PED1-3010/F SENIOR CLERKSHIP IN PEDIATRICS
Course Policies and Procedures

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This is your initial point of contact

Location
See Introduction below

Faculty
The faculty and fellows assigned to the Le Bonheur Inpatient Service for the month will supervise students in the evaluation and management of patients.

Introduction
We are extremely excited that you decided to rotate with us! To insure a smooth transition into your JI clerkship, please contact the Pediatric Chief Residents at (901)287-5920 or (901)287-5923 prior to your first day! This is how you will get information about call schedules, parking, meal tickets, badges, etc. You will also need to complete Computerized Physician Order Entry (CPOE) training prior to your start date. We look forward to working with you!

Also, please go to the JI Expectations link in the Pediatric Clerkship Information to fill out your Access Request Form for the Cerner oneChart system, the electronic medical record at Methodist Healthcare. Fax the completed form to Marilyn McWilliams, Director Medical Education, two weeks prior to starting your JI rotation (Fax number 901-516-8254). This information will be used to build the Cerner account. Once the Cerner account is built, you will be able to access the CHEX system to complete the Computerized Physician Order Entry online education. Please read and follow the instructions provided to access CHEX. If you do not know your provider number, please contact Pam Thompson at (901) 516-0369 to obtain this information.

Elective Goals
Pediatric JI Goals:
1. To gain experience and skills in caring for pediatric patients on a general pediatric inpatient unit.
2. Manage, under resident/attending supervision, a variety of acute medical conditions on the inpatient unit.
3. Appreciate the role of the primary care physician regarding the hospitalized pediatric patient.
4. Gain experience in communicating with primary care physicians, hospital physician and nursing staff, housestaff, and subspecialists regarding the care of the hospitalized pediatric patient.
5. Participate in the evaluation and care of acute pediatric conditions in a hospital emergency department.
6. Appreciate decision-making strategies for pediatric transfers for tertiary care.
7. JI’s are responsible for further advancing their ability to achieve the goals set forth in the clerkship syllabus for the third year medical students.
   a) Acquisition of basic knowledge of growth and development (physical, physiologic, and psychosocial) and of its clinical application from birth through adolescence.
b) Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.

c) Development of competency in the physical examination of infants, children, and adolescents.

d) Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.

e) Development of clinical problem solving skills.

f) An understanding of the influences of family, community and society on the child in health and disease.

g) Development of strategies for health promotion as well as disease and injury prevention.

h) Development of the attitudes and professional behaviors appropriate for clinical practice.

i) An understanding of the approach of pediatricians to the health of children and adolescents.

Responsibilities:

A. Admitting
   a. Complete history, physical, assessment and plan on the patient.
   b. Discuss the case with the supervising resident before writing orders and/or calling the PCP (if private attending).
   c. Submit all orders on the patient and coordinate all follow-up required with adequate guidance from the senior residents (obtaining old records, making consults, etc).

B. Wards
   a. Write daily progress notes.
   b. Submit all new orders, having discussed with the supervising resident/team/attending.
   c. All orders must be reviewed AND co-signed by supervising resident/faculty.
   d. Submit all discharge orders, prescriptions, and coordinate f/u appointments with proper guidance from the senior residents.
   e. All discharge summaries must be written within 24 hours of discharge. This is needed to provide timely feedback for improvement and get the information to the PCP in a timely manner.
   f. Grades will not be submitted to the registrar until all discharge summaries are completed.
   g. JI patient load cap at 10 patients. May only cross-cover up to 20 patients.
   h. Try to keep the percentage of patients followed with an M3 below 50%.
   i. Residents must NOT selectively allocate service patients to the JI.
   j. JI’s are expected to read about their patients and be able to contribute to the care of their patients through use of evidence based medicine. They are to share that information in a collegial manner with their team.
   k. JI’s are expected to provide accurate, detailed Hand off of their patients at the end of the day to the Night Float interns/resiterns.

C. Call
   a. On call every 5th night.
   b. Try to keep percentage of calls with an M3’s below 50%.
   c. Only carry team beeper and personal beeper (no other teams’ beeper).
   d. Intern work hour policy applies to JI’s. 30 hour work rule applies to JI’s. (out by 1 PM the next day).
e. Call room available but sadly infrequently used.

D. Miscellaneous
   a. Intern work hour policy applies to JI’s. JI’s can expect 1 day off every 7 days (including the weekends before/after 4 week rotation) to be cleared with supervising residents.
   b. JI’s are not to schedule residency interviews during their rotation.
   c. Call schedules for JI clerkship are available on the residency website prior to start of rotation. (www.uthsc.edu/pediatrics/residency) (allowing for scheduling and to inform students if they are on call on day 1)
   d. JI’s are expected to attend all morning reports, Grand Rounds, noon conferences, and intern school and may partake of free lunches when available.
   e. JI’s are expected to attend a brief orientation (with peds chiefs and senior residents) on the first day of their rotation to specifically outline expectations and responsibilities.
   f. This orientation should provide more in-depth information on “practical” knowledge/day-to-day logistics: dosing of medicines, calculating fluids/feeds, how to do discharge summaries, etc.
   g. JI’s should expect to receive a uniform set of expectations and standards from all senior residents and attendings.
   h. JI’s should expect mid-month and end-of-rotation evaluations by residents AND attendings (specifically going over H&P’s, progress notes, discharge summaries, knowledge, interpersonal skills, overall performance)
   i. JI’s are encouraged and required to seek help from senior residents no matter what time of day or night!
   j. JI’s are expected to participate in teaching third year medical students during the rotation.

Elective Objectives

COMSEP/APPD PEDIATRIC SUBINTERNSHIP CURRICULUM

Fourth-Year Medical Student Patient Care Principles
Principles essential to providing patient care as a fourth-year medical student:

1. Taking on primary responsibility for the patient.
2. Focusing histories, physicals, and oral and written communication appropriately.
3. Sharing information effectively with a patient and family.
4. Prioritizing and organizing work effectively.
5. Anticipating what a patient will need during the course of hospitalization (i.e. when they need to be re-examined, when a lab needs to be repeated, when additional therapy is necessary, when additional history needs to be obtained, discharge criteria) and communicating this information effectively in hand-overs.
6. Re-evaluating a patient when you take on their care (i.e. the assessment and plan, as well as the clinical status) and looking further when the clinical picture does not fit.
7. Continuing to think about and re-assess the patient during the course of the day.
8. Coping with uncertainty in patient care issues (i.e. knowing what you know and what you don’t know, accessing best resources, and knowing when and how to get help).
9. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.
10. Coordinating the care of your patient during hospitalization and in planning for discharge.

**Learning Objectives**

**1. Patient Care**

Provide patient care that is compassionate, appropriate and effective for the treatment of health problems

(Assessment methods: Global Performance Evaluation (PE), Structured Clinical Observation (SCO), 360 Degree Evaluation(360))

1.1 Independently collect both focused and comprehensive, developmentally appropriate patient histories
1.2 Independently perform both focused and comprehensive, developmentally appropriate physical examinations
1.3 Synthesize information to formulate a differential and primary diagnosis
1.4 Develop a prioritized and inclusive problem list
1.5 Identify the reason for the patient’s admission
1.6 Summarize interval patient information and rationale for ongoing clinical management
1.7 Recognize patients requiring immediate attention by supervising physician
1.8 Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems
1.9 Modify the primary diagnosis based upon interpretation of diagnostic studies
1.10 Demonstrate family-centered approach to patient care (e.g., incorporating patient and family perspectives into the management plan)
1.11 Develop a prioritized management plan with the health care team and describe a rationale for the clinical plan
1.12 Identify patient discharge needs and include in daily plan
1.13 Manage time effectively in completing patient care tasks
1.14 Identify relevant clinical information necessary for hand-offs
1.15 Reassess patients continuously (e.g., when assuming care, throughout the day and throughout the hospital course)
1.17 Formulate appropriate orders
1.18 Prepare prescriptions
1.19 Practice appropriate infection control measures while caring for patients
1.20 Recognize how clinical uncertainty affects patient care

**2. Medical Knowledge**

Demonstrate sufficient knowledge to provide patient care with appropriate supervision

(Assessment methods: Chart Stimulated Recall (CSR), PE, Written exam)

2.1 Describe the epidemiology, pathophysiology, and clinical findings of common pediatric conditions that require hospitalization [prerequisite; see COMSEP Clerkship curriculum]
2.2 Describe the diagnostic evaluation and management of hospitalized patients with the following conditions:
   * Abdominal pain or distention
   * Altered mental status (e.g., irritability, lethargy, seizure)
   * Fluid, electrolyte and acid-base disturbances
   * Fever (including in immunocompromised patients)
   * Musculoskeletal pain or swelling
   * Respiratory distress
2.3 Describe how age and development influence clinical findings and epidemiology of
common pediatric conditions
2.4 Identify criteria for admission and discharge from the hospital
2.5 Recognize variations in common laboratory findings and vital signs, e.g.,
   * Heart Rate, Respiratory Rate, Blood Pressure
   * BUN and creatinine
   * Cerebrospinal fluid
   * Complete blood count and differential
   * Chest x-ray
2.6 Describe the signs and symptoms that suggest deterioration (including signs of shock and respiratory failure) or improvement of a patient’s clinical condition
2.7 Describe the impact of chronic illness on a patient’s clinical findings and management
2.8 Describe principles of pain assessment and management
2.9 List drugs of choice and rationale for their use in common pediatric illnesses
2.10 Calculate doses of medication based on age, weight, body surface area, and diagnosis
2.11 Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
2.12 Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status
2.13 Describe the elements of informed consent
2.14 Describe the indications, contraindications, risks and benefits of the following procedures:
   * Arterial puncture
   * Intravenous catheter insertion
   * Lumbar puncture
   * Nasogastric tube insertion
   * Urethral catheterization
   * Venipuncture
2.15 List the indications for emergency vascular access
2.16 Recognize opportunities for preventive services in hospitalized patients

3. Interpersonal and Communication Skills
Demonstrate interpersonal and written communication skills that result in effective information exchange and collaboration with patients, their families, and all members of the health care team (Assessment methods: CSR, Objective Structured Clinical Examination (OSCE), PE, SCO, 360)
3.1 Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
3.2 Demonstrate relationship building skills in each clinical encounter and inter-professional exchange
3.3 Gather patient information using active verbal and non-verbal listening skills, clarifying and summarizing statements, and open-ended and closed-ended questions within a structured format
3.4 Elicit and recognize the perspectives and needs of families and provide care for patients within their social and cultural context
3.5 Share information with the patient and family in a way that facilitates their understanding
3.6 Include the family in the decision-making process to the extent they desire
3.7 Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
3.8 Recognize the situations in which interpreter services are needed and demonstrate how to
use these services effectively
3.9 Identify one’s own reactions to patients and families, recognize when these reactions interfere with effective communication, and manage these reactions properly
3.10 Communicate patient information accurately and efficiently to all health care team members, including the primary care provider
3.11 Deliver organized, appropriately focused, and accurate oral patient presentations
3.12 Convey concise, pertinent information at the time of hand-offs
3.13 Frame a question for a consultant and communicate the patient information and clinical question effectively
3.14 Write organized, appropriately focused, and accurate patient notes, including admission, progress, cross-cover, and discharge notes and summaries

4. Professionalism
Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity
(Assessment methods: Independent Learning Plan (ILP), PE, SCO, 360)
4.1 Demonstrate personal accountability to patients, colleagues and staff, in order to provide the best patient care
4.2 Demonstrate integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families
4.3 Demonstrate a humanistic, family-centered approach to the care of the patient
   a) Identify the perspectives of patients, families, self and other healthcare team members
   b) Analyze how perspectives may conflict and converge
   c) Demonstrate altruism in negotiating a plan of care
4.4 Provide culturally effective care
   a) Identify the important role of culture in the care of each patient
   b) Demonstrate a patient-based approach to cultural competence
   c) Elicit the cultural factors that may influence care of the patient
   d) Recognize how one’s own beliefs affect patient care
4.5 Demonstrate punctuality and ability to complete patient care tasks efficiently
4.6 Adhere to institutional guidelines, including those regarding attire, language, documentation, and confidentiality
4.7 Maintain appropriate professional boundaries with patients, families, and staff
4.8. Recognize the impact of stress, fatigue, and illness on learning and performance
4.9 Recognize and appropriately act on unprofessional behavior demonstrated by others

5. Practice-Based Learning and Improvement
Use evidence based medicine and self-directed learning in the care of patients and education of others.
(Assessment methods: CSR, ILP, PE, Portfolio Task, 360)
5.1 Demonstrate self-directed learning in daily practice
   a) Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through selfevaluation
   b) Acknowledge own uncertainty
   c) Develop a plan for improvement
   d) Perform appropriate learning activities
5.2 Improve one’s own practice by soliciting and incorporating feedback
5.3 Demonstrate evidence-based clinical practice
a) Access appropriate resources to answer clinical questions
b) Critically appraise relevant literature
c) Incorporate evidence from the literature into patient care
5.4 Use information technology to optimize learning
5.5 Participate in the education of patients, families, and the health care team

6. Systems-Based Practice
Strive to provide high-quality health care and advocate for patients within the context of the health care system.
(Assessment methods: PE, Portfolio Task, 360)
6.1 Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, and physical therapists, during hospitalization
6.2 Recognize, address, and work to prevent errors and near-misses
6.3 Recognize the role of systems solutions in improving patient safety
6.4 Coordinate transition from inpatient to home care
   a) Identify medical needs (e.g., medications, nutrition, activity, and equipment)
   b) Arrange follow-up care (e.g., medical home/primary care, special services, support networks, subspecialty care)
6.4 Recognize the impact of health insurance status on patient care and availability of services
6.5 Recognize the existence of health care disparities and their impact on patient care

Attendance and Required Experiences
Students are to arrive in the hospital early enough to see their patients, gather information and prepare for attending rounds in time to attend Hand-off and morning report at 7a.m.. Students will participate in all rounds and noon conferences and perform histories and physical examinations on selected patients on the service. Students are to find pertinent literature regarding patients being cared for on the service. Student will be responsible for initial evaluation of all patients. They will follow the patients daily, formulate plans of management and, under the supervision of a resident and attending, will write orders and notes on all assigned patients. They will review diagnostic results daily on all patients.

Duty Hours
Students should expect to spend 40-80 hours per week.

Rotation Weekly Schedule

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<th>Weekdays</th>
<th>Weekends</th>
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<tbody>
<tr>
<td>7-8</td>
<td>Hand-off/morning report</td>
<td>Hand-off/morning report</td>
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<tr>
<td>8-9</td>
<td>Patient Care</td>
<td>Patient Care</td>
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<tr>
<td>9-10</td>
<td>Attending Rounds</td>
<td>Attending Rounds</td>
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<td>10-11</td>
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<td>11-12</td>
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<td>12-1</td>
<td>Noon</td>
<td>Patient care</td>
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Student Evaluation

PROFESSIONAL CONDUCT
In 1986, the College of Medicine established its Code of Professional Conduct. The document, available in *The Centerscope*, addresses those responsibilities to patients, colleagues, family, and community as well as to the individuals themselves. Following discussion with incoming students, it is assumed that all will subscribe to this code as part of their commitment to the profession of medicine. An egregious professionalism violation may be considered grounds for course failure.

DECLARATION OF DISABILITY
Any student who would like to self-disclose as a student with a disability in the College of Medicine at UTHSC must register and officially request accommodations through the Disability Coordinator in Student Academic Support Services (SASS). Regardless of a student’s geographic location for experiential education, all requests for accommodations must be submitted with supporting documentation and reviewed for reasonableness by the Disability Consultant. Students should contact Laurie Brooks to set up an appointment to discuss specific needs at lbrook15@uthsc.edu or (901) 448-1452. All conversations regarding requests for accommodations are confidential.

DUTY HOURS
1. Duty hours will be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call and patient care activities.

2. Continuous on-site duty, including in-house call, will not exceed 30 consecutive hours. Students may remain on duty additional hours to participate in transferring care of patients, conducting outpatient clinics, maintaining continuity of medical and surgical care, and attending required didactic activities.

3. Students will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a rotation, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, didactic, and administrative activities.

4. Students should be provided with a 10-hour period after in-house call during which they are free from all patient care activities.

STUDENT ASSESSMENT
Students have a formative assessment at the half-way mark of the preceptorship and a summative clinical assessment at the end of the rotation based on clinical performance as defined in the objectives.
GRADING SCALE (this is the College of Medicine grading scale adopted for the entire curriculum by the CUME, beginning May 2014.)

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<tr>
<th>Letter Grade</th>
<th>Final Percentage</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B</td>
<td>79-89</td>
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<tr>
<td>C</td>
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<tr>
<td>F</td>
<td>&lt; 67.49</td>
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**Academic Difficulty**
Students having difficulty in the course are strongly encouraged to seek help as soon as possible by seeking advice from the resident, fellow, and attending on the service. Students are also encouraged to check with the SASS and the Kaplan Clinical Skills Center to see if academic support is available.

**Course Evaluation**
Students are required to participate in the Hall Tackett evaluation survey on New Innovations at the conclusion of the course.

**Textbooks and Literature**
Students are encouraged to seek a reputable pediatric text which best suits their learning style. A list of commonly purchased texts is available in the Third Year Clerkship Syllabus.