PEDIATRIC CLERKSHIP

STUDENT OVERVIEW for FACULTY

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What will we be discussing?

- Third Year MS Pediatric Clerkship
- Course Structure
- Important Policies & Objectives
- Grading structure & breakdown
- Faculty's role in student grades

Overview of Structure

- 6 weeks → 3 inpatient + 3 outpatient
  - Outpatient = Clinic + Newborn Nursery + HOTI
- Weekly lectures & quizzes Wednesday afternoons
- Dedicated study time Friday afternoons
- Various noon conference activities
- NBME Shelf on the last day

Grading

= Faculty Involved

Clinical Evaluations	50% ★
NBME Shelf	30%
PICS Quizzes	12%
SP experience	3%
Reflective Writing Assignment	2.5%
Administrative Responsibilities	2.5% ★
TOTAL	**100%**

Honors

≥90% overall final grade

all passing range evaluations

≥75th %ile on NBME

complete AR

High Pass

Doesn't meet honors criteria

≥87% overall final grade

all passing range evaluations

≥60th %ile on NBME

Pass

Doesn't meet above criteria

≥70% overall final grade

all passing range evaluations

≥4th %ile on NBME

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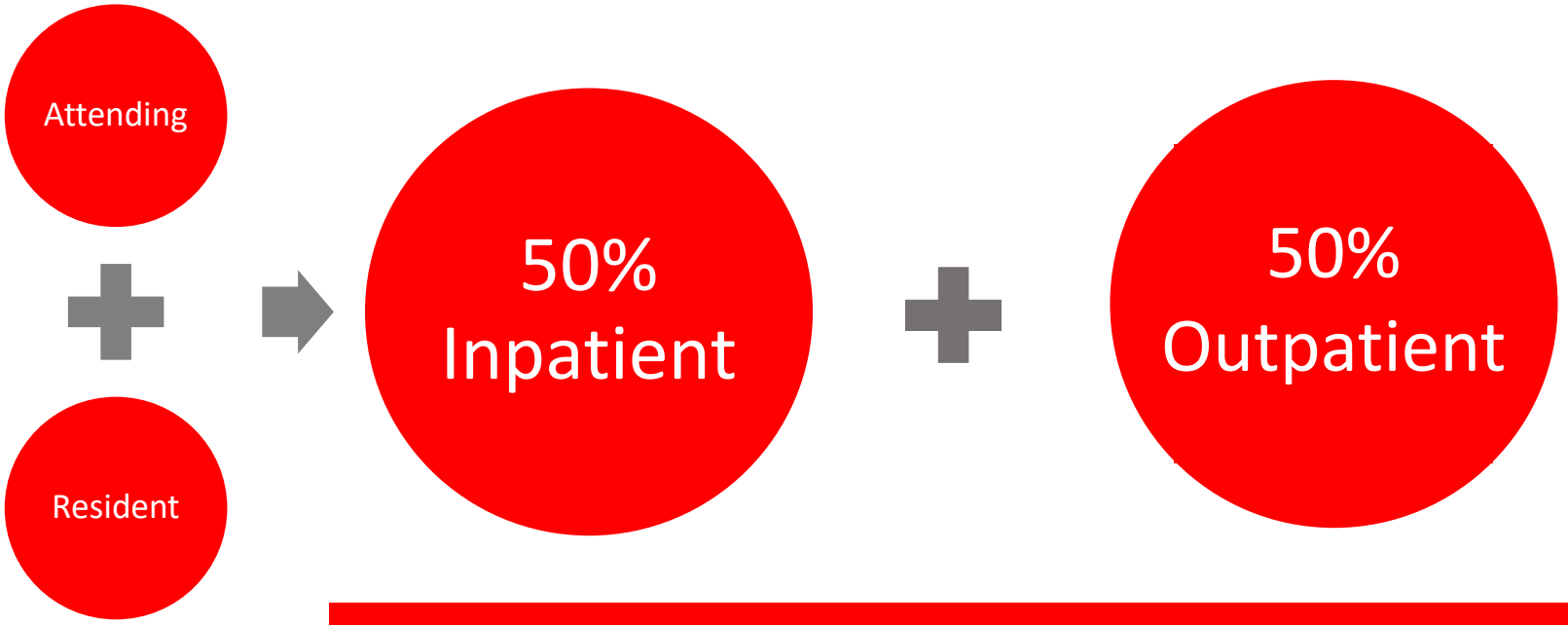
Clinical Evaluations



Evaluations represent aggregate of all supervising attendings or residents!

Clinical Evaluations

- New Innovations
- Represents aggregate = expected to talk to everyone who supervised them before completing eval
- Submitted before 6 weeks (LCME Requirement)

Clinical Evaluations

Written student evaluations are designed to do three things:

1. Identify what the student has mastered vs. what they need to work on
2. Provide a grade to contribute to the overall grade in the course
3. Provide specific comments that is used to explain more about the student's performance and summarized in the Dean's Letter (MSPE letter) identify what the student is able to complete independently, what they need some help completing, and what they seem unprepared to do on their own.

Faculty and residents are asked to evaluate students because they are best positioned to directly observe the student and describe their performance relative to the expected performance to meet the goals of that rotation.

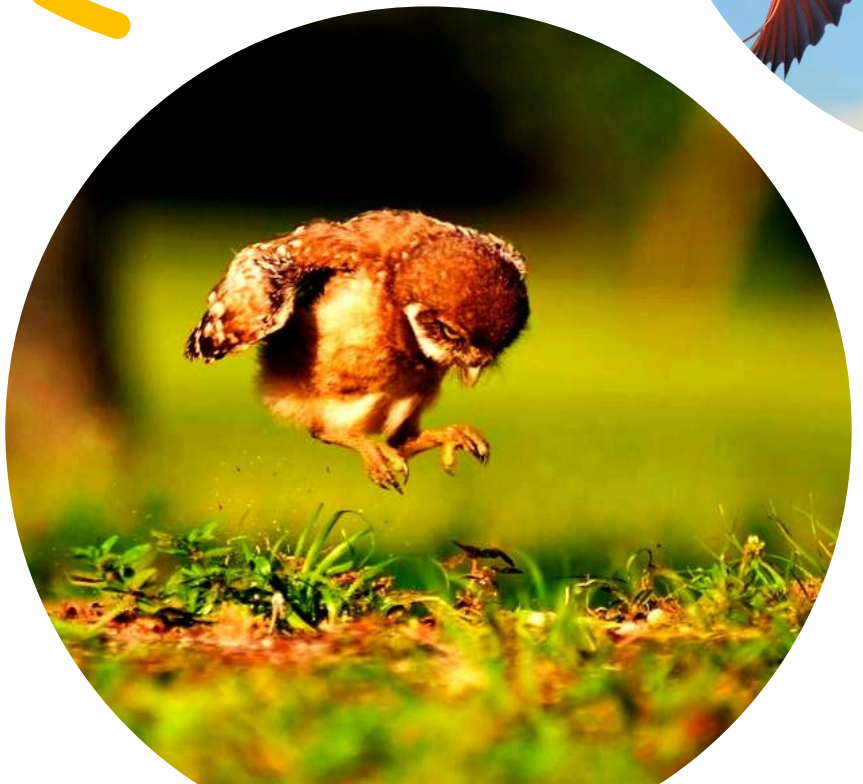
Clinical Evaluations

- Because students develop along different trajectories and timelines, assessment of the student's ability to complete specific tasks on an evaluation is *separate* from the grade given on written evaluation.

- Student competency on specific tasks is described as independent, with prompting, or needs coaching.

Clinical Evaluations

- **Independently:** the student does not need any help from supervisors to complete the task
- **With some prompting:** the student can complete the task with occasional support
- **Needs coaching:** student has to be prompted or supported on most encounters or repeatedly to complete the task and needs to keep working on this aspect of their performance



Clinical Evaluations

- Select the grade that best represents that student's *overall performance* by the end of their time on wards.
- Write *summative* comments about their performance.

96	90	84	60
Honors: High standards in professionalism and work ethic, excellent humanistic interaction skills, and outstanding clinical skills, top 20% of students.	High Pass: Some areas outlined above are outstanding, meets expectations for proficiency in others, top 50% of students.	Pass: Has required expected amounts of corrective feedback to be successful in meeting the goals of the rotation, but has responded well to instruction and is now meeting expectations successfully for proficiency in all areas. The majority of students evaluated should fall into this category.	Fail: ANY serious professionalism violation was observed, OR if any of the following deficiencies were observed and did not resolve with feedback: poor work ethic, disengagement from learning, problems interacting well with others, inability to demonstrate proficiency in any required clinical skill by the end of the rotation.

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If you fear someone may fail the rotation, *please* reach out to me ASAP!!

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Administrative Responsibilities

DUE BY SWITCH DAY:	Checklist Mid-Clerkship Form
DUE BY SHELF DAY:	Checklist Mid-Clerkship Form Mini-CEX
DUE EVERY MONDAY:	Patient logs from previous week Duty hours from previous week
DUE DATE VARIES:	SDL Presentations SIM Participation

- **All or None!**

- **Must complete to be eligible for Honors!!!**

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Core Checklist for the Pediatric Clerkship Inpatient Rotation

- ☐ Attending Evaluation Check-off List to be completed by the Attending of Record and reviewed with the Junior Student.
- ☐ Students are responsible for assuring its completion.
- ☐ Contributes towards the inpatient clinical evaluation grade and administrative responsibilities grade.

Student Name _____ Rotation Dates _____

TASK	ATTENDING Sign-Off
H&P Review (signature)	_____ (first week)
Mid-Month Evaluation (print the name of the attending you discussed your evaluation with and date it took place)	_____ (second week)
Self-Directed Learning Presentation * (signature)	_____
Mini-CEX	Due by Shelf Day. Tasks need to be Directly Observed! This is your reminder to work on it now!

* Students will participate in self-directed learning in the following Clerkships: Internal Medicine, Obstetrics/ Gynecology, Pediatrics, Psychiatry, and Surgery. The goal of self-directed learning is to allow students the opportunities to develop the skills of lifelong learning, including the ability to learn through self-directed study. During Pediatrics, this presentation will occur during a PALP led session.

These are skills you will need as you go forward in clinical practice. Self-directed learning involves self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

Topic of Self-Directed Learning:

_____

Learning Objectives I created for my topic:

1. _____
2. _____
3. _____

Sources I used to meet my Learning Objectives:

1. _____
2. _____
3. _____

Feedback for Self-Directed Learning Presentation:

_____
_____
_____
_____

Clinical Evaluations in New Innovations are completed by the second or third week attending but represent an aggregate of all your supervising attendings during the inpatient rotation.

Core Checklist for the Pediatric Clerkship Outpatient Rotation

- ☐ Attending Evaluation Check-off List to be completed by the Attending of Record and reviewed with the Junior Student.
- ☐ Students are responsible for assuring its completion.
- ☐ Contributes towards the outpatient clinical evaluation grade and administrative responsibilities grade.

Student Name _____ Rotation Dates _____

TASK	ATTENDING Sign-Off
Mid-Month Evaluation (print the name of the attending you discussed your evaluation with and date it took place)	_____ (first week)
Note Review (signature)	_____ (first or second week)
Prescription writing (signature)	_____ (first or second week)
Immunization (signature)	_____ (first or second week)
Mini-CEX	Due by Shelf Day. Tasks need to be Directly Observed! This is your reminder to work on it now!

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Mid-Month Evaluation

LCME requires that all students receive formal feedback from their supervisors in time to address any deficiencies before the end of the rotation.

University of Louisville SOM Medical Student Mid-Block Feedback Form

Student Name _____ Clerkship/Site_____

Attending/Resident _____ Block_____

STUDENTS: Before meeting with your preceptor/resident, complete a self-evaluation by marking off with an "**S**" where on the spectrum you think you are currently. Then give the form to the resident or faculty member you worked with most to complete. If the form is completed by a resident because they have been able to directly observe more of these skills, **you must still discuss the content of the form with your attending faculty and get their signature for the form to be accepted**. This helps ensure that your faculty member is fully aware of the feedback you are receiving from your resident. Take a picture of this form once it has been signed by faculty and email image or return the original to the clerkship coordinator.

Faculty and Residents: Rate the student's performance by marking off with a "**P**" where on the spectrum you think the student is currently. Discuss the student's strengths and areas for improvement. Record comments regarding areas needing attention and ways for the student to improve. **Please contact the clerkship director immediately for any students whose performance indicates they are at risk for failing the rotation.**

What level of support does this student currently need to meet these expectations in the following domains?	Independently	With Prompting	Needs Coaching	Not Observed
Communication Skills: ideal performance Adapts communication style appropriately for situation, effectively establishes rapport, fluent history taking and oral presentations, patient-centered education and anticipatory guidance, culturally appropriate communication, completes specialized forms of communication effectively (ex. informed consent, motivational interviewing)				
Clinical Skills: ideal performance Ability to perform useful history, physical exam, identify normal vs abnormal findings, complete procedures at appropriate level, use clinical skills as a tool in decisionmaking, apply clinical guidelines and order sets appropriately				
Medical Knowledge: ideal performance For core diagnoses: able to correctly interpret the significance of abnormal findings, order appropriate first-line diagnostic testing, explain pathophysiology, propose appropriate first-line treatment, identify risks/benefits/alternatives of treatments, recommend appropriate prevention for individual patients				
Professionalism: ideal performance Puts the needs of patients first, shows enthusiasm for work and learning, exhibits self-motivation and ownership of learning, organized and effective approach to learning, always prompt and reliable, initiates completion of required documentation or tasks, respectful in all interactions, seeks regular feedback, asks for help appropriately				

Resident Sign & Date: (if applicable)_____

Attending Sign & Date_____

Student Sign & Date_____

Clerkship Director Sign & Date _____

What does this student do well?

How can this student improve (ACTION PLAN)?

Reviewed case logs in midclerkship feedback ☐

Number of patients for whom I provided direct care

_____

Diagnoses I am missing/need help seeing

_____

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****Aim for specific, quality, *formative* feedback****

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Mini-CEX

Largely done by residents on inpatient and faculty on outpatient.

Name: _____ **Date:** _____

ULSOM Pediatric Clerkship Mini-CEX form

Preceptors: please mark your initials in the scoring box that best identifies the observed level of support needed by the student to complete the task. Different tasks can be observed and scored by different preceptors on different days throughout the clerkship, each preceptor scoring the student should sign the form below. Please only initial tasks you directly observed the student perform. If the student still needs prompting or coaching to complete a task, give them feedback on how to improve next time.

Students: Please repeat these tasks, responding to feedback you receive until a rating of "Independently" is reached for each task.

ObseNed level of support needed for student to successfully:	Independently	With some prompting	Needs coaching
1.1.7 Perform a targeted physical examination: *must be observed performing HEENT and Respiratory exams at minimum*			
1.2.2 Adapt the medical history interview to the patient being seen and the clerkship specialty/setting represented, including a confirmation of past records/history if applicable			
4.3.4 Ask about sensitive areas of the history using inclusive, neutral language and assuring patients of how the information will be used/kept confidential			
1.7.2 Ask patients and families about aspects of their home or childhood development that can affect current or future health			
4.3.1Practice adaptive communication strategies to prevent or resolve communication problems that occur when patients come from a background different than your own, including effective use of translators/devices			

Precepto printed name, signature, date: _____

Preceptor printed name, signature, date:

Preceptor printed name, signature, date:

Preceptor printed name, signature, date:

Preceptor printed name, signature, date:

Must be skills you directly observed.

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Required Diagnoses & Procedures

Students must see every required diagnosis prior to the end of the rotation.

Diagnosis List	Level of Participation	Setting
Abdominal Pain	Level 2	Inpatient or Outpatient
Allergic Disorder	Level 2	Inpatient or Outpatient
Asthma	Level 2	Inpatient or Outpatient
Behavioral or Mental Health Disorder	Level 2	Inpatient or Outpatient
Child Abuse/Neglect	Level 1	Inpatient or Outpatient
Complication of prematurity or congenital insult	Level 2	Inpatient or Outpatient
Dehydration & Fluid Management	Level 2	Inpatient
Developmental Delay	Level 2	Inpatient or Outpatient
Failure to Thrive/Weight Loss	Level 2	Inpatient or Outpatient
Jaundice	Level 2	Inpatient or Outpatient
Lower Respiratory Tract Infection	Level 2	Inpatient or Outpatient
Murmur	Level 2	Inpatient or Outpatient
Neonatal Fever/Concern for Serious Bacterial Infection	Level 2	Inpatient
Obesity	Level 2	Inpatient or Outpatient
Otitis Media	Level 2	Inpatient or Outpatient
Rash	Level 2	Inpatient or Outpatient
Seizure Disorder	Level 2	Inpatient or Outpatient
Viral Illness	Level 2	Inpatient or Outpatient
Well infant visit 0-12 months	Level 2	Outpatient
Well child visit 1-10 years	Level 2	Outpatient
Well adolescent visit 11-18 years	Level 2	Outpatient

The definitions of the levels of responsibility for Diagnoses are:

Level 0: Completed virtual patient case

Level 1: Active Exposure: Student actively observes clinical care of patient during key patient care tasks and subsequently discusses the interaction with the provider, participated in discussion for care of teammate's patients

Level 2: Active Clinical Participation: Student actively participates in the clinical care of patients by performing key patient care tasks. This can include obtaining a patient history, conducting a physical examination, presenting the case including a discussion of differential diagnosis, assessment, and plan, and/or accepting a patient handoff with active listening and then performing required next steps in care.

Syllabus

- Program & Course Objectives
- Additional Policies
- Further Details

UNIVERSITY OF LOUISVILLE

2022-23 Clerkship Syllabus

Pediatric Clerkship
PEDI-901

I. Professor / Instructor

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Medical Student Supervision Policy

- LCME requirement AND UofL policy!
- Students must always identify themselves as students in the clinical environment
- Supervisors must be a ULSOM faculty member, or their designee who is a licensed healthcare provider operating under their supervision (resident, nurse, therapist, physician assistant)
- All intimate exams require a chaperone—ideally an MD or staff member
- All procedures require **direct supervision**
- Students and supervisors are equally responsible for reporting violations
- Effective procedures exist for students or others to report violations
- Student Notes must all be signed and attested to by their supervisor

Conflicts of Interest in Supervision

LCME requirement AND UofL policy!

- Any physician who has provided clinical care to a student cannot supervise or evaluate them
- Students cannot be supervised by family members
- Students *can* be assigned to another physician in the same practice, who can evaluate them
- Either students or faculty should contact the clerkship director if a conflict exists so that the student can be reassigned

Questions?

Don’t hesitate to reach out to myself or Freda Ellington!

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