ROME students complete two inpatient H&Ps. **Two inpatient H&Ps will be of the cases presented during "Oral Presentation/Professor Rounds".** Submit these two H&Ps to Dr. Kumar and Maxine within 48 hours of presenting to Dr. Kumar at Oral Presentation/Professor Rounds. Also turn in your OPCR form to Maxine ASAP.

Outpatient, nursery/newborn exam, and Anne Carlsen H&Ps do not need to be corrected by Dr. Kumar. Email or give a paper copy of the two outpatient H&Ps to your outpatient preceptor to review.

Email Maxine the two outpatient H&Ps by the end of your third week of outpatient rotation. Email Dr. Quanrud (myra.quanrud@annecenter.org) and Maxine your Anne Carlsen H&Ps within one week of your visit. Email or give a paper copy to Dr. Kumar and Maxine your nursery/newborn exam H&P. The nursery/newborn exam form is attached.

If you have a good reason for not meeting the deadlines, please inform us by the date the assignment is due. **Failure to do so will result in losing the 100% professionalism score (which is 20% of your grade).**

Maxine's email address: maxine.johnson@und.edu

Any statement in your H&P needs to be your statement, do not rely solely on EPIC and write the doctor's statement. Do not template or cut/copy/paste.

****Immunizations**** List each immunization patient has received. **DO NOT write "up-to-date"**. Interview parent/caregiver and read chart to find the immunizations patient has received. If parent or chart says "up-to-date", list each vaccine appropriate for age of patient. If chart does

not indicate immunizations and parent/caregiver does not know, list what patient should have received at this time/age. Also write what patient is missing in separate paragraph.

IMMUNIZATIONS

Due to the importance of childhood immunizations, during the rotation, students will be either observed educating families on the importance of vaccines and the data supporting them or will do a mock encounter.

OBSERVED HISTORY AND PHYSICAL

Each student is required to have one observed History and Physical during the rotation. Each section needs to be signed off by one or more of the preceptors. The completed form is due by the end of the rotation.

Observed Pediatric History & Physical	
Student Name: _____	
History	
HPI	
Additional History, PMH, FM, SH, Immunizations, Development	
ROS	
Physical	
HEENT	
Cardiovascular	
Respiratory	
Abdomen	
Skin	
Neuro	
Genitourinary	
Signatures/Dates	

AQUIFER CASES

Purpose: Aquifer Pediatrics is a 32 interactive computer based cases designed to cover the core content of the suggested curriculum in Pediatrics. These cases will ensure a comprehensive exposure to the essential issues in pediatrics that will complement your particular clinical experience (you are not required to complete case #1 and case #2). You are also required to complete 2 Aquifer Radiology (Case based Online Radiology Education) cases (#11 and #12).

Expectation: Completion of 30 Aquifer Pediatrics and 2 Aquifer Radiology cases (ROME students required to complete all cases before the NBME is taken) with checklist turned into Maxine by the end of the seventh week of the rotation. Estimate 45 minutes per case. **It is expected that you have approximately 21 CLIPP cases completed at mid-way (Week 4).**

To login: www.aquifer.org using your UND email address to receive a password which will allow future access from any internet site.

TEXTBOOKS

The following textbooks will be provided for your use during this rotation:

- **Bright Futures:** Guidelines for Health Supervision of Infants, Children, and Adolescents (outpatient rotation).
- **Harriet Lane:** A great book to have on call, with nice tables that illustrate “normals” - i.e.: blood pressure, heart rate, etc. Also contains drug dosing information, instructions on performing procedures, and brief discussions on a variety of diagnoses.
- **Nelson Essentials of Pediatrics:** Good exam base study textbook.
- **Pediatric Pretest:** A study guide for the shelf exam in Pediatrics.
- Additional pediatric textbooks and study guides are available through this office for use during this rotation. There is a copy of the **Atlas of Pediatrics:** An atlas that thoroughly illustrates pediatric physical exam findings (located in the Student Lounge).

CONFERENCES

Tuesday Pediatric Grand Rounds (mandatory attendance-unless excused by hospitalist or outpatient preceptor) are held weekly at noon in UND Building Sanford meeting rooms 3rd or 4th floor, via live videoconference from Fargo.

Didactic lectures: Didactic Neurology lectures are scheduled on two Mondays. The lectures are presented by Dr. DeCock, Director on the Southeast Campus. You are to attend the lectures unless you are actively involved with patient care and preceptor is present. Notify Maxine if unable to attend.

Dr. Kumar will lecture on “Growth & Development” and “Nutrition”, and present training on lumbar puncture. Dr. Ocejo will lecture on fluids and electrolytes.

Complete the Instructor evaluations in E*Value.

At times, the presenter may go over the scheduled time, so please note start time and allow extra time for ending of lecture. If you have to leave mid-way, the only excuse is if you were paged for patient care or you have an urgent personal commitment, such as picking up child in daycare.

SIMULATION TRAINING

The University will present SHaPE, Simulation Training and Interpersonal Simulation Training at NDSU School of Nursing. See schedule for time and date.

MID-CLERKSHIP FEEDBACK

You will receive a notice from E*Value to complete a mid-clerkship self-assessment form. Complete the form and bring with you when you meet with Dr. Kumar. This is an opportunity for you to discuss your first four-weeks of the rotation with Dr. Kumar. If you have any questions, talk to Maxine. It is required that you have approximately 21 CLIPP cases completed at mid-way feedback (Week 4).

EXAMINATIONS

On the last day of Week 8, the pediatric portion of the National Boards (NBME) will be given. **The written exam accounts for 30 percent of your grade and you will need an “equated percent correct score of 59” to pass.** (First semester ROME students will take the NBME in the spring of second semester. Second semester Pediatrics rotating ROME students will take the NBME on Week 4 of their-four-week rotation on campus.)

THIRD YEAR PEDIATRIC EXPERIENCE EVALUATION

The student will be evaluated after completion of his/her pediatric clinical rotation by the teaching attending pediatricians, outpatient preceptors, and Dr. Kumar. The evaluations will comprise 50% of your final grade.

Each student will be asked to complete evaluation forms of their pediatric experience (clerkship and preceptors) which will be helpful to improve the pediatric rotation. You will be notified by E*Value regarding these evaluations. The last two questions on the clerkship evaluation form address being observed doing an H&P and did you receive written mid-clerkship feedback whole on this rotation. Please note that you do receive both of those and mark **YES** on the form.

EVALUATIONS

On the last day or two of your inpatient or outpatient rotation, please give your preceptor the **green evaluation form** to complete. Some preceptors will complete the form and give back to you to give to Maxine and some preceptors will keep the form to complete later and they will send it to Maxine. You will receive emails from E*Value to complete evaluations on each preceptor you followed, clerkship evaluation and the lectures.

PATIENT DATA BASE

Log patient encounters into E*Value using either your electronic device or a computer. Only enter the patient encounters that you **“participated”** in. Do not enter any **“observation”** patient encounters. Please bring a printout of your log to your mid-rotation feedback session with Dr. Kumar. (Maxine can assist you with this.)

Patient encounter 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

Group D – Diversity Encounters (5)

Foreign language (need for translator)
Special needs
Ethnic population (Somali, Native American, et.al.)
Homeless

ABSENTEEISM

If you are sick, call Maxine (751-9575) and your preceptor.

DRESS CODE

Students should dress as professionals. Always wear your UND name tag. White coat is optional, and if worn, should be clean. Sometimes the white coat can be intimidating to your patient. Male students are to wear dress slacks, shirt & tie (with tie clasp or tie tucked in shirt). Female students are to wear dress slacks or appropriate length dress/skirt with appropriate blouse or sweater. No scrubs.

GRADING POLICY

2019-2020 Pediatric Clerkship Grading Policy

1. The passing score on the subject examination will be determined by the NBME “Hofstee Compromise.” **This academic year the passing score is “59.”**
2. The clerkship grade will be weighted 50% preceptor grades, 30% subject examination, 15% clinical assignments, and 5% professionalism.
3. Grades, including honors, need to be submitted to Student Affairs for recording and reported to the student within 6 weeks of the last day of the clerkship.

2019-2020 Honors Designation Guidelines

Bismarck - Minimum preceptor score – 92, shelf – 85 (EPCSS) and completed clinical assignments and professionalism portions of grade.

Clinical Assignments will be weighted one-third for Aquifer cases, one-third for write-ups and one-third for oral case presentations. All or nothing, meaning meeting all the requirements listed above. If even one requirement not met, 15% will be deducted from final grade.

Professionalism is worth 5% of the total grade. Violations may result in not receiving honors. Repetitive and egregious violations may result in failure of the rotation.

Grades, including honors, need to be submitted to Student Affairs for recording and reported to the student within 6 weeks of the last day of the clerkship.

*Students should be respectful,
prompt and show interest in Pediatrics.
Always ask questions – never assume.*