Pediatric Summer Externship

2021

Norton Children's

UofL School of Medicine

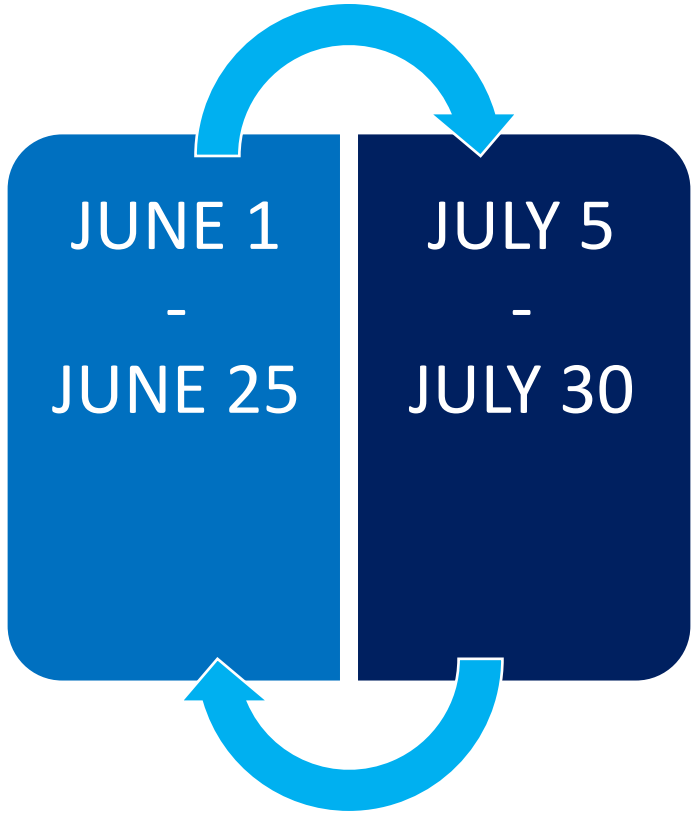
Ambulatory
Cardiology
Emergency Medicine

Endocrinology
Gastroenterology
Hematology/Oncology

Hospital Medicine
Infectious Disease
Neonatal Medicine

Neurology
Psychiatry
Rural Medicine

WHEN?



WHO?

- Medical Students
- Just completed first year
- Interested in Pediatrics
- Chosen through selection process

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THEIR EXPECTATIONS

*Practice Age-appropriate histories & PE
*Deliver at least one patient presentation

*Read about their patients
*Integrate basic science knowledge into the clinical setting

*Communicate with all members of the team and build rapport with their patients and families

*Start practicing EBM
*Attend lectures and conferences

THEIR REQUIREMENTS

NEW FOR 2021! It's a course for credit!

Mandatory attendance M-Fr (no weekends)

Write and submit a reflective piece

Fill out and submit an ILP

ILP

Individual Learning Plan/Evaluation for Pediatric Electives

Name:_____ Rotation Dates:_____

Course Name/Number:_____ Rotation Site:_____

Reflect on your personal or career goals and select **two** specific learning objectives you would like to work on during your elective. Review and sign with the attending at the beginning of the rotation. Avoid general medical knowledge goals ("Learn more about pediatrics") and choose small goals achievable in the short timeframe.

Examples of Learning Objectives:
a. Patient Care
- Accurately describe physical findings on the musculoskeletal exam

b. Medical Knowledge
- Recognize patients who may have a possible immune deficiency

c. Interpersonal and Communication Skills
- Give a focused rheumatology case presentation

d. System-Based Practice
- Apply primary literature information to patient care

e. Professionalism
- Understand the professional life of a pediatric emergency department physician

My learning objectives for the _____ elective are:

1. _____

2. _____

BEGINNING

Learning Plan

State how you plan to accomplish each of the above learning objectives, and then discuss with your preceptor, who may suggest additional resources or activities.

1. _____

2. _____

Reviewed with faculty at the start of the rotation:

_____
Faculty Signature **Date**

_____
Student Signature Date

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End of Rotation Reflection

At the end of the rotation, please state how much progress you made for each of your learning objectives. What helped you achieve your goals or what challenges did you face?

1. _____

2. _____

Preceptor's Section:

Please provide a detailed SUMMATIVE description of the student's performance, include specific examples if possible. Evaluation will not be accepted without written comments.

END

State 1-2 specific actions the student can take to improve:

Final Grade: Honor ☐ High Pass ☐ Pass ☐ Fail ☐

_____
Faculty Signature **Date**

When completed, scan/take a photograph and email to abjohn06@louisville.edu or drop off at OME in Children's Foundation Building within 1 week at the end of the rotation.

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YOUR ROLE

- Encourage
- Give guidance
- Point out learning opportunities
- Provide feedback

YES IT'S OKAY!

Can spend time with ancillary services

Can go to the OR

Can perform supervised procedures

Can do a night shift or call

Can do any activity that promotes their learning!!!

QUESTIONS?