

# Obstetrics/Gynecology and Pediatrics Block

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## Quick Guide

The following are brief snapshots of the requirements for each clerkship. Please be aware that although these are the requirements, students are still responsible for all of the information contained in this syllabus.

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## OB GYN CLERKSHIP

### Clinic

	Due	Resident/Attending	Date Completed
Pelvic/Breast Exam			
Wet mount (1 required at level of manage)			
Evaluation #1			
Evaluation #2			
Evaluation #3			
Evaluation #4 (Lactation Consultant)			
*			

- \* Refer to Scheduler 15
- \* Attend OBPEDS Didactic Series on Wednesdays

**L&D**

	Due	Resident/Attending	Date Completed
2 Vaginal Deliveries (level of assist or manage)			#1 #2
Participate in labor mgmt.			
Scrub in on one C-Section			
Observed H&P			
Complete online Fetal heart Tracing strip			
Evaluation #1			
Evaluation #2			
Evaluation #3			
* Attend Morning Report 7:00am on days you are on morning (7am-3pm) or getting off from nights (11pm-7am)			

**Gynecologic Surgical Specialty/GYN-ONC**

	Due	Resident/Attending	Date Completed
Will review Ovarian Cancer Module			
Colposcopy Clinic (1 colposcopy required at level of observe or assist)			#1
Evaluation #1			
Evaluation #2			
Attend Gyn Morning Rounds Mon-Fri			

**MFM**

	Due	Resident/Attending	Date Completed
Will give presentation about MFM topics			
HROB Clinic (High Risk)			
DROB Clinic (Diabetic)			
Evaluation #1			
Evaluation #2			
Attend MFM Morning Rounds 7:00am Mon-Fri			

**BGYN**

	Due	Resident/Attending	Date Completed
Will scrub into one to two surgeries			
Evaluation #1			

Evaluation #2			
Foley catheter placement (2 required)			#1 #2
Attend Benign Gyn Morning Rounds Mon-Fri			

### Triage

	Due	Resident/Attending	Date Completed
Observed H&P #1 (triage)			
Pelvic Exam			
Evaluation #1			
Evaluation #2			

### Continuity Patient

	Due	Resident/Attending	Date Completed
OB Patient Observation and Labor assist			
Reflective Writing			
*Send copy to OB and Peds Coordinators and Directors.			

### Assignments

	Due	N/A	Date Completed
Emergent Delivery Simulation preparation			
Discharge Planning			
Ethics Project preparation			
Mock RCA			
Q Stream Participation			
Lactation Consultant Pre & Post Test			

### Activities

	Due	N/A	Date Completed
Suture Workshops			
Op-Log (must be updated every week!)			
Emergency Delivery Simulation			
Suture/Pelvic Exams			
Interprofessional Discharge Simulation			

Ethics Case Discussion			
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**Op Log Requirements (1 or 2 of each of the following are required as noted)**

Required Diagnoses	Clinical Setting (Inpatient or Outpatient)	Required Level of Responsibility	Date completed
Annual exam in any age group	Outpatient	Assist or manage	#1
Sexually Transmitted Infection	Outpatient	Assist or Manage	#1
Abdominal pain	Outpatient	Assist or Manage	#1
Menopause/perimenopause	Outpatient	Assist or Manage	#1
Pelvic pain/LAP (dysmenorrhea, dyspareunia, endometriosis)	Outpatient	Assist or Manage	#1
Contraceptive counseling	Outpatient	Assist or Manage	#1
Vaginal discharge	Outpatient	Assist or Manage	#1
PCOS	Outpatient	Assist or Manage	#1
Pelvic floor disorders (prolapse- cele)	Outpatient	Assist or Manage	#1
Routine OB	Outpatient	Assist or Manage	#1
Diabetes Management	Outpatient	Assist or Manage	#1
High Risk OB HTN	Outpatient	Assist	#1
Postpartum visit	Outpatient	Assist or Manage	#1
Abdominal pain	Outpatient	Assist or Manage	#1
Assessment of labor	Antepartum Care/ ER / Triage	Assist or Manage	#1
Evaluation/Rx bleeding in pregnancy including previa	Antepartum Care/ ER / Triage	Assist	#1
Discomforts of pregnancy (low abd pain, round lig pain, other)	Antepartum Care/ ER / Triage	Assist or Manage	#1
Management of labor	Inpatient	Assist	#1
Repair of episiotomy, laceration	Inpatient	Assist or Manage	#1
Cesarean section (san blood)	Inpatient	Observe or Assist	#1

Preeclampsia/Eclampsia/HELLP Syndrome	Inpatient	Assist	#1
Preterm labor	Inpatient	Assist	#1
Postpartum care in hospital – uncomplicated	Inpatient	Assist or Manage	#1
Postpartum care in hospital – complicated	Inpatient	Observe or Assist	#1
Eval/treatment of: Cervical dysplasia or cancer	Either	Observe or Assist	#1
Eval/treatment of: Ovarian pathology	Either	Observe or Assist	#1
<b>Op Log Procedures</b>			
Uterine surgery, not hysterectomy	Inpatient	Assist	#1
Pelvic floor surgery & suspensions	Inpatient	Assist	#1
Hysterectomy (vag, abd, laparoscopic)	Inpatient	Assist	#1
D&C – obstetrical	Inpatient	Observe or Assist	#1
D&C – gynecological	Inpatient	Observe or Assist	#1
Hysteroscopy	Either	Assist	#1
Ectopic pregnancy	Either	Assist	#1

## PEDIATRICS CLERKSHIP

### General Pediatrics Clinic

Requirement	Due by	Resident / Attending	Date Completed
Observed H&P #1	Monday following 1 <sup>st</sup> week		
Observed H&P #2	Monday following 2 <sup>nd</sup> week		
Prescription X4	Monday following 2 <sup>nd</sup> week		
Evaluation Card #1			
Evaluation Card #2			

Evaluation Card #3			
Evaluation Card #4			

### SNAP

Requirement	Due by	Resident / Attending	Date Completed
Receipts	Friday of 1 <sup>st</sup> week of Clinic		
Reflective Writing	Monday of 2 <sup>nd</sup> week of Clinic		
Meal Plan	Friday of 1 <sup>st</sup> week of Clinic		

### Wards

Requirement	Due by	Resident / Attending	Date Completed
Observed H&P	Monday following		
Write up	Monday following		
Admission Orders	Monday following		
Discharge Orders	Monday following		
Handoff Evaluation	Monday following		
Evaluation #1 Long form			
Evaluation #2 Long form			

### Nursery

Requirement	Due by	Resident / Attending	Date Completed
Observed H&P	Monday following		
Write up	Monday following		
Evaluation #1 Long form			
Evaluation #2 Long form			

### Specialty Clinic (SC)/Selective

Requirement	Due by	Resident / Attending	Date Completed
Reflective Writing*	Monday following last SC week or following Selective week		
Selective Evaluation Long form	Monday following		
SC Evaluation Card #1	Monday following 1st SC week		
SC Evaluation Card #2	Monday following 1 <sup>st</sup> SC week		
SC Evaluation Card #3	Monday following 1 <sup>st</sup> SC week		
SC Evaluation Card #4	Monday following 1 <sup>st</sup> SC week		
SC Evaluation Card #5 (if 2 <sup>nd</sup> week)	Monday following 2 <sup>nd</sup> SC week		
SC Evaluation Card #6 (if 2 <sup>nd</sup> week)	Monday following 2 <sup>nd</sup> SC week		
SC Evaluation Card #7 (if 2 <sup>nd</sup> week)	Monday following 2 <sup>nd</sup> SC week		
SC Evaluation Card #8 (if 2 <sup>nd</sup> week)	Monday following 2 <sup>nd</sup> SC week		
* send copy to Coordinator and Dr. Hernan			
*Please note that you are doing only 1 reflective writing for <b>either</b> Specialty Clinic or Selective week			

### ILP

Requirement	Due by	Resident / Attending	Date Completed
Didactic Presentation*♦	Friday following completion of week		
Reflective Writing if assigned*	Monday following		
Pretests and Posttests if assigned	Monday following		
Evaluation Card (optional)	Monday following		
* send copy to Coordinator and Dr. Hernan			
♦ must include references			



## Continuity Patient

Requirement	Due by	Resident / Attending	Date Completed
Newborn H&P with Ballard and Growth Charts	Week 15		
Reflective Writing	Week 15		
Follow-up infant visits (if applicable)	Week 15		

## Other

Q Stream Participation		
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## Op Log Requirements (30 total in 10 categories are required)

Required Diagnoses	Clinical Setting (Inpatient or Outpatient)	Required Level of Responsibility	Date completed
Newborn ( $\leq 7$ days old)			
<ul style="list-style-type: none"> <li>Normal newborn exam (3)</li> </ul>	Either	Assist or Manage	#1 #2 #3
<ul style="list-style-type: none"> <li>Jaundice</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Prematurity</li> </ul>	Inpatient	Observe, Assist or Manage	
<ul style="list-style-type: none"> <li>Respiratory Distress</li> </ul>	Inpatient	Observe, Assist or Manage	
Child ( $\geq 7$ days – 21 years)			
<ul style="list-style-type: none"> <li>Child abuse/neglect – ruled in, ruled out, or history of</li> </ul>	Either	Observe, Assist or Manage	
<ul style="list-style-type: none"> <li>Heart murmur</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Developmental delay or regression</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>FTT</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Obesity</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Respiratory distress</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Asthma</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Sore throat</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Rashes (2)</li> </ul>	Either	Assist or Manage	#1 #2
<ul style="list-style-type: none"> <li>Otitis</li> </ul>	Either	Assist or Manage	
<ul style="list-style-type: none"> <li>Diabetes mellitus</li> </ul>	Either	Assist or Manage	

• Abdominal pain	Either	Assist or Manage	
• Infantile Colic	Either	Assist or Manage	
• Diarrhea	Either	Assist or Manage	
• Anemia	Either	Assist or Manage	
Well Child Exam:			
• 2 months	Outpatient	Assist or Manage	
• 4 months	Outpatient	Assist or Manage	
• 6 months	Outpatient	Assist or Manage	
• 12 months	Outpatient	Assist or Manage	
• Toddler	Outpatient	Assist or Manage	
• School-age	Outpatient	Assist or Manage	
• Adolescent	Outpatient	Assist or Manage	

\* Please note that you are doing only 1 reflective writing for **either** Specialty Clinic or Selective week

### Disability Support Services

TTUHSC EP is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the Director of Disability Support Services (DSS), Dr. Tammy Salazar, to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with DSS as soon as possible. More information can be found on the DSS website:

<http://el Paso.ttuhsc.edu/studentservices/disability-support-services>.

### Block Information |

By combining the two specialties you will have the opportunity to observe the developmental continuum from prenatal to postnatal life. During the perinatal period, medical decisions made by the mother will impact the infant, and the medical condition of the infant can affect the health of the mother. Psychosocial aspects of the family life prior to and during the pregnancy are important aspects in the care of the child.

The MSIII Obstetrics & Gynecology and Pediatrics clerkship is a 16-week block that integrates learning experiences between these two disciplines. |

### Block Goals and Objectives

#### *Shared Learning Objectives* |

### **1. Pediatric & Adolescent Gynecology**

Collaboration between, Adolescent Medicine and Gynecology faculty. Clinical assessment and gynecologic care of pediatric and adolescent patients are stressed.

You will be able to:

- Identify relevant gynecological/obstetrical/pediatric concerns that arise in the patient encounter (PGO 1.1 – 1.5, 2.1 – 2.4)
- Establish an age-appropriate alliance with the patient (PGO 1.8 – 1.9, 2.5, 4.1 – 4.4, 5.1 – 5.2, 5.6)
- Communicate effectively (written and verbal) in an age-appropriate manner (PGO 1.6 – 1.8, 4.1 – 4.4, 5.1 – 5.2, 6.3 – 6.4)
- Demonstrate effective interaction techniques for working with young patients. (PGO 1.84.1, 4.3, 5.1-5.2)

#### ***Learning modality***

Clinical experience  
Didactic

### **2. Emergency Delivery Simulation**

You will participate in a simulated emergency care of both mother and neonate.

You will be able to:

- Evaluate the patient and suggest appropriate course of action. (PGO 1.1-1.6, 1.10, 2.2-2.3, 4.1 – 4.3, 5.1, 5.3, 6.4, 7.3, 8.1 – 8.4)
- Interpret fetal monitoring strips, vital signs, and clinical data generated from an emergent event. (PGO 1.1-1.5, 2.2-2.3)
- Implement evidence-based treatment plans. (PGO 1.2-1.3, 2.2-2.3)
- Demonstrate knowledge of adult and neonatal resuscitation protocols. (PGO 2.2-2.3)
- Work effectively in a team. (PGO 4.2, 5.1, 5.3, 7.3)

#### ***Learning modality***

Simulation  
Didactic

### **3. Longitudinal (Continuity) Experience (PGO 1.1-1.10, 2.1-2.5, 3.4-3.5, 4.1-4.4, 5.1-5.3, 5.6-5.7, 6.1-6.4, 7.1-7.3, 8.1, 8.3-8.5)**

You will be assigned or will find one pregnant patient to follow through the antepartum, delivery and postpartum courses of pregnancy. The patient must be timed to deliver during your Clerkship Block. You will attend all of this patient's appointments (antepartum/postpartum) and

the delivery of the infant, regardless of what rotation you are on. Once the child is born, you will complete the newborn H&P, and attend the infant's appointments if the follow-up care is at TTUHSC EP.

You are responsible for notifying the service and the clerkship coordinators of these appointments as soon as you receive scheduling information. All patient encounters will be appropriately documented. Notes will be turned in weekly and will be reviewed by the Clerkship Director. At the conclusion, you will reflect on the experience in writing and submit this reflection to both the Clerkship Coordinators and Directors. This activity is graded as Pass or Fail.

Note: Because of the nature of obstetrical deliveries, some experiences may not be available to all students. In the case of a missed delivery or no follow-up appointments, you must notify the Clerkship Director who will assign an alternate activity for you, which is required to be completed by the end of the clerkship block.

You will be able to:

- Observe the psychosocial impact that pregnancy and a newborn has on family function. (PGO 1.6, 1.8, 2.5, 4.1, 4.3)
- Develop an appropriate provider relationship with an obstetrical patient and her newborn. (PGO 1.6, 2.5, 4.1, 4.3, 5.1-5.2, 8.1)
- Develop competence in executing a newborn physical exam. (PGO 1.1-1.8, 2.1-2.5)

***Learning modality:***

Clinical experience

#### **4. Lactation**

You will review the on-line learning modules on breastfeeding. You will also assist lactating mothers in the hospital. You will assist the Lactation Consultant on any and all duties assigned by the Lactation Consultant for half a day. All students are to take a pre and posttest for this rotation. An assessment is to be completed by the Lactation Consultant at the end of the service.

You will be able to:

- Describe the physiology of milk production. (PGO 2.1 – 2.2)
- Counsel a patient about breastfeeding at all points along the following continuum: (PGO 1.1-1.3, 1.6, 1.8, 2.2-2.3, 4.1-4.3, 5.1)
  - prenatal
  - postpartum
  - pediatric neonate visits
  - OB postpartum visits

- Discuss the etiology, prevention and treatment of common breastfeeding problems. (PGO 1.1-1.3, 2.1-2.4, 4.1-4.2, 7.1-7.3)

***Learning modality:***

Clinical experience  
Self-study

**5. *Patient Safety***

You will participate in a small-group mock Root-Cause Analysis of cases involving adverse maternal and pediatric outcomes.

You will be able to:

- Identify and categorize adverse events and outcomes. (PGO 1.5-1.6,1.10, 2.3,2.5, 3.2-3.3, 3.5, 4.1-4.4, 6.1,6.3-6.4, 7.1-7.2)
- Analyze clinical events leading to poor outcomes. (PGO 1.1-1.5, 2.2-2.5, 6.1,6.3-6.4, 7.1-7.2)
- Suggest areas for change or improvement in clinical care. (PGO 1.1-1.5, 2.2-2.5, 6.1,6.3-6.4, 7.1-7.2)
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***Learning modality:***

Simulation  
Self-study

**6. *Ethics***

You will be assigned roles and participate in a small-group session (Mock Ethics Committee deliberation) involving a clinical scenario to gain understanding of ethical considerations.

You will:

- Participate in small groups simulating considerations of a medical ethics committee. (PGO 1.6, 5.1- 5.2, 5.4-5.5, 5.7, 6.1, 6.3, 7.2, 7.3)
- Present a researched perspective. (3.1, 3.4, 6.1, 8.5)
- Collectively render a decision regarding the clinical care of the patient. (PGO 1.6, 3.4, 4.3, 5.2-5.5, 5.7, 6.1, 7.3)

***Learning modality:***

Small-group session  
Self-study  
Didactic

**7. *Discharge Planning Activity (Inter-Professional Collaboration and Systems-Based Learning)***

You will be provided with a high-risk mother-baby pair case scenario that will involve identifying discharge needs and resources for both patients. You are expected to identify all needs, not just medical needs.

You will:

- Prepare the patients' discharge plan. (PGO 1.4, 1.6, 1.9-1.10, 2.4-2.5, 4.1-4.2, 6.1-6.4, 7.2)
- Identify other professionals and local/national service resources for the continuing care of a woman and her infant. (6.2-6.4, 7.2)

***Learning modality:***

Self-study

**8. *Vertical Integration in Clinical Education (VICE) Activities***

You will participate as a team involving cases of congenitally acquired infections moderated by clinical and basic science faculty. You will prepare for this activity in the manner prescribed. An additional VICE activity may be scheduled during the block.

- You will incorporate basic science knowledge and principles into specific clinical decisions affecting the pregnant woman and her fetus and/or mother and her infant. (PGO 1.1-1.4, 1.6, 2.2-2.4, 2.6, 3.1, 3.4, 5.3, 7.3)

***Learning modality:***

Team learning

Self-study

Peer Teaching

**9. *Clinical Reasoning Session***

These are interactive sessions utilizing symptom-based cases to work through differential diagnosis and generation of diagnostic and treatment plan using students' medical knowledge base and deductive reasoning skills under the supervision of clinical faculty.

- Apply medical knowledge base to clinical cases (2.1, 2.2, 2.3, 2.4, 1.3)
- Use deductive reasoning to identify important positive and negative findings to focus history and physical exam and generate differential diagnoses (1.3, 2.3, 1.2)
- Apply deductive reasoning to generate diagnostic and treatment plans based on differential diagnoses (1.3, 2.3, 1.2, 1.6)

***Learning modality:***

Group discussion

### ***10. Order Writing Activities***

You will be given information about how to write admission and discharge orders for adult and pediatric patients. You will be given hypothetical cases for which you are required to write admission and discharge orders. You will receive individualized feedback on form and content your order writing.

- Apply medical knowledge base to clinical cases (2.1, 2.2, 2.3, 2.4, 1.3)
- Write admission and discharge orders that are specific to the patient's condition and that follows the appropriate format. (1.2, 1.6, 1.8, 1.10, 2.3, 4.2)

#### ***Learning modality:***

Didactic  
Self-study

### ***11. Peer Teaching Sessions***

You will be required to prepare short (10 – 15 min) presentations and deliver them to your fellow students. There will be OB and Pediatric topics that you will choose based on your experiences and preferences. All presentations must include references.

- Apply medical knowledge base to clinical cases (1.3, 2.1, 2.2, 2.3)
- Effectively teach peer knowledge and skills you gained through experience and study. (1.3, 2.1, 2.2, 2.3, 2.6, 3.1, 3.4, 4.2)

### ***12. Interprofessional Educational Activity with UTEP medical professional students.***

One time per block you will be required to go to UTEP for case-based learning session with other professional students. You will be required to work through a case utilizing each profession's expertise, knowledge, and skills. The students may include (but are not limited to) OT, PT, Pharmacy, and RN students.

- Apply knowledge of your role and the roles of other students to development an assessment and treatment plan for specific case(s) presented to you. (7.1, 7.2)
- Function as a team member to contribute to the medical care. (7.3)
- Recognize when you need assistance for clinical problem solving and from whom to seek assistance. Utilize new information to solve clinical challenges. (8.1, 8.5)

### 13. Professional Identity Session(s).

You are required to participate in small group discussions. You will be asked to review your personal career pathway and consider specific circumstances in your medical educational/professional path. You will share/discuss insights and identify themes.

- Demonstrate the ability to reflect on influences that shape a career in medicine.
- Find meaning in daily clinical interactions and allow growth in professional identity.
- Find meaning in clinical work and alleviate burnout. (8.2)

### 14. Clinical Reasoning Session(s).

You will participate in small and large group sessions designed to hone clinical reasoning and improve documentation of your clinical reasoning. This will include data gathering, analysis, and generation of diagnostic and therapeutic plans.

- Perform a complete, pertinent history and physical exam in an appropriately focused manner. (1.1, 1.5)
- Analyze information gathered to generate a reasonable, prioritized differential diagnosis. (1.3)
- Utilize information to generate appropriate diagnostic and therapeutic plans. (1.2, 1.4, 1.6,)
- Document appropriate information and clinical reasoning. (1.7)

### *Topics* ||

This section contains a listing of topics that will be addressed during the **Wednesday** afternoon block didactic sessions. **The sessions are structured so that 1:00-2:00 PM will generally be devoted to Obstetrics & Gynecology topics. The 2:00-3:00PM block will generally cover Pediatric topics.** All students participate in the Peer Teaching Sessions from 3:00 pm – 5:00 pm

Topic/Activity	Objectives
How to perform a Pediatric H&P	Rationale: Infants and children go through many developmental stages, and thus the H&P evolves over the life of the child. Doing an adequate assessment will require adapting the H&P to the developmental stage of the child. You will A. Learn the components of the H&P that are specific to Pediatrics (1.1) B. Differentiate normal variation from pathology (2.1) C. Learn different strategies to obtain sensitive information (4.1, 2.5) D. Learn strategies for examining the uncooperative child (1.1)



<p><b>Growth &amp; Development: Principals of Care Pediatric Health Supervision</b></p>	<p>E. Learn to establish a trusting relationship with parent and child (4.1, 4.3)</p> <p>Rationale: Children must grow and develop over the course of childhood from newborn through adulthood. You will be able to:</p> <p>A. Assess physical growth and development through all stages of childhood. (1.1, 1.3, 2.1, 2.2, 2.3)</p> <p>B. Provide anticipatory guidance for all ages of childhood (1.8, 1.9, 4.1, 4.3)</p> <p>C. o Participate in prevention of diseases via immunizations (1.9)</p>
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*Associated readings:*

**Nelson Textbook of Pediatrics: Pediatric Health Supervision – Part XVI, Section 2, Chapter 170**

**Adolescent Medicine – Part II, Chapters 12-13**

**AAP Bright Futures 4<sup>th</sup> edition**

<p><b>Intrapartum Fetal Surveillance (Self-Study)</b></p>	<p>Rationale: Intrapartum fetal evaluation allows detection of aspects of labor that may affect the fetus. You will be able to describe techniques and interpretation of intrapartum fetal surveillance, including: (1.3)</p> <p>A. Auscultation B. Electronic fetal monitoring C. Fetal scalp sampling D. Amniotic fluid assessment</p>
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*Associated Readings:*

**Obstetrics & Gynecology, 6th ed., Beckman: Antepartum - Chap. 6**

**Intrapartum Fetal Surveillance – Chap 9; On-line tutorial: link provided on CANVAS LMS**

<p><b>Disorders of the Breast/Cultural Sensitivity Presentation</b></p>	<p>Rationale: Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease. You will be able to list:</p> <p>A. Describe symptoms and physical examination findings of benign or malignant conditions of the breast. (2.1, 2.2, 2.3, 2.4, 2.6, 1.1)</p> <p>B. Demonstrate the performance of a clinical breast examination. (1.1)</p> <p>C. Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge. (2.1, 2.2, 2.3, 2.4, 2.5, 1.1)</p> <p>D. Discuss initial management options for benign and malignant conditions of the breast. (1.2, 1.6, 2.3)</p>
<p><i>Associated Readings:</i> <b>Obstetrics &amp; Gynecology, 6<sup>th</sup> ed., Beckman: Disorders of the Breast – Chap 31 (Material posted on CANVAS LMS.)</b></p>	

<p>=</p>	
<p><b>Lactation (Self-Study):</b></p>	<p>Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient. You will be able to list:</p>

- A. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum. (2.1, 2.2, 2.3, 2.4, 2.5)
- B. Recognize and know how to treat common postpartum abnormalities of the breast. (4.1, 4.2, 4.3, 1.1, 1.2, 1.3, 1.4, 1.5)
- C. List the reasons why breast feeding should be encouraged. (2.2, 2.5, 4.1, 4.2, 4.3)
- D. Describe the resources and approach to determining medication safety during breast feeding. (2.1, 2.2, 2.3, 2.4, 2.5, 6.3)
- E. Describe common challenges in the initiation and maintenance of lactation (2.1, 2.2, 2.3, 2.4, 2.5, 2.6)

**Associated Readings:**  
**BreastFeeding Basics – on-line modules (link provided on CANVAS LMS)**

**Recognition of Pediatric Emergencies**

Rationale: Children are difficult to evaluate. Early recognition of the child at risk for rapid deterioration can allow treatment and prevent critical illness or death, and/or allow time to activate appropriate systems to respond  
You will be able to:

- A. Demonstrate proficiency with a focused pediatric history and PE (1.1, 1.4)
- B. Identify normal VS for all ages ( 1.3; 1.4; 1.5; 2.3)
- C. Identify abnormal VS and assess degree and seriousness of abnormality in all age groups ( 1.3; 1.4; 1.5; 2.3)
- D. Identify common pediatric emergencies (1.1; 1.2; 1.3; 1.4; 1.5)

**Anemia**

Rationale: Anemia is a common disorder in children, and may be the presenting sign of many serious or more benign conditions. You will be able to:

- A. Describe the pathophysiology of anemia (2.1, 2.2, 2.3)
- B. Recognize the clinical manifestation of anemia (1.3, 1.1)
- C. Generate a differential diagnoses in children (2.1; 1.1; PC1.2; 1.3; 1.5)
- D. Articulate principles of management (2.3; 2.4; 2.5; 2.6; 1.2; 1.3; 1.4; 1.5; 1.6)

**Associated Readings:**  
**Nelson Textbook of Pediatrics: Anemia – Part XX, Chapter 447**

**Preeclampsia, Gestational Diabetes**

Rationale: gestational diabetes and hypertensive complications are frequently encountered in pregnancy. You will be able to:

- A. Describe the screening and evaluation to identify affected patients (1.3, 1.2, 1.9, 6.3)
- B. Describe management of the conditions during the pregnancy (1.2, 1.6, 2.3)
- C. Discuss risks to mother and fetus associated with these conditions (4.1, 4.2, 6.3)
- D. List complications that can occur at delivery as related to the diagnosis (2.3, 1.2)

**Sexually Transmitted Infections**

Rationale: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management.  
You will be able to list:

- A. Organisms and methods of transmission, symptoms, physical findings, and evaluation and management of each of the following: (2.1, 2.2, 2.3, 2.4, 1.3, 1.6, 1.2)
  - Gonorrhoea

	<ul style="list-style-type: none"> <li>• Chlamydia</li> <li>• Human papillomavirus infection</li> <li>• Human immunodeficiency virus (HIV) infection</li> </ul> <p>B. Public health concerns, including: (6.3, 1.9, 6.1)</p> <ul style="list-style-type: none"> <li>• Screening programs</li> <li>• Costs</li> <li>• Prevention and immunizations</li> </ul> <p>C. Partner evaluation and treatment (6.3, 1.9)</p>
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**Preterm/Premature Rupture of Membranes**

Rationale: identification of PPRM and preterm labor allows the provider to optimize the delivery conditions for a preterm infant. You will be able to:

A. Describe the process of evaluating a patient for PPRM or PTL. (1.3, 1.2, 1.5)

B. Describe antenatal treatments for PPRM and PTL (1.2, 1.6)

C. Discuss complications of preterm birth as they affect mother and fetus (2.5, 4.1, 6.3)

<b>Developmental Physiology of the Pediatric Respiratory System</b>	<p>Rationale: Children's respiratory physiology is different from the adult. Adolescent respiratory physiology is similar to adults. This is due to developmental and size issues. Therefore, child at different ages respond differently to illness and injury, and the treatment must be tailored to the specific age group.</p> <p>You will be able to:</p> <p>A. Describe important anatomic and physiologic differences between children and adults (2.1, 2.2, 2.3)</p> <p>B. Identify developmental changes as they occur throughout the pediatric ages (1.1, 1.3)</p> <p>C. Identify common causes of respiratory distress and failure at different ages (1.1, 1.3, 1.5)</p> <p>D. Identify appropriate equipment used to intervene in respiratory distress and failure at different ages (1.2, 1.6, 1.5)</p> <p>E. Articulate reasons why infants are prone to respiratory failure and hypoxemia (1.3, 2.1, 2.2, 2.3)</p>
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***Associated Readings:***

**Nelson Textbook of Pediatrics: Respiratory System**

West's Respiratory Physiology

<b>Normal and Abnormal Uterine Bleeding</b>	<p>Rationale: Abnormal uterine bleeding can have many causes and is a common reason why women seek the care of a gynecologist. You will be able to:</p> <p>A. Differentiate between normal and abnormal uterine bleeding. (2.1, 2.2, 2.3)</p> <p>B. List causes of abnormal uterine bleeding (2.2, 2.3)</p> <p>C. Describe the evaluation of patients who present with AUB (2.3, 1.2)</p> <p>D. List medical and surgical options for treatment of AUB (2.3, 1.2, 1.6)</p>
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**Urinary Tract Infection in Children  
Nephrotic Syndrome  
Glomerulonephritis in Children**

Rationale: UTIs are a common infection in infants and children, and can lead to serious disease. Nephrotic and nephritic diseases are common reasons for referral to a Pediatric Nephrologist. You will be able to:

A. Recognize the signs and symptoms of UTIs in children (1.1, 1.3)

B. Understand the principles of evaluation and management of urinary infections (1.2, 1.3, 1.6, 2.3)

C. Recognize the signs and symptoms of glomerular disease in children (1.1, 1.3)

D. Understand the evaluation and treatment (1.1, 1.2, 1.3, 1.6, 2.3)

<p><b>Telephone Medicine Consultation</b></p>	<p>Rationale: While telephone consultation with patients and other healthcare providers is part of the 21<sup>st</sup> century medicine, medical students rarely receive formal instruction or training in this skill or in strategies for triaging phone queries in an acute care setting. The Pediatric Observed Structured Clinical Examination (OSCE) is a good tool to teach these skills.</p> <p>You will be able to:</p> <ol style="list-style-type: none"> <li>Conduct an interview by telephone; elicit the history and any pertinent positive and negative information. (1.1)</li> <li>Document this encounter and provide appropriate and safe advice to the patient/caregiver. (1.7, 4.4, 1.8)</li> <li>Understand the grading rubric used by a standardized patient on the patient encounter and by the faculty on the note. (5.7)</li> </ol>
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*Assessment:*

**Case discussions, Simulation, Didactic (Self Study)**

<p><b>Contraception</b></p>	<p>Rationale: An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy.</p> <p>You will be able to:</p> <ol style="list-style-type: none"> <li>Describe the mechanism of action and effectiveness of contraceptive methods. (1.9; 2.1; 2.2; 2.3; 2.4; 2.5; 3.4; 1.8)</li> <li>Counsel the patient regarding the benefits, risks and use for each contraceptive method. (1.8, 2.1; 2.2; 2.3; 2.4; 2.5; 3.4; 1.2; 1.6)</li> <li>Describe the barriers to effective contraceptive use and to the reduction of unintended pregnancy. (1.9; 1.8; 4.1; 6.3)</li> <li>Describe the methods of male and female surgical sterilization. (2.1; 2.2; 2.3; 2.4; 2.5; 1.2; 1.6;</li> <li>List the risks and benefits of female surgical sterilization procedures. (1.9; 2.1; 2.2; 2.3; 2.4; 2.5; 1.2; 1.6; 1.8)</li> </ol>
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*Associated Readings:*

**Obstetrics & Gynecology, 6<sup>th</sup> ed., Beckman: Contraception – Chap 24 (Material posted on CANVAS LMS.)**

<p><b>Metabolic Disorders</b></p>	<p>Rationale: Metabolic disorders cause significant morbidity, and even mortality, when they are undiagnosed and untreated. Many metabolic disorders are inherited, making genetic counseling important to families who have a child diagnosed with metabolic disorders.</p> <p>You will be able to:</p> <ol style="list-style-type: none"> <li>Know the common metabolic disorders ( 2.1;2.2, 2.3</li> <li>Understand the pathophysiologic basis of metabolic disorders (2.1, 2.2, 2.3)</li> <li>Identify some of the common signs and symptoms of metabolic disorders ( KP2.1; PC1.1; PC1.3)</li> <li>Understand the concepts of management of metabolic disorders ( PC1.2; PC1.3; PC1.6; PC1.8)</li> </ol>
<p><i>Associated Readings:</i> <b>Nelson Textbook of Pediatrics: Metabolic Disorders – Part XI, Chapter 81</b></p>	
<p><b>Neonatology</b></p>	<p>Rationale: The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team.</p>

	<p>Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy.</p> <p>You will be able to:</p> <p>A. Describe the transition from the intrauterine to the extrauterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding (2.1, 2.2)</p> <p>B. List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn ( PC1.2; PC1.3; PC1.6</p> <p>C. Describe how gestational age can be assessed with an instrument such as the Ballard Scale, and identify key indications of gestational maturity (1.1; 2.3</p> <p>D. Describe the challenges for parents adjusting to a new infant in the home ( 2.5)</p>
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**Associated Readings:**

**Nelson Textbook of Pediatrics: Neonatology – Part XV Chapter 48**

<p><b>Pap Smear Screening, Abnormal Cervical Cytology, Cervical Cancer</b></p>	<p>Rationale: Routine screening for cervical cancer and its precursor; cervical dysplasia has changed as our understanding of the relationship between HPV and dysplasia became evident. Recognition and treatment of early cervical changes can prevent cervical cancer. You will be able to:</p> <p>A. Describe recommendations for cervical cancer screening (1.9, 2.4)</p> <p>B. Describe the relationship between HPV and cervical cancer (2.1, 2.2, 2.3)</p> <p>C. Describe evaluation of an abnormal Pap smear. (2.3, 1.2)</p> <p>D. List treatment options for cervical dysplasia (1.2, 1.6, 2.3)</p> <p>E. List stages and clinical manifestations of cervical cancer (1.3, 2.3, 2.4)</p> <p>F. List risk factors for cervical cancer (6.3, 2.4, 1.9)</p>
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**Recognition and Treatment of Pediatric Shock**

Rationale: Children’s response to shock differs from that of the adult. Adolescent physiology is similar to adults. This is due to developmental issues. Therefore, a child in shock will present differently at different ages, and will need different therapies.

You will be able to:

A. Describe the different presentation of shock between children and adults. (2.1, 2.2, 2.3, 1.3)

B. Describe initial therapy for shock and indications for emergency treatment according to published practice parameters. (1.5, 1.6, 2.1)

C. Describe age-related differences in etiology of shock. (2.1, 2.2, 2.3)

**Associated Readings:**

Davis AL, Carcillo JA, Aneja RK, et al. American College of Critical Care Medicine Clinical Practice Parameters for Hemodynamic Support of Pediatric and Neonatal Septic Shock. Crit Care Med 2017, 45(6): 1061 - 1093 – available on Canvas

Pediatric Critical Care Medicine, 5<sup>th</sup> edition. (2017) Fuhrman and Zimmerman, ed. Chapter 36: Shock States

<p><b>Emergent Delivery Simulation &amp; Neonatal Review of Resuscitation Protocols</b></p>	<p>Rationale: Student will participate in a simulation of emergency care of both mother and neonate. You will be able to:</p>
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	<p>A. Evaluate the patients and suggest appropriate course of action. (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.10, 2.2, 2.3, 4.1, 4.2, 4.3, 5.1, 5.3, 6.4, 7.3, 8.1, 8.2, 8.3, 8.4)</p> <p>B. Interpret results of fetal monitoring strips, vital signs, and clinical data in an unexpected emergent event. (1.3, 1.4, 1.5, 1.1, 1.2, 2.2, 2.3)</p> <p>C. Demonstrate knowledge of adult and neonatal resuscitation protocols and intervene appropriately. (2.2, 2.3)</p> <p>D. Work effectively in a team (4.2, 5.1, 5.3, 7.3, 7.4)</p>
<p><b>Ethics Activity</b></p>	<p>Objective: Students will gain understanding of ethical considerations by participating in a small group ethics discussion simulating an ethics committee. (4.2, 5.2, 5.4, 5.5, 7.4, 8.2, 8.3, 8.4, 1.6, 2.3)</p>
<p><b>Urinary Incontinence</b></p>	<p>Rationale: Patients with conditions of pelvic relaxation and urinary incontinence present in a variety of ways. The physician should be familiar with the types of pelvic relaxation and incontinence and the approach to management of these patients.</p> <p>You will demonstrate knowledge of the following:</p> <p>A. Predisposing factors for pelvic organ prolapse and urinary incontinence (1.9; KP2.1; KP2.2; KP2.3; KP2.4; KP2.5; KP2.6; PC1.1; PC1.2; PC1.3; PC1.4; PC1.5; PC1.6; PC1.7; PC1.8)</p> <p>B. Anatomic changes, fascial defects and neuromuscular pathophysiology ( 2.1; 2.2; 2.3)</p> <p>C. Signs and symptoms of pelvic organ prolapse ( 2.1; 2.2; 2.3; 1.3;)</p> <p>D. Physical exam ( 2.1; 1.1)</p> <ol style="list-style-type: none"> <li>1. Cystocele</li> <li>2. Rectocele</li> <li>3. Enterocele</li> <li>4. Vaginal vault or uterine prolapse</li> </ol>
<p><b>Fluids &amp; Electrolytes</b></p>	<p>Rationale: All human beings need an uninterrupted supply of water, electrolytes, and energy. Excessive or diminished fluid intake or losses may lead to severe physiologic derangements, with significant morbidity and even mortality. You will be able to:</p> <p>A. Recognize signs &amp; symptoms of dehydration (2.3, 1.3, 2.1, 1.5)</p> <p>B. Estimate fluid deficit (2.2, 2.3)</p> <p>C. Calculate maintenance requirements and rehydration requirements (2.2, 2.3)</p> <p>D. Assess for ongoing losses (1.1, 1.3)</p> <p>E. Articulate indication for oral rehydration therapy (1.2, 1.6, 1.4)</p> <p>F. Articulate indication for parental rehydration therapy (1.2, 1.6)</p> <p>G. Describe and recognize 4 common electrolyte imbalances (2.1, 2.2, 2.3)</p>
<p><b>Infectious Rashes</b></p>	<p>Rationale: Many children present in the ambulatory service and are admitted to the hospital with a variety of rashes that are important for their diagnosis and evaluation.</p> <p>You will be able to:</p> <p>A. Identify relevant rashes related to their frequency and importance for the pediatric patients will be the core of the presentation. (2.1, 2.3, 1.3)</p> <p>B. A small discussion will follow every slide describing its evolution and transcendence.</p>
<p><b>Mock RCA (Root Cause Analysis)</b></p>	<p>Rationale: Students will participate in this activity to identify and categorize the root causes and contributing factors of an adverse patient outcome.</p> <p>You will:</p>

	<p>A. Understand the use of Root Cause Analysis in evaluating adverse outcomes in patient care. (3.1, 3.2, 3.3, 3.5)                  B. Identify root cause/contributing factors when given a case. (3.2, 3.5, 2.5, 7.3)                  C. categorize the root causes/identifying factors. (3.2, 3.5, 2.5, 7.3)                  D. Suggest an action plan based on the factors he/she identified. (3.2, 3.5, 1.7, 7.3)</p>
<b>Menopause</b>	<p>Rationale: Women spend as much as one-third of their lives in the postmenopausal years. Understanding the physical and emotional changes caused by estrogen depletion is important for all physicians who provide health care for women.                  You will be able to describe:                  A. Physiologic changes in the hypothalamic-pituitary-ovarian axis (2.1, 2.2, 2.3)                  B. Symptoms and physical findings associated with hypoestrogenism ( 2.1; 2.2; 2.3; 1.1; 1.3)                  C. Long-term changes associated with hypoestrogenism ( 2.1; 2.2; 2.3; 1.3)                  D. Management, including: (2.3; 1.2; 1.6)                      1. Hormone therapy                      2. Nutrition and exercise                      3. Non-hormonal therapeutic options                  E. Risks and benefits of hormone replacement therapy ( 1.8, 6.3)</p>
<b>Sexually Transmitted Infections</b>	<p>Rationale: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management.                  You will be able to list:                  A. Organisms and methods of transmission, symptoms, physical findings, and evaluation and management of each of the following: (2.2, 2.3, 2.4, 1.3, 1.2, 1.6)                      • Gonorrhea                      • Chlamydia                      • Human papillomavirus infection                      • Human immunodeficiency virus (HIV) infection                  B. Public health concerns, including: (2.3, 1.8, 1.9, 2.4, 6.3)                      • Screening programs                      • Costs                      • Prevention and immunizations                      • Partner evaluation and treatment</p>
<p><b>Associated Readings:</b>  <b>Obstetrics &amp; Gynecology, 6<sup>th</sup> ed., Beckman: Sexually Transmitted Diseases - Chap 27 (Material posted on CANVAS LMS.)</b></p>	
<b>Orthopedics</b>	<p>Rationale: Orthopedic disorders and injuries are frequently encountered in pediatrics. These include injury, congenital conditions, infections, and cancers. You will be able to:                  A. Identify congenital orthopedic diseases (2.1, 2.3, 1.3)                  B. Identify common acquired orthopedic conditions (2.1, 2.4, 2.3, 1.3)                  C. Manage infections in bone and joint diseases (2.3, 1.2, 1.6)                  D. Identify common pediatric fractures (2.1, 2.3, 1.3)</p>
<p><b>Associated Readings:</b>  <b>Nelson Textbook of Pediatrics: Orthopedics - Part XXI, Chapter 663</b></p>	
<b>Pediatric Oncology</b>	<p>Rationale: Oncologic disorders represent conditions causing significant morbidity and mortality in children. Types and</p>



	<p>frequencies of cancer differ between children and adults. Treatment protocols differ for children. You will be able to:</p> <p>A. Identify the most common cancers in children and adolescents (2.4, 2.3)</p> <p>B. Recognize the signs and symptoms of leukemia and brain tumors (2.3, 1.3)</p> <p>C. Understand the diagnostic evaluation of children with suspected cancer(1.3, 1.2)</p> <p>D. Understand treatment strategies (1.2, 1.6, 2.3)</p>
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**Associated Readings:**

**Nelson Textbook of Pediatrics: Oncology – Part XXI**

<p><b>Upper/Lower Respiratory Tract Infections</b></p>	<p>Rationale: Respiratory tract infections are common reasons for children to see the doctor or be hospitalized. You will be able to:</p> <p>A. Recognize signs of respiratory distress (1.5)</p> <p>B. Recognize signs and symptoms of epiglottitis, laryngotracheobronchitis, bronchiolitis, and foreign body aspiration, and understand the pathophysiology underlying the presentation</p> <p>C. Understand the evaluation and treatment of upper and lower respiratory tract infections. (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)</p>
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**Associated Readings:**

**Nelson Textbook of Pediatrics: Respiratory Tract Infectious – Part XVIII**

<p><b>Toxins and Poisoning</b></p>	<p>Rationale: Accidental poisonings and exposure to toxins can cause serious morbidity and mortality. Accidental or intentional overdoses do the same. You will be able to:</p> <p>A. Describe the developmental vulnerability for poisoning and accidental ingestions (1.4, 6.3)</p> <p>B. List the ages at which prevalence of unintentional and intentional poisonings is highest and the interventions that decrease the incidence of childhood ingestions (1.4, 1.6, 1.8, 1.9)</p> <p>C. Describe the emotions of guilt and anxiety that may be present in the parent/caregiver or child at the time of ingestions (2.5, 4.1, 3.5)</p> <p>D. Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning (1.9, 1.8, 6.3)</p> <p>E. Describe the acute signs and symptoms of accidental or intentional ingestions of acetaminophen, iron, alcohol, narcotics, PCP, tricyclic, antidepressants, volatile, hydrocarbons, and caustics ( 1.3; 1.4; 1.5)</p> <p>F. Describe the immediate emergency management of children with toxic ingestions (1.1; 1.2; 1.3; 1.4; 1.5; 1.6)</p> <p>G. Describe the role of the Poison Control Center (6.2, 7.1, 7.2)</p>
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**Associated Readings:**

**Nelson Textbook of Pediatrics Poisoning – Part XXXII, Chapters 707-710**

**Associated Readings:**

**Nelson Textbook of Pediatrics: Respiratory Tract Infectious – Part XVIII**

<p><b>Common Pediatric GI Problems</b></p>	<p>Rationale: Children frequently present to the pediatrician with GI issues. You will be able to:</p> <p>A. Describe common GI issues in children and adolescents (2.1, 2.2,2.4,2.5)</p> <p>B. Recognize signs and symptoms associated with common GI disorders (1.1, 1.3, 1.5)</p> <p>C. Describe initial work-up and treatment for common GI disorders (1.2, 1.4, 1.6, 1.8)</p>
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<p><b>Congenital Heart Disease</b></p>	<p>Rationale: Congenital heart disease causes significant morbidity and mortality in infants and children. Recognition and timely treatment of CHD can improve the chances for a good quality of life. You will be able to:</p> <p>A. Describe presentation of congenital heart disease in different ages of children (1.1, 1.3, 1.5, 2.1, 2.2,2.4,2.5)</p> <p>B. Understand the pathophysiology and embryology underlying the signs and symptoms of CHD. (2.1)</p> <p>C. Describe initial diagnostic work-up for the different categories of CHD (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.3)</p> <p>D. Describe the medical and surgical treatments of CHD (1.4, 1.5, 1.6, 1.8, 1.10, 2.2, 2.3)</p>
<p><b>Recognition and Treatment of Child Abuse</b></p>	<p>Rationale: Children are uniquely vulnerable to emotional, sexual, and physical abuse and neglect. Legislatures have introduced statutes for the protection of children. The costs of child abuse are high in terms of morbidity, mortality, and cost to society for failure to protect children. You will be able to:</p> <p>A. Describe the signs and symptoms of child sexual abuse and physical abuse/neglect (1.1, 1.2, 1.3, 1.4)</p> <p>B. Understand your role as a mandated reporter. (4.2, 5.5, 8.1, 6.2)</p> <p>C. Describe the stress that a diagnosis of abuse carries for the child and family. (2.5, 4.1, 4.3)</p> <p>D. Understand the importance of meticulous documentation of all positive and negative findings in the medical record. (4.4)</p> <p>E. Understand short-and long-term morbidity that results from child abuse. (2.3, 2.4, 2.5)</p> <p>F. Understand the steps needed for care and management of the abused child. (5.5)</p>
<p><b>Evaluation of Ovarian Mass</b></p>	<p>Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Management is based on determining the origin and character of these masses.</p> <p>You will be able to describe:</p> <p>A. Evaluation of the patient with an adnexal mass (1.1, 1.2, 1.3, 1.4, 1.6, 2.3)</p> <p>B. Characteristics of: (2.1, 2.2, 2.3)</p> <ol style="list-style-type: none"> <li>1. Functional cysts</li> <li>2. Benign neoplasms</li> <li>3. Carcinomas</li> </ol> <p>C. Evaluation and management of carcinomas of the ovary (2.1; 1.1; 1.2; 1.3; 1.4; 2.2, 2.3, 2.4, 6.3)</p> <ol style="list-style-type: none"> <li>1. Symptoms and physical findings</li> <li>2. Risk factors</li> <li>3. Histologic classification</li> </ol> <p>D. Impact of staging on management and prognosis (1.1; 1.2; 1.3; 1.4; 1.6; 1.8)</p>

*Associated Readings:*

**Obstetrics & Gynecology, 6<sup>th</sup> ed., Beckman: Ovarian and Adnexal Disease - Chap. 46**

**NBME - You will take both shelf exams on Week 16, and will be required to complete the clerkship evaluations this week.**

# Clerkship 1 – Obstetrics & Gynecology Clerkship

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## Clerkship Description:

### *Clerkship Learning Objectives:*

The following Learning Objectives align with the Paul L. Foster School of Medicine Medical Education Program Goals and Objectives: explicit references are provided in the sections indicated in parentheses.

### **Medical Knowledge**

**Goal:** You will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

You will develop an understanding of the assessment and management of common clinical conditions in Obstetrics and Gynecology in both the inpatient and outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge. (1.1-1.9; 2.1-2.6)

**Objectives:** By the end of this clerkship experience you will be able to:

- Provide evidence based, age-appropriate preventive and health maintenance care (2.2-2.4).
- Recognize the signs, symptoms, and physical findings associated with commonly occurring conditions; furthermore, communicate effectively with patients about their concerns (2.1-2.3; 3.2, 3.4, 3.5). For example:
  - antenatal care, low risk
  - antenatal care, high risk
  - gestational diabetes
  - spontaneous abortion
  - ectopic pregnancy
  - pre-term labor
  - term labor
  - office and hospital management of pregnant patients with coexisting medical conditions
  - women's health maintenance
  - sexually-transmitted diseases

- menopause
- pelvic floor relaxation
- incontinence
- abnormal vaginal bleeding
- contraception
- infertility
- gynecologic oncology

### ***Patient Care***

**Goal:** You will be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health (1.1 – 1.9; 2.1 – 2.6; 4.1 – 4.4; 5.1.- 5.7; 7.1 – 7.4).

**Objectives:** By the end of this clerkship experience, you will be able demonstrate the ability to:

- Obtain a competent clinical data base on obstetrical and gynecological patients, and perform a competent pelvic exam in the gravid and non-gravid patient (1.1, 1.3, 1.4, 1.6, 1.7).
- Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy (1.1, 1.3, 1.4, 1.6, 1.7, 4.1 – 4.3).
- Develop competency at the level of the MS III in the management of uncomplicated labor and delivery, and recognize indications for operative obstetrical intervention (1.1 – 1.9).
- Develop appreciation for the proficient management of high-risk pregnancies and for the management of complications of labor and delivery (1.1 – 1.9).
- Develop proficiency at the level of the MS III in the management of ambulatory gynecological patient (1.1 – 1.9).
- Perform or assist in the performance of Pap smears, wet prep and KOH preps, pelvic exams, deliveries and ultrasounds (1.1 – 1.9).
- Utilize diagnostic testing and imaging resources effectively and efficiently. (1.1 – 1.3, 1.7).

### ***Interpersonal And Communication Skills***

**Goal:** You will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. (4.1 – 4.4; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.6).

**Objectives:** Throughout this clerkship you will be able to demonstrate the ability to:

- Communicate effectively with patients and their families (4.1).
- Appropriately utilize interpreters, if necessary, to communicate with patients with limited English proficiency (4.1, 4.2).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2).
- Maintain professional and appropriate personal interaction with patients (4.1, 4.3).
- Use effective listening, verbal and writing skills to communicate with patients and members of the health care team (4.1 – 4.4).

### ***Professionalism / Ethics***

**Goal:** You will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. (4.1 – 4.4; 5.1 – 5.7; 8.1 – 8.5)

**Objectives:** Throughout this clerkship, you will be able to demonstrate a commitment to:

- Being sensitive to patient and family concerns (5.1 – 5.6).
- Maintaining confidentiality and respecting patient privacy (5.1 – 5.7).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (5.1 – 5.6).
- Meeting professional obligations and the timely completion of assignments and responsibilities (5.6, 5.7).
- Advocate for patient needs (5.1 – 5.6)

### ***Practice Base Learning and Improvement***

**Goal:** You will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices (3.1 – 3.5; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.5).

**Objectives:** During this clerkship experience, You will:

- Demonstrate effective use of digital technology (e.g., smart phones, tablets, PCs, etc.) for accessing and evaluating evidenced-based medical information (e.g., e-medicine,

appropriate journals such as AAFP, NEJM, American Journal of Obstetrics and Gynecology, etc.) (3.1, 3.5).

- Accept feedback from faculty and incorporate this to improve clinical practice (3.1, 3.3).

***System Based Practice***

**Goal:** You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy (5.1 – 5.7; 6.1 – 6.4; 7.1 – 7.4).

**Objectives:** During this clerkship experience, you will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.2; 6.4).

***Inter-Professional Collaboration***

**Goal:** The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care. (7.1-7.4, 5.3, 4.2)

**Objectives:** during the clerkship experience the student will

- Demonstrate effective communication with healthcare providers (7.2, 7.3)
- Perform or assist in care planning with other healthcare providers (7.2, 7.3)

***Personal and Professional Development***

**Goal:** The student will demonstrate required to sustain lifelong personal and professional growth.

(8.1-8.5)

**Objectives:** During the clerkship the student will demonstrate the ability to:

- Recognize when to take responsibility and when to seek assistance. (7.1)
- Adapt to changing situations with flexibility and appropriate coping mechanisms. (8.2, 8.4)

**Integrated Threads**

X Geriatrics (C, L)	X Basic Science (C, L)	X Ethics (L)
X – Professionalism ©	X EBM	X Chronic illness care (C,L)
X Patient safety (S)	X Pain Management ©	X Clinical pathology (C,L)

X Palliative care (C,L)	X – Quality Improvement (L, S)	X Clinical and/or translational research (C)
X Communication skills ( C)	X Diagnostic imaging (C )	
KEY: S- Simulation lab; C – Clinical experience; L - Lectures		

***OBGYN CLERKSHIP THREADS***

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

***ETHICS AND PROFESSIONALISM***

- 1.) Defined and explained during clerkship orientation
- 2.) Combined Ethics Activity; involving didactics, role playing
- 3.) Morning report
- 4.) Teaching Resident Sessions

***PATIENT SAFETY/QI***

- 1.) Mock root cause analysis
- 2.) Morning report
- 3.) TeamSTEPPS

***PALLIATIVE CARE***

- 1.) Morning report

***COMMUNICATION SKILLS***

- 1.) Transparent Group OSCE
- 2.) OSCE

***BASIC SCIENCE***

- 1.) Didactic lectures
- 2.) Morning report

***PAIN MANAGEMENT***

- 1.) Clinical encounters
- 2.) Morning report

***DIAGNOSTIC IMAGING***

- 1.) Clinical encounters
- 2.) Morning report
- 3.) Didactic lectures

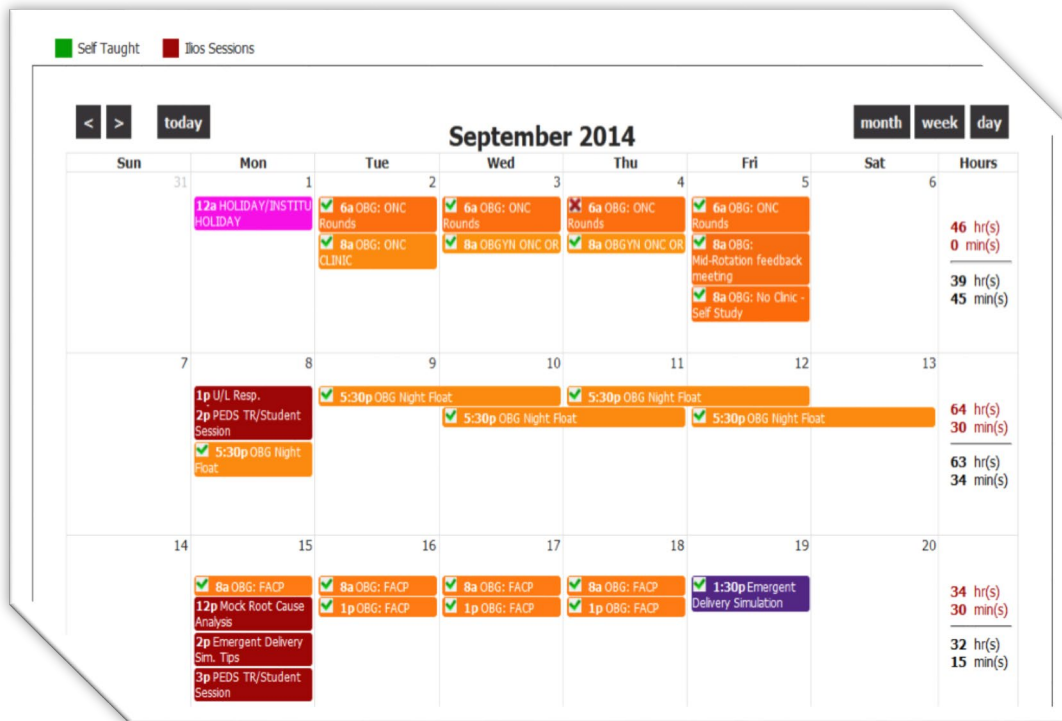
**CLINICAL PATHOLOGY**

- 1.) Didactic lectures
- 2.) Morning report

**Calendar of Clerkship Events**

**A Sample Clerkship Schedule**

This tables show what a representative individual student's schedule might look like:



Ex: OB/GYN Schedule (partial)

**NOTES**

**OBGYN Clinics** start @ 8:00 A.M. & 1P.M.; **OR cases** begin @ 8 A.M.; **OR case list** of surgeries will be discussed during Grand Rounds the Friday prior to service; **Night Float service** – 5:30 P.M. – 7 A.M.

**Clerkship Location**

CLINIC LOCATION		
Heidi Lyn, M.D., OB/GYN Clerkship Director	915-215-	4801 Alberta Ave Clinic building, 2 <sup>nd</sup> floor Suite #209 & #210
Patricia Rojas Mendez, MD, OG/GYN Assistant Clerkship Director		
Shirley Hinshaw, MD., OB/GYN MS4 Director		

Luis Hernandez, OB/GYN Clerkship Coordinator		
<b>LABOR AND DELIVERY</b>		
Children's Hospital, 2 <sup>nd</sup> floor; 4 <sup>th</sup> & 5 <sup>th</sup> floors		

## Required, expected and optional events

### ***Rotations (required)***

- Labor and Delivery (2 weeks)
- Maternal Fetal Medicine (1 week)
- Benign GYN (1week)
- Clinic (1week)
- Gynecologic Surgical Service/GYN ONC(1 week)
- Specialty service (1 week)
- Triage (1week)

### ***Service Objectives and Preparations***

#### ***Benign Gynecology:***

##### **Objectives:**

1. You will participate in the intraoperative care of the patient. (1.10)
2. You will participate in the perioperative care of the patient. (1.1, 1.2, 1.3, 1.6)
3. You will be able to discuss common post-operative complications and their management. (2.1, 1.6)
4. You will participate in team care of selected patients including presenting the patient on rounds, and writing SOAP notes. (7.3, 1.7, 4.4)
5. You will participate in the evaluation of gynecology patients in the ED. (1.5, 1.1, 1.2)

##### Preparation:

1. Review pelvic anatomy.
2. Review hysterectomy, and pelvic prolapse.
3. Review PID, abnormal uterine bleeding, and first trimester bleeding.

##### Additional Responsibilities:

1. You will prepare a 10-15 minute presentation on an assigned gynecologic topic.
2. At the end of the week, Yyou will present evaluation forms to the senior residents.

#### ***Labor and Delivery:***

##### **Objectives:**



1. You will perform 2 vaginal deliveries. (1.10)
2. You will participate in labor management. (1.3, 1.6)
3. You will scrub on at least 2 cesarean section. (1.10)
4. You will be able to identify abnormal labor. (1.5, 2.1)
5. You will be able to discuss interventions for the management of shoulder dystocia. (1.6)
6. You will discuss interventions for the management of post-partum hemorrhage. (1.6, 1.5, 1.3)

**Preparation:**

1. Complete online course on evaluation of fetal heart rate monitoring strips.
2. Review normal labor.
3. Review abnormal labor.
4. Review cardinal movements of the fetus in the birth canal.

**Additional Responsibilities:**

1. You will arrive at 7 A.M. and participate in Morning Report, if on the 7-3 shift..
2. At the end of the week, you will present evaluations to the attending faculty, senior, and junior residents.

***Gynecologic Surgical Specialty:***

**Objectives:**

1. You will participate in perioperative care of URO-Gynecology and MIS (minimally invasive surgery) patients. (1.1, 1.2, 1.3, 1.4, 1.6)
2. You will participate in team care of selected patients including presenting the patient on rounds and writing SOAP notes. (7.3, 1.7, 4.4)
3. You will evaluate URO-Gyn patients in the outpatient setting.(1.1, 1.2, 1.3, 1.6)
4. You will be able to discuss evaluation and non-surgical treatment of cancers of the female genital tract. 1.2, 1.6)

**Preparation:**

1. Review pelvic anatomy.
2. Review female genital tract cancers ( cervix, ovary, uterus).
3. Review abnormal Pap smears.
4. Review pelvic prolapse

**Additional Responsibilities:**

1. You will arrive at 6 A.M. and assist the intern in preparation for morning rounds.

2. You will present an evaluation to the senior resident at the conclusion of the week.

***Clinic (Faculty Practice/Resident clinic/Private Community Practice/CNM/Specialty Clinics):***

**Objectives:**

1. You will observe the interaction and flow of patients and provider in a private office setting. (6.1, 6.4)
2. You will interview patients and present patient information to the attending/resident physician as directed. (1.1, 1.2, 1.3, 1.4, 1.6, 4.2)
3. You will discuss the evaluation and management of abnormal mammogram findings and palpable breast mass (2.1, 2.2, 1.2, 1.6)
4. You will explain the indications for colposcopy, will prepare patients for colposcopy, and will be able to interpret results of colposcopy biopsies. (1.10, 2.1, 2.2)

**Preparation:**

1. Review office prenatal care.
2. Review health maintenance and ambulatory gynecologic office care.

**Additional Responsibilities:**

1. For off-site Community Practice: You will arrive at the preceptor's clinic as designated by the Preceptor/Clinic Manager.
2. You will be allowed to attend any in-patient procedures at Sierra/Providence/Transmountain.
3. You will present evaluation forms to the attending physician at the end of the session. If there is more than one session with the same faculty physician, you will present the evaluation from the last encounter.)

***Triage:***

**Objectives:**

1. The student will evaluate patients for rupture of membranes (1.1, 1.2, 1.3)
2. The student will evaluate patients for preterm or term labor (1.5, 1.1)
3. The student will perform one observed history and physical (1.1, 1.2, 1.3)
4. The student will be familiar with the use of ultrasound in the labor and delivery triage setting. (1.10)
5. The student will participate in post-partum rounds on the complicated OB service. (Night triage will make rounds with residents. Day triage will round with faculty.) (1.1, 1.2, 1.3)

6. You will be able to discuss common post-partum and post-cesarean section complications. (2.1, 1.10)

**Preparation:**

1. Review speculum exam, wet mount.
2. Review and complete on-line module for breastfeeding and complete all assignments for the service.

**Additional Responsibilities:**

1. You will perform an Observed H&P evaluation. This must be completed at the time it is done and turned in by the student to the Clerkship Coordinator.
2. Ask residents to evaluate you.
3. Participate in postpartum rounds

***Maternal Fetal Medicine Service:***

**Objectives:**

1. You will interview and present patients to residents and attending physicians. (1.1, 1.2, 1.3, 1.6, 4.2)
2. You will be able to discuss gestational diabetes, & disorders of blood pressure in pregnancy. (2.1, 2.2)
3. You will participate in antepartum rounds.
4. You will observe OB ultrasound.

**Preparation:**

1. Review gestational diabetes.
2. Review chronic hypertension in pregnancy and preeclampsia.
3. Review postpartum complications including anemia and post-partum hemorrhage.
4. Review evaluation and management of febrile illness in the peri- and post-partum periods.

**Additional Responsibilities:**

1. At the end of the week, you will present evaluation forms to the attending faculty, and the residents on the comp OB team.
2. You will participate in antepartum rounds.

3. You will present a 10-15 minute PowerPoint on an assigned topic.

## Clerkship Activities

### Didactics

- **Block Didactics.** Every Friday, didactics are held for the block. Included are specialty-specific and combined didactic activities. Topics, material and instructions will be provided and posted in your scheduling system.
- **Resident/student sessions.** A resident on the MFM service will meet with the group of students for weekly sessions. The goal of these sessions is to review various topics related to Obstetrics/Gynecology and will help prepare you for the NBME exam. Clinical presentation schemes are used. Topics and instructions will be provided throughout the rotation.
- **Departmental Didactic Sessions/Grand Rounds.** Didactic sessions/Grand Rounds are held for the entire department every Friday and are mandatory. If these sessions are not applicable to the clerkship, alternate activities are provided. Schedules will be posted into your scheduling system.

## SIMULATION AND TRAINING

- **Suturing:** You will attend this clinic to gain the basic suturing and knot tying skills used in the OBGYN OR. You will be instructed on one-handed and two-handed knots; proper technique for handling suturing instruments (e.g., loading needle driver, using tissue forceps, etc); and practice continuous locking suturing. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Director. An assessment form will be provided for review prior to the exam.
- **Pelvic Exam: This will be held during orientation to review basic skills for the pelvic exam.**
- **Vaginal Delivery:** During orientation, the process of a vaginal delivery will be reviewed on a low fidelity manikin.

### Clinical Expectations

During this clerkship, you are expected to experience the following:

Condition	Associated Clinical Presentation(s)
New OB visit Routine OB visit Diabetes Management Non stress test/Fetal Monitoring	Contraception Screening and prevention Normal pregnancy Diabetes and Hyperlipidemia
Evaluation/treatment vaginal discharge (wet prep) Evaluation of ruptured membranes (fern test) Assessment of Labor Evaluation/treatment 2nd and 3rd trimester bleeding Evaluation/treatment UTI and Pyleonephritis OB ultrasound	Vaginal discharge Abnormal genital track bleeding Pregnancy loss
Evaluation/treatment vaginal discharge (wet prep) Evaluation of ruptured membranes (fern test) Assessment of Labor Evaluation/treatment 2nd and 3rd trimester bleeding Evaluation/treatment UTI and Pyleonephritis OB ultrasound	Pregnancy complications
Evaluation/treatment of abnormal uterine bleeding Evaluation/treatment of sexually transmitted diseases Evaluation/treatment of abnormal pap smears Evaluation/treatment of spontaneous abortions Evaluation/treatment of Ectopic pregnancies Contraception counseling	Abnormal genital track bleeding Pelvic pain Pelvic mass Pregnancy loss Menopause Prolapse/Pelvic floor relaxation Pregnancy complications
Colposcopy Laser/Leep/Cryosurgery Endometrial biopsy Transvaginal sonography (+/-)	
Post-op care D&C Cold knife cone Tubal ligation (Laparoscopy and Laparotomy) Hysterectomy (Abdominal, Vaginal, and Laparoscopic Assisted Vaginal) Ectopic Pregnancy (Laparoscopy or Laparotomy) Adnexal surgery Pelvic floor surgery	
Evaluation/treatment cervical cancer Evaluation/treatment uterine cancer Evaluation/treatment ovarian cancer	

During this clerkship, students are expected to perform the following procedures:

Procedure	Associated Clinical Presentation(s)
Annual Exam (minimum of two exams) 18-25 years old 25-40 years old 40+ years old	Periodic Health exam-Adult Screening and prevention Contraception

## Op Log Expectations

### Clerkship Specific Op Log Expectations

As indicated in the Block Policies section, you are expected to complete OpLog entries in a timely manner and on a weekly basis. In addition to the basic requirement that you record a minimum number of patients, there is also a requirement that you experience a minimum number within certain experience categories. Students who do not meet these expectations in the documentation of their clinical experiences will not be eligible for “Honors” designation; nevertheless, students will still be required to meet these requirements by the use of other resources (e.g., simulation; on-line resources). The following table indicates the minimum you must see by experience category:

### \*\*\*OP-LOG ENTRIES MUST BE UPDATED WEEKLY\*\*\*

Below are the possible categories and diagnoses:

*NOTE: Required conditions and procedures are highlighted in red.*

Essential Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)	GYN Clinic – Outpatient Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)
Vaginal delivery (2) – (A, M) Observed H and P (1) – (M) Annual exam in any age group (1) – (A, M)	Wet mount (1) – (M) Colposcopy (1) – (O, A) Cryo/LEEP Endometrial Biopsy Transvaginal U/S IUD Subdermal contraception Pessary
GYN Clinic (Level of involvement required is noted as: O= observe, A = Assist, M= Manage)	
Abnormal uterine bleeding STI (1) – (A,M) Abdominal pain (1) – (A, M) Abnormal Pap/dysplasia Spontaneous abortion Ectopic pregnancy Molar pregnancy Menopause/perimenopause (1) – (A, M) Pelvic pain/LAP (dysmenorrhea, dyspareunie, endometriosis) (1) – (A, M)	Vulva lesions Vaginal lesions (not discharge) Vaginal discharge (1) – (A, M) Cervical lesions (polyps, etc. not polyp, dysplasia) Uterine abnormalities Adnexal abnormalities (cysts, masses) PCOS (1) – (A, M) SUI Pelvic floor disorders (prolapse-cele) (1) –(A, M) Preop exam

Infertility <b>Contraceptive counseling (1)</b> – (A, M)	Postop exam Wound infection
<b>Antepartum/Postpartum Care Outpatient</b> <i>(level of involvement required is noted as: 0= observe, A = Assist, M= Manage)</i>	<b>Antepartum Care ER/Triage</b> <i>(level of involvement required is noted as: 0= observe, A = Assist, M= Manage)</i>
Routine OB (1) – (A, M) <b>Diabetes Management (1)</b> –(A, M) Advanced Maternal Age Abnormal Screening or U/S OB U/S  Multiple Gestation <b>High Risk OB HTN (1)</b> – (A) High Risk OB Other Incompetent cervix <b>Postpartum visit (1)</b> – (A, M) Preop BTL, Essure <b>Abdominal pain (1)</b> – (A, M)	Eval/Rx vag dc R/O ROM <b>Assessment of labor (1)</b> – (A, M) Eval/Rx spontaneous abortion Eval/Rx ectopic <b>Eval/Rx bleeding in pregnancy including previa (1)- (A)</b> Eval/Rx UTI and pyelo Ob U/S <b>Discomforts of pregnancy (low abd pain, round lig pain, other) (1)</b> – (A, M)  Decreased fetal movement
<b>GYN - Inpatient Procedures</b> <i>(Level of involvement required is noted as: 0= observe, A = Assist, M= Manage)</i>	
Uterine surgery, not hyst (1) –(A) <b>Pelvic floor surgery &amp; suspensions (1)</b> –(A) Laparotomy <b>Hystereomy (vag, abd, laparoscopic) (1)</b> – (A) Endometrial ablation Labial or vaginal procedure <b>Postop care in hosp – uncomplicated (1)</b> –(A, M) <b>Postop care in hosp – complicated (1)</b> –(O, A)	D&C – obstetrical (1) – (A) D&C – gynecological (1) –(A) Conization of cervix Laparoscopy Tubal ligation <b>Hysteroscopy (1)</b> – (A) <b>Essure (1)</b> –(A) <b>Ectopic pregnancy (1)</b> – (A) Endometriosis surgery Adnexal surgery Adhesions
<b>Labor &amp; Delivery/Postpartum/Antepartum: Must have an observed H &amp; P</b> <i>(Level of involvement required is noted as: 0= observe, A = Assist, M= Manage)</i>	
Admit H&P (labor, induction, scheduled C/S) <b>Management of labor (1)</b> – (A) Forceps/vacuum assisted delivery <b>Repair of episiotomy, laceration (1)</b> – (A, M) <b>Cesarean section (san blood) (1)</b> – (A) Postpartum tubal  <b>Preeclampsia/Eclampsia/HELLP Syndrome (1)</b> –(A) PROM/PPROM <b>Preterm labor (1)</b> – (A) Postpartum hemorrhage Placenta previa Malpresentation (breech, transverse, etc.) Abruptio	Fetal Demise Termination <b>Postpartum care in hosp – uncomplicated (1)</b> – (A, M) <b>Postpartum care in hosp – complicated (1)</b> – (O, A) Antepartum care: Pyelo, UTI Hyperemesis Oligo Diabetes Chronic HTN Preeclampsia Gb disease Other
<b>GYN - Inpatient or Outpatient</b> <i>(Level of involvement required is noted as: 0= observe, A = Assist, M= Manage)</i> <b>2 pt min to include the additional required as noted</b>	
Eval/treatment of: <b>Cervical dysplasia or cancer (1)</b> (I or O, A) Uterine cancer  <b>Ovarian pathology (1)</b> (I or O, A)	

Level of student involvement:

- *Assisted:* Student was actively involved in the patient encounter or procedure but was not acting independently.
- *Managed:* Student directed the encounter or procedure under the supervision of a faculty or resident member.
- *Observed:* Student was present during the encounter or procedure but was not an active participant.

**Assessment**

**OBGYN Clinical Assessment Form**

Components	SCALE	SOURCE OF FINAL GRADE IN INDICATED COMPETENCY
<b>Knowledge for Practice</b>	Needs Improvement, Pass, Honors, N/A	Clinical Evaluations
Identifies biopsychosocial issues relevant to patient treatment.		
Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology.		
Can independently apply knowledge to identify problem.		
<i>Comments related to Knowledge for Practice (If none, please enter NA):</i>		
<b>Patient Care and Procedural Skills</b>		Clinical Evaluations Pelvic Exams Suture Exams GYN OSCE
Completes an appropriate history.		
Exam is appropriate in scope and linked to history.		
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.		
Provides preventive healthcare services and promotes health in patients		
Appropriately documents findings.		
<i>Comments related to Patient Care and Procedural Skills ( If none, please enter NA):</i>		
<b>Interpersonal and Communication Skills</b>		Clinical Evaluations Continuity Patient Activity
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.		
Presentations to faculty or resident are organized.		
<b>Comments related to Interpersonal and Communication Skills (If none, please enter NA):</b>		
<b>Practice-Based Learning and Improvement</b>	Clinical Evaluations	
Takes the initiative in increasing clinical knowledge and skills.		
Accepts and incorporates feedback into practice		
<b>Comments related to Practice-based Learning and Improvement (If none, please enter NA ):</b>		



<b>System-Based Practices</b>	Needs Improvement, Pass, Honors, N/A	
Effectively utilizes medical care systems and resources to benefit patient health.		Clinical Evaluations
Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).		Systems Enrichment Activities
<b>Comments related to System-based Practice (If none, please enter NA ):</b>		(Mock RCA, Emergent Delivery Simulation; Sexual Abuse activity)
<b>Professionalism</b>		
Is reliable and dependable		Clinical Evaluations
Acknowledges mistakes		Clerkship Coordinator Professionalism Evaluations
Displays compassion and respect for all people.		Timely OP-log entries
Demonstrates honesty in all professional matters		
Protects patient confidentiality		
Dress and grooming appropriate for the setting		
<b>Comments related to Professionalism (If none, please enter NA ):</b>		
<b>Interprofessional Collaboration</b>		
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel		Clinical Evaluations
Is an important, contributing member of the assigned team.		Emergent Delivery Simulation activity
<b>Comments related to Interprofessional Collaboration (If none, please enter NA ):</b>		
<b>Personal and Professional Development</b>		
Recognizes when to take responsibility and when to seek assistance	Clinical Evaluations	
Practice flexibility in adjusting to change and difficult situations		
<b>Comments related to Personal and Professional Development (If none, please enter NA ):</b>		
<b>Overall Comments/ strengths/weaknesses (required):</b>		

**Assessment Forms (other clerkship specific)**

OB Clerkship Student Evaluation Card

Competencies

1. Patient Care
2. Knowledge for Practice
3. Practice Based Learning & Improvement
4. Interpersonal and Communication Skills
5. System Based Practice
6. Professionalism
  - a. Interprofessional Collaboration
  - b. Personal & Professional Development

OB Clerkship Student Evaluation Card

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service/Rotation \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

## OSCE

There are three skill sets that are assessed for the final OSCE grade. The clinical OSCE exam will be held during Week 15. The other two skill sets assessed are suturing and pelvic exams. These assessments will be held during Weeks 12 and 13. For these exams, the following forms are used to assess your performance.

Obstetrics & Gynecology/Pediatrics Block  
 Academic Year: 2019-2020



OB/GYN Clerkship  
 Suture Performance Assessment  
 (by Clerkship Director/Faculty)

Student Name: \_\_\_\_\_, MS3 Date: \_\_\_\_\_

Rating Scale:

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess
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Demonstrate the following:				
1. Secure square knot with two-handed tie	1	2	3	C/A
2. Secure square knot one-handed tie	1	2	3	C/A
3. Correct technique for loading a needle driver	1	2	3	C/A
4. Correct technique for holding and manipulating a needle driver	1	2	3	C/A
5. Correct technique for holding and manipulating tissue forceps	1	2	3	C/A
6. Insert needle at 90-degree angle to the "tissue"	1	2	3	C/A
7. Protects needle for 1-hand tie	1	2	3	C/A
8. Correct technique for placing continuous sutures	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

OB/GYN Clerkship  
 Pelvic Exam Performance Assessment (by Medical Staff)

Student: \_\_\_\_\_, MS3 Date: \_\_\_\_\_ Evaluator: MA - \_\_\_\_\_

Rating Scale: 

1-Not Done	2 - Needs Improvement	3 - Well Done	C/A - Cannot Assess
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Direct Observation by Medical Staff				
External Examination	Circle one			
1. Examines external genitalia	1	2	3	C/A
2. Inspects mons pubis	1	2	3	C/A
3. Inspects labia majora	1	2	3	C/A
4. Inspects labia minora	1	2	3	C/A
5. Inspects clitoris	1	2	3	C/A
6. Inspects urethral meatus	1	2	3	C/A
7. Inspects introitus	1	2	3	C/A
8. Inspects Bartholin's gland	1	2	3	C/A
9. Inspects perineum	1	2	3	C/A
10. Inspects anus	1	2	3	C/A
Speculum Examination				
11. Holds speculum at 45-degree angle	1	2	3	C/A
12. Inserts speculum properly	1	2	3	C/A
13. Rotates speculum at full insertion	1	2	3	C/A
14. Opens speculum slowly	1	2	3	C/A
15. Identifies cervix	1	2	3	C/A
16. Secures speculum in an open position	1	2	3	C/A
17. Inspects cervix	1	2	3	C/A
18. Inspects vaginal walls while removing speculum	1	2	3	C/A
19. Handles speculum appropriately	1	2	3	C/A
20. Removes speculum appropriately	1	2	3	C/A
21. Bimanual Pelvic Examination	1	2	3	C/A
22. Introduces fingers into vagina	1	2	3	C/A
23. Palpates cervix and cervical os	1	2	3	C/A
24. Palpates uterine body, apex of fundus	1	2	3	C/A
25. Palpates right adnexa/ovary	1	2	3	C/A
26. Palpates left adnexa/ovary	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

OB/GYN Clerkship  
 Pelvic Exam Performance Assessment (by Standardized Patient)

Student: \_\_\_\_\_, MS3 Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Rating Scale: 

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess
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Direct Observation of the Patient				
Communication/Interpersonal Skills	Circle one			
1. Introduces self and explains role	1	2	3	C/A
2. Uses appropriate eye contact, body language	1	2	3	C/A
3. Uses facilitative listening skills	1	2	3	C/A
4. Demonstrates empathy	1	2	3	C/A
Preparation				
5. Checks all equipment/supplies	1	2	3	C/A
6. Adjusts exam light prior to gloving	1	2	3	C/A
7. Washes hands before exam	1	2	3	C/A
General Techniques/Exam Skills				
8. Demonstrates concern for the patient's comfort and modesty	1	2	3	C/A
9. Explains to patient what is being done	1	2	3	C/A
10. Enlists the patient's cooperation during the exam	1	2	3	C/A
11. Follows a logical sequence of exam from one region to another	1	2	3	C/A
12. Emphasizes areas of importance	1	2	3	C/A
13. Modifies the exam to adapt to patient limitations (imposed by illness, age or temperament of patient)	1	2	3	C/A
14. Positions patient: hips to end of table and heels on foot rests	1	2	3	C/A
15. Wears gloves throughout exam	1	2	3	C/A
16. Gloves remain clean (no contamination)	1	2	3	C/A
17. Avoids unexpected/sudden movements	1	2	3	C/A
Professional Conduct/Additional Skills				
18. Describes each step of exam to patient prior to performing	1	2	3	C/A
19. Maintains patient modesty	1	2	3	C/A
20. Attends to patient's comfort	1	2	3	C/A
21. Performed exam in a gentle and professional manner	1	2	3	C/A
22. Extends bottom of exam table for patient comfort	1	2	3	C/A
23. Instructs patient to return to sitting position at conclusion of exam	1	2	3	C/A
Patient Education Skills (when appropriate)				
24. Addresses beliefs, misconceptions (if applicable)	1	2	3	C/A
25. Gives explanations in clear language, avoids jargon	1	2	3	C/A
26. Invites questions/checks for understanding (if applicable)	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

# Mid-Clerkship Assessment

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Faculty/Resident: \_\_\_\_\_

Student: \_\_\_\_\_

Planned date of discussion: \_\_\_\_\_

Actual date of discussion: \_\_\_\_\_

Review of evaluations to date with student:

## Professionalism

Professionalism:

## Overall/Summary

Areas that would yield the greatest improvement in the student's skills:

Strongest skill areas:

### Mid-Clerkship Assessment

#### *Required clerkship-specific activities*

Please indicated how the clerk is performing on activities specific to the block's clerkships (examples: quizzes, presentations, documented H&P, paper charts, etc.):

#### *OpLog*

Discuss student's oplog documentation and any areas where the student does not appear on track. Identify date when student should come back to see you if s/he has not yet met the requirements.

Synopsis of discussion with student:

## Mid-Clerkship Review ||

The mid-clerkship evaluation is a face to face one on one session with the clerkship director or assistant clerkship director. It is an opportunity for students to receive feedback to

improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

The session will be scheduled at the beginning of the second 4 week rotation on OB/GYN. Students will be notified regarding their assigned time by the clerkship coordinator in an email. Failure to have an updated op log may result a needs improvement in the professionalism competency.

### **Grading Policy – In Addition to Common Clerkship Policies** |

**Please refer to the Common Clerkship policies and the syllabus for required activities and assignments.** These specific areas can affect a student’s overall final grade in professionalism independent from their assessment scores from faculty and senior residents. For example, if a student’s overall assessment score from faculty and residents is a “pass” in professionalism but they miss a required event as noted below, the student will receive an overall “needs improvement” in their final professionalism grade. Students should expect to receive “pass” in professionalism. For example, honors is rarely awarded for this competency.]

### **Professionalism Expectations** |

#### **Expected Through the Clerkship**

- Attendance at all required educational activities, including clinical assignments, didactics, and simulations.
- Complete all assignments in a timely manner.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on at least a weekly basis
- Enter duty hours daily
- Dress and groom appropriately

### **Missed Events – In Addition to Common Clerkship Policies** |

All missed mandatory sessions/ exercises without an excused absence will affect the student’s professionalism grade. In addition, alternate activities/assignments may be required. Students who are excused from these sessions/ exercises will complete missed activities at the discretion of the Clerkship Director.

## Readings for Clerkship



### Required textbook readings:

*Obstetrics & Gynecology*, 6th ed., Beckman, Charles

*Obstetrics Gynecology & Infertility*, 6th ed, Gordon, John



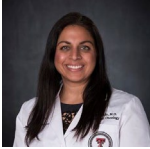
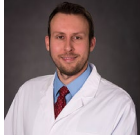



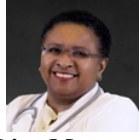
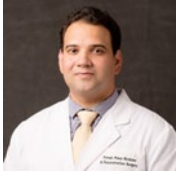
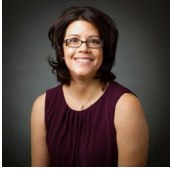





## Contacts

### Clerkship Team






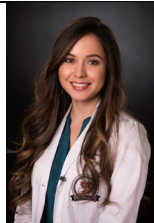






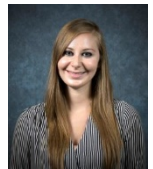
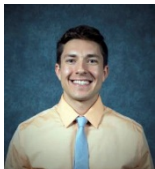
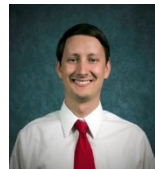
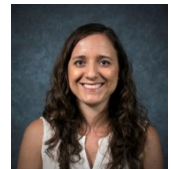
OB/GYN Medical Student Director				
<b>Heidi Lyn, M.D.</b> Clerkship Director		915-215-5002	<a href="mailto:Heidi.Lyn@ttuhsc.edu">Heidi.Lyn@ttuhsc.edu</a>	4800 Alberta Ave. 2 <sup>nd</sup> Floor
<b>Patricia Rojas-Mendez, M.D.</b> Assistant Professor		915-215-5002	patricia.rojas-mendez@ttuhsc.edu	4800 Alberta Ave. 2 <sup>nd</sup> Floor
Medical Student Program Coordinators				
<b>Luis Hernandez</b> Clerkship Coordinator		915-215-	luis.m.hernandez@ttuhsc.edu	4800 Alberta Ave. 2 <sup>nd</sup> Floor



**OBGYN Faculty Roster**

 <b>Sireesha Y. Reddy, M.D.</b> <b>Interim Chair</b> <b>Professor</b> <b>General Ob &amp; Gyn</b> <b>Division Chief</b> <b>Women's Health</b> <b>Practice Medical</b> <b>Director</b>	 <b>Heidi Lyn, M.D.</b> <b>Assistant</b> <b>Professor</b> <b>OB Clerkship</b> <b>Director</b>	 <b>Vijaya L. Galic, M.D.</b> <b>Assistant Professor</b> <b>Gynecologic</b> <b>Oncology Division</b> <b>Head</b>	 <b>Steven Radtke, M.D.</b> <b>Assistant Professor</b>	 <b>Harvey Greenberg, M.D.</b> <b>Associate Professor</b> <b>Gynecologic</b> <b>Oncology Division</b> <b>Head</b>
<b>Shirley Hinshaw, M.D.</b> <b>Assistant Professor</b> <b>MS4 Clerkship Director</b> <b>(Pending Picture)</b>	 <b>Patricia Rojas-Mendez, M.D.</b> <b>Assistant</b> <b>Professor,</b> <b>Assistant Clerkship</b> <b>Director</b>	 <b>T. Ignacio Montoya, M.D.</b> <b>Assistant Professor,</b> <b>Associate Residency</b> <b>Program Director</b>	 <b>Lisa Moore, M.D.</b> <b>Professor</b> <b>Maternal-Fetal</b> <b>Medicine Division</b> <b>Chief</b>	 <b>Dr. Antonio Maldonado, M.D.</b> <b>Assistant Professor</b>
 <b>Carla Martinez, M.D., FCOG</b> <b>Assistant Professor</b> <b>Maternal-Fetal</b> <b>Medicine Division</b>	 <b>Sanja Plavsic Kupesic, M.D., Ph.D.</b> <b>Professor</b> <b>Associate Dean for</b> <b>Faculty</b> <b>Development</b>	 <i>Sandra Lopez, M.D.</i> <i>Assistant Professor</i> <i>Minimally Invasive</i> <i>Surgery Fellowship</i> <i>Assistant Director</i>	<b>Jennifer Brown, M.D.</b> <b>Assistant Professor</b> <b>(Pending Picture)</b>	<b>Naima Khamsi, M.D.</b> <b>Assistant Professor</b> <b>(Pending Picture)</b>
<b><i>Obstetrics and Gynecology Faculty Associates</i></b>				
	 <b>Anna Nellikappallil, APRN, CNM</b>	 <b>Nikki Skrinak, WHNP, CNM, MSN</b>	 <b>Carlos Valenzuela, CNM, MSN</b>	

**OBGYN Resident Roster**

<i>Obstetrics and Gynecology Resident Physicians</i>					
<b>PGY-1</b>	 Alexander Clavijo, M.D. Univ. of Virginia	 Elizabeth Florence, M.D. Univ of TX Medical Branch	 Emily Senderey, M.D. Charles E Schmidt College	 Janice Vivaldi, M.D. Ponce Univ, PR	 Kimberly Zachow, M.D. Univ of Mississippi
<b>PGY-2</b>	 Veronica Galaviz, M.D. Univ. of New Mexico, ABQ, NM	 Nancy Oropeza, M.D. Univ. of Arkansas of Medical Science College, Little Rock, AR	 Randle Umeh, M.D. St. George's Univ School of Medicine, GRD, Grenada	 Melissa Wong, M.D. George Washington Univ SOM and HS, Washington, DC	<b>Yvette Jiang, M.D</b>  (pending picture)
<b>PGY-3</b>	 Lihn Do, M.D Texas Tech University El Paso. El Paso, TX	 Tracy Nguyen, M.D Texas Tech University Amarillo. Amarillo, TX	 Stephanie Mishaw M.D UT San Antonio School of Medicine	 Gabriela Villanueva M.D UT San Antonio School of Medicine	 Leticia Diaz, M.D Loyola Univeristy Chicago Stritch School of Medicine
<b>PGY-4</b>	 <b>Lina Caicedo, MD</b> Ohio State University Columbus, OH <b>PGY-1</b>	 <b>Ann M. Dobry, MD</b> Edward Vua College of Osteopathic Medicine Spartanburg, SC <b>PGY-1</b>	 <b>Michael G. Domina, DO</b> University of New England Biddeford, ME <b>PGY-1</b>	 <b>James W. Rob, MD</b> University of Arkansas Little Rock, AR <b>PGY-1</b>	 <b>Dhyana Velasco, MD</b> University of New Mexico Albq, NM <b>PGY-1</b>

# Clerkship 2 – Pediatric Clerkship

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## Clerkship Description |

The objectives for the pediatrics clerkship follow the current APA/COMSEP (Council on Medical Student Education in Pediatrics) General Clerkship Curriculum (2008-2016) organized around the eight core competencies implemented by the AAMC . The objectives also reflect the integrated nature of the OB-GYN/Pediatrics block. Some topics covered during the OB-GYN/Pediatrics block have been identified as “shared topics” and will be addressed with students through integrative lectures, workshops, seminars, case conferences, or shared rounds. Examples of shared topics include adolescent gynecology/contraception, adolescent STIs, pregnancy/birth, neonatology, intrauterine/fetal/congenital infections of the newborn, as well as Perinatal M and M Conference, Delivery Room Resuscitation Simulation, Poor Outcome of birth/Root-Cause Analysis, Discharge Planning activity and an Ethics activity.

A summary of core learning objectives, organized by the AAMC competency domains and Paul L. Foster School of Medicine Medical Education Goals and Objectives and schemes follows

## Clerkship Objectives |

### ***Medical Knowledge***

***Goal:*** You must acquire knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and apply this knowledge to patient care. You will develop an understanding in the assessment and management of common clinical conditions in pediatrics in the inpatient and the outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

***Objectives:*** Recognize the signs, and symptoms of common pediatric problems including the following (1.1-1.9, 2.1 – 2.6, 3.1, 3.3):

- Health Supervision from birth through adolescence
- Growth
- Development
- Behavior

- Nutrition
- Issues unique to adolescence
- Issues unique to newborn
- Common acute pediatric illness/common pediatric complaints
- Common chronic illness and disability
- Therapeutics with specific pediatric dosing of medications
- Fluids and electrolytes management appropriate for age and clinical situations
- Pediatric emergencies
- Child Abuse

### ***Patient Care***

**Goals:** You must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

**Objectives:** By the completion of this clerkship experience, you will be able to:

- Determine which patients can be managed in a outpatient setting, general inpatient setting and which require higher levels of care and expertise in a critical care unit (1.5, 1.6, 7.2, 7.3, 8.1).
- Demonstrate skills at the MS III level in evaluating, diagnosing, managing, and determining the appropriate disposition of pediatric patients (1.1–1.9, 2.1–2.3, 3.4–3.5, 6.2–6.4,7.2)
- Develop differential diagnoses, planning diagnostic studies, formulate and implement therapeutic options and plans for discharge of patients under the student’s care (1.2 – 1.4, 1.6, 1.8, 2.2–2.3, 2.6).
- Utilize appropriate consultants/subspecialists (1.5–1.6, 4.2, 6.2, 7.2).
- Utilize diagnostic testing and imaging resources effectively and efficiently (1.1, 1.3, 6.2, 6.3).

### ***Interpersonal And Communication Skills***

**Goal:** You must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and professional associates. You will develop knowledge of specific techniques and methods that facilitate effective, empathic communication and cultural sensitivity.

**Objectives:** You will demonstrate the ability to:

- Communicate effectively with families and patients (taking into account patients age/ developmental levels). (4.1–4.4).
- Interview adolescent patients in an effective manner (4.1–4.4).
- Appropriately utilize interpreters, if necessary, to communicate with non-English speaking patients (4.1, 4.3, 6.2, 7.2, 8.1).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2, 4.4)
- Maintain professional and appropriate interactions with patients and their caregivers (4.1, 4.3, 5.1, 5.6).
- Effectively listen, and then utilize verbal and writing skills to communicate with patients, families, and members of the health care team (4.1–4.4, 7.2, 7.3).

### ***Professionalism/ Ethics***

***Goal:*** You must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

***Objectives:*** During this clerkship, you will demonstrate:

- Sensitivity to patient and family concerns (5.1, 5.6, 5.7).
- Acceptance of parent and patient differences in culture, beliefs, attitudes, and lifestyle (5.1)
- The ability to manage personal biases in caring for patients of diverse populations and different backgrounds and to recognize how these biases may affect care and decision-making (5.1, 5.4 , 8.3 – 8.5).
- Respect for patient privacy and confidentiality (5.2, 5.5, 5.7).
- Commitment to following through with professional obligations and the timely completion of assigned tasks and duties (4.4, 5.3, 5.7, 7.3, 8.1, 8.5).
- Commitment to treat faculty, residents, staff, and fellow students with respect and courtesy (5.1, 5.3, 5.7, 7.3, 7.4).
- Advocate for patient needs (5.7, 6.2-6.4).

### ***Practice Base Learning and Improvement***

***Goal:*** You will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.

***Objectives:*** During this clerkship experience, you will:

- Demonstrate the use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (e-medicine, journals AAFP, NEJM, AJP, etc.) (1.2, 2.2-2.4, 3.1, 3.3-3.4, 8,5).
- Accept feedback from the faculty, residents, and other team members, and incorporate this to improve your clinical practice (3.3, 5.3).
- Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient care (3.2)

### ***System Based Practice***

**Goal:** You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

**Objectives:** During this clerkship experience, you will demonstrate the ability to:

- Understand the health system and utilize ancillary health services and specialty consultants properly (1.1-1.2, 1.5-1.6, 6.1-6.2, 6.4, 7.2, 8.1, 8.3, 8.5).
- Utilize the integrated systems available to help the mother and infant with unexpected complications or problems during the perinatal period (i.e. neonatal resuscitation teams in delivery room, lactation consultants, etc.) (1.1-1.2, 1.5-1.6, 6.1-6.2, 6.4, 7.2, 8.1, 8.3, 8.5).

### ***Interprofessional Collaboration***

**Goal:** You must demonstrate the ability to engage in an interprofessional team in manner that optimizes safe, effective patient and population-centered care.

**Objectives:** During this clerkship experience, you will demonstrate the ability to:

- Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care. (7.1-7.2)
- Function effectively as a team member. (PGO 7.3)

### ***Personal and Professional Development***

**Goal:** You must demonstrate the qualities required to sustain lifelong personal and professional growth.

**Objectives:** During this clerkship experience, you will demonstrate the ability to:



- Recognize when to take responsibility and when to seek assistance. (PGO 8.1)
- Demonstrate flexibility in adjusting to change and difficult situations.( PGO8.3)
- Demonstrate the ability to employ self-initiated learning strategies (problem definition identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.(PGO 8.5)
- Reflection on clinical experiences with goal of finding meaning and resiliency (PGO 8.2)

### **Integration Threads**

-	geriatrics	X	basic science	X	ethics
X	professionalism	X	EBM	X	chronic illness care
X	patient safety	X	pain management	X	clinical pathology,
X	palliative care	X	quality improvement	-	clinical and/or
X	communication skills	X	diagnostic imaging		translational research

### ***PEDIATRIC CLERKSHIP THREADS***

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

### ***ETHICS AND PROFESSIONALISM***

- 1.) Defined and explained during clerkship orientation and modeled during clinical encounters (3.3, 4.3, 5.1-5.3)
- 2.) Combined Ethics Activity - involving didactics, role playing (3.1, 3.4-3.5, 4.2-4.3, 5.1, 5.3-5.4)
- 3.) Morning report (1.6, 1.8, 2.5, 4.2-4.3, 5.1-5.3, 5.6-5.7, 6.1-6.4, 7.1-7.2, 8.5)
- 4.) Peer Teaching Sessions (3.1, 3.4, 3.5, 4.2, 5.6)

### ***PATIENT SAFETY/QI***

- 1.) Mock root cause analysis (3.2)
- 2.) Morning report (3.2)
- 3.) Discharge Planning Activity (3.2, 3.4, 6.1-6.2)

### ***PALLIATIVE CARE***

- 1.) Morning report (1.8, 2.5, 5.1, 6.2)
- 2.) Clinical encounters (1.8, 2.5, 5.1, 6.2)

### ***COMMUNICATION SKILLS***

- 1.) Transparent Group OSCE (1.1-1.3, 3.3, 4.1-4.3)
- 2.) OSCE (1.1, 1.7, 4.1, 4.3)

- 3.) Delivery Room Resuscitation Scenario (1.1, 4.2-4.3, 5.1-5.2, 7.3)
- 4.) Peer Teaching Sessions (4.2)

***BASIC SCIENCE (2.1 – 2.2)***

- 1.) Didactic lectures
- 2.) Morning report
- 3.) ILP
- 4.) Peer Teaching Sessions
- 5.) VICE (vertical integration in clinical education) sessions
- 6.) Newborn nursery – Texas newborn screening (biochemistry, genetics)

***EBM (2.2-2.3)***

- 1.) Morning report
- 2.) OSCE
- 3.) Subspecialty Clinic
- 4.) ILP presentations
- 5.) Didactics

***PAIN MANAGEMENT***

- 1.) Morning report

***DIAGNOSTIC IMAGING***

- 1.) Morning report
- 2.) Didactic lectures
- 3.) Clinical encounters

***CHRONIC ILLNESS CARE***

- 1.) Clinical encounters
- 2.) Didactic lectures
- 3.) Morning report

***CLINICAL PATHOLOGY***

- 1.) Didactic lectures
- 2.) Morning report
- 3.) VICE (vertical integration in clinical education) sessions

***UNDERSERVED POPULATIONS***

- 1.) SNAP challenge
- 2.) Discharge planning activity



### 3.) Interprofessional Collaboration/Discharge Planning Activity

#### Calendar of Required Clerkship Events

**Morning Report** every Monday and Friday@ 8:00 A.M. in EPCH basement: Sr. Resident discusses admissions from the night before and an interesting case is presented. You may be assigned a Morning Report presentation while on Wards. (1.2-1.4, 1.6, 1.10, 2.2-2.6, 3.1, 3.3-3.4, 4.2-4.3, 5.1-5.3, 5.6-5.7, 6.1-6.3, 7.1-7.2, 8.5)

**Pediatric Grand Rounds** takes place the 1st and 3rd Wednesday of the month from 8:00 A.M. – 9:00 A.M. in Auditorium B in the AEC. This activity is required and fulfills students' CME credit requirements. Breakfast is available at 7:30 A.M. (1.2-1.4, 1.6, 1.8, 1.9-1.10, 2.2-2.6, 3.1, 3.4-3.5, 5.7, 6.2-6.3, 8.5)

**Combined Didactics** will be held every Friday afternoon throughout the OB/Gyn and PEDS Clerkship (1:00 P.M. – 3 P.M.). This schedule is available on 'Scheduler 15', as well as within CANVAS LMS. All necessary reading material will be provided prior to scheduled lecture via email or on CANVAS LMS. (1.1-1.10, 2.1-2.6, 3.1-3.5, 4.1-4.3, 5.1-5.7)

**Peer Teaching Session** will be held after the required 'Friday Combined Didactic Lectures' (3 P.M.-5 P.M.). All students must attend. Students will be required to present required presentations from both Clerkships to their fellow students. Session is moderated by Clerkship Director or Chief Resident. (2.2-2.4, 2.6, 3.1, 3.4-3.5, 5.1, 5.7)

#### Rotations

The Pediatrics component of the integrated Pediatrics/OB-GYN rotation occurs in the following settings:

- Inpatient
  - Newborn Nursery (1 week)
  - Wards (1 weeks)
- Outpatient (3 - 4 weeks)
  - General Pediatrics (1-2 weeks)
  - Subspecialty Pediatrics (1-2 weeks)
- Other
  - Individual Learning Plan (1 week)

- Selective (1 week)

## **Inpatient Services**

### ***Newborn Nursery***

You are supervised by the faculty and residents in the “Well-Baby” Nursery. During this time, you will :

- 1.) learn the normal newborn exam and identify physical findings that are normal variants and those that represent pathology.
- 2.) learn about common problems in the newborn, such as jaundice, respiratory distress, and prematurity in the WBN, NICU, or IMCU.
- 3.) learn about the Texas newborn screening.

(1.1-1.6,1.8-1.10, 2.1-2.5, 3.1, 3.3-3.5, 4.1-4.4, 5.1-5.3, 5.5-5.7, 6.1-6.4, 7.2-7.3, 8.1, 8.3-8.5)

### ***Pediatric Wards***

You are integrated into the Pediatric Ward team which includes MS4s, interns, residents, hospitalists, community physicians, nurses, respiratory therapists, social workers, nutritionists, families, patients, etc. You are supervised by pediatric house staff and pediatric hospitalists 24/7. You will:

- 1.) learn about pathophysiology and management of illnesses that commonly affect normal children and children with chronic diseases.
- 2.) learn to triage patients.
- 3.) learn the mechanics of hospital care, including order writing, documentation, utilization of other specialties, identifying discharge needs and resources, and safe handoff of patient care.

(1.1-1.9, 2.12.5, 3.1, 3.3-3.5, 4.1-4.4, 5.1-5.3, 5.5-5.7, 6.1-6.4, 7.2-7.3, 8.1-8.5)

## **Outpatient Services**

### ***General Pediatric Clinic:***

You will experience all aspects of outpatient pediatric care, including taking vital signs, administering hearing and sight exams, giving immunizations, and patient management. You are involved in the care of children from post-nursery discharge through adolescence. You may experience delivering care at the urgent care center. Outpatient experience will occur at TTUHSC EP Clinics at the PLFSOM and Transmountain sites. You will learn to:

- 1.) to complete an age-appropriate H&P on children of all ages.

- 2.) to anticipate common threats to children and provide appropriate anticipatory guidance to caretakers.
- 3.) to screen for developmental problems and learn when to refer children for an indepth evaluation by a specialist.
- 4.) to recognize illnesses/conditions commonly treated by a general pediatrician, and learn when to refer to a subspecialist.
- 5.) about nutrition by participating in the **team** activity SNAP (Supplemental Nutrition Assistance Program [food stamps]) Challenge. You will generate a meal plan for a hypothetical child. You will be given the weekly average SNAP benefit in cash to shop for food. Food may be donated by you or given to the Clerkship Coordinator for donation. Meal plans and food choices will be assessed by a PEDS nutritionist. Feedback will be given to you on their food choices.

(P1.1-1.4, 1.6-1.9, 2.1-2.5, 3.1, 3.3-3.5, 4.1-4.4, 5.1-5.3, 5.4-5.7, 6.2-6.4, 7.2-7.3, 8.1, 8.5)

### ***Specialty Clinic:***

You will interact with patients and subspecialty physicians and teams on multiple subspecialty services. You will:

- 1.) learn how children who require subspecialty care are referred to Pediatric Subspecialists.
- 2.) learn how to diagnose and manage common subspecialty illnesses and conditions
- 3.) learn the challenges of managing chronic illnesses for physicians and families. (1.1-1.8, 2.1-3, 2.5, 3.1, 3.3-3.4, 4.1-4.4, 5.1-5.2, 5.6-5.7, 6.2-6.3, 7.2-7.3, 8.1-8.5)

### **Other Rotations**

#### ***Individual Learning Plan (ILP):***

You will:

- 1.) identify your own deficiencies in knowledge or clinical skills and identify areas of clinical interest or potential career interest.
- 2.) (with the assistance of the Clerkship Director and Chief Resident), develop a week-long curriculum to address these areas, as well as methods to assess the effectiveness of the curriculum.

The curriculum will be implemented and managed by the Chief Resident and Clerkship Director. Not all desired experiences may be available.

The purpose of this Clerkship component is to encourage self-directed learning and to help create a habit of lifelong learning. (3.1, 3.3-3.5, 4.2, 8.5)

## **Selective**

You will choose from a list of accepted Selective rotations, which will be predominately subspecialty areas. You will have an indepth experience within that subspecialty that may include inpatient, outpatient, consultation, and procedural experiences. Not all desired experiences may be available. You will learn how children live with chronic diseases and how physicians and teams manage complex illnesses. (1.1-1.8,1.10, 2.1-2.5, 3.1, 3.3-3.5, 4.1-4.4, 5.1-5.3, 5.6-5.7, 6.2-6.4, 7.2-7.3, 8.1-8.5)

## **Selective Choices**

### **Anesthesiology:**

- 1.) You will learn the scope of Pediatric Anesthesiology practice in the OR, including evaluation of an infant or child for surgery, management of infant or child throughout surgery and recovery from anesthetics, as well as assessment of the neurologic and cardiorespiratory stability of a child while under care of a Pediatric Anesthesiologist. (1.1, 1.2, 1.4 - 1.8, 1.10, 2.1-2.3, 4.1-4.4, 5.1 - 5.3, 5.7, 6.3, 7.2, 7.3)
- 2.) You will learn the scope of Pediatric Anesthesiology practice outside the OR, possible including consultation for pain management and provision of sedation/anesthesia for procedures done in areas other than the OR. (1.1, 1.2, 1.4 - 1.8, 1.10, 2.1-2.3, 4.1-4.4, 5.1 - 5.3, 5.7, 6.3, 7.2, 7.3)
- 3.) You will demonstrate basic skills to manage a pediatric airway. (1.10)
- 4.) You will appreciate the team work involved in safely taking a child from their pre-surgical state to their postsurgical state. (7.1 - 7.3, 8.2 - 8.3, 8.5)

### **Cardiology:**

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Cardiology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Cardiologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric cardiac diseases in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic cardiac disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Endocrinology**

1.) You will learn the spectrum of diseases and conditions in Pediatric Endocrinology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)

2.) You will be able to articulate the criteria for referring patients to a Pediatric Endocrinologist. (6.4, 8.1)

3.) You will learn to manage patients with pediatric endocrine diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)

4.) You will recognize and understand the impact of acute and/or chronic endocrine disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Gastroenterology**

1.) You will learn the spectrum of diseases and conditions in Pediatric Gastroenterology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)

2.) You will be able to articulate the criteria for referring patients to a Pediatric Gastroenterologist. (6.4, 8.1)

3.) You will learn to manage patients with pediatric GI diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)

4.) You will recognize and understand the impact of acute and/or chronic GI disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Hematology/Oncology**

1.) You will learn the spectrum of diseases and conditions in Pediatric Hematology/Oncology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)

2.) You will be able to articulate the criteria for referring patients to a Pediatric Hematologist/Oncologist. (6.4, 8.1)

3.) You will learn to manage patients with pediatric hematologic and oncologic diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.4, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)

4.) You will recognize and understand the impact of acute and/or chronic hematologic and oncologic disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Infectious Diseases**

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Infectious Disease, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Infectious Disease Specialist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric ID diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic ID disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Neonatology**

- 1.) You will articulate reasons that patients are admitted to a NICU. (6.3 -6.4, 8.1)
- 2.) You will understand how neonates present with common critical illnesses/conditions, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 3.) You will understand the criteria for referring patients to a NICU. (6.4, 8.1)
- 4.) You will understand and appreciate the importance of the multidisciplinary team in the care of the critically ill neonate. (7.1-7.3)
- 5.) You will recognize the importance of technology and pharmacology in the care of the critically ill neonate. (1.2, 1.5, 1.10, 6.2-6.4, 7.1-7.2, 8.1)
- 6.) You will understand the impact of acute and/or chronic critical illness has on the developing neonate and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## **Nephrology**

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Nephrology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Nephrologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric kidney diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-
- 4.) You will recognize and understand the impact of acute and/or chronic kidney disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)
- 5.) You will articulate the types of dialysis available to infants and children, as well as the indication for each type of dialysis. (1.2, 1.10, 2.2-2.3)

## Orthopedics

1.) The student will learn the spectrum of diseases and conditions in Pediatric Orthopedics, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. You will be able to articulate indications for and timing of surgery for common pediatric orthopedic conditions. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)

2.) You will be able to articulate the criteria for referring patients to a Pediatric Orthopedic Surgeon. (6.4, 8.1)

3.) You will learn to manage patients with pediatric orthopedic diseases/disorders in inpatient, outpatient, and OR settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)

4.) You will recognize and understand the impact of acute and/or chronic orthopedic disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

## Pathology

1.) You will understand the scope of services that a Pediatric Pathologist performs. (6.2, 6.4, 7.1-7.2, 8.1)

2.) You will learn how Pathology is integral to and is integrated with the multiple services offered by a Pediatric Hospital. (6.2, 6.4, 7.1-7.2, 8.1)

## Wards Nights/Weekends

Available to students who would like to have a longer experience in Pediatric Inpatient Medicine. This will be a 60-hour week from Sunday to Sunday. This selective is not offered for Week 1 or Week 15.

1.) learn about pathophysiology and management of illnesses that commonly result in hospitalization for normal children and children with chronic diseases .

2.) learn to triage patients.

3.) learn the mechanics of hospital care, including order writing, documentation, utilization of other specialties, identifying discharge needs and resources, and safe handoff of patient care.

(1.1-1.9, 2.12.5, 3.1, 3.3-3.5, 4.1-4.4, 5.1-5.3, 5.5-5.7, 6.1-6.4, 7.2-7.3, 8.1-8.5)

List of choices will be updated as new experiences become available. Not all choices will be available at all times. Slots within Selective Choices are limited to ensure a good educational experience.

## Student Performance Objectives

## Patient Condition and Op Log Expectations

### Required Patient Encounters

During this clerkship, you must have a patient encounter involving all of the following conditions or complete alternative method of learning (didactic session, mock-OSCE, CLIPP Case, etc.). You will be asked if you have the required encounters. The requirement for the child abuse encounter is fulfilled if a student had participated in the care of an abused patient, rounded on an abused patient, or ruled out child abuse where it was considered in the differential diagnosis for a patient.

As indicated in the Block Policies section, you are expected to complete Op-Log entries **at least weekly**. You must record a **minimum of 30 patients** including the required conditions as outlined in the following table.

**\*\*\*OP-LOG ENTRIES MUST BE UPDATED AT LEAST WEEKLY\*\*\***

**Failure to do so may result in loss of Honors or Needs Improvement in Professionalism**

Condition	Clinical Setting (Inpatient or Outpatient)	Level of Student Responsibility (O= Observe*, A= Assist**, M= manage***)
Newborn ( $\leq 7$ days old)		
<ul style="list-style-type: none"> <li>Normal newborn exam (3)</li> </ul>	Either	A, M
<ul style="list-style-type: none"> <li>Jaundice</li> </ul>	Either	A, M
<ul style="list-style-type: none"> <li>Prematurity</li> </ul>	Inpatient	O, A, M
<ul style="list-style-type: none"> <li>Respiratory Distress Syndrome</li> </ul>	Inpatient	O, A, M
Child ( $\geq 7$ days – 21 years)		
<ul style="list-style-type: none"> <li>Child abuse/neglect</li> </ul>	Either	O, A, M
<ul style="list-style-type: none"> <li>Heart murmur</li> </ul>	Either	A, M
<ul style="list-style-type: none"> <li>Developmental delay or regression</li> </ul>	Either	A, M
<ul style="list-style-type: none"> <li>FTT</li> </ul>	Either	A, M
<ul style="list-style-type: none"> <li>Obesity</li> </ul>	Either	A, M



• Respiratory distress	Either	A, M
• Asthma	Either	A, M
• Sore throat	Either	A, M
• Rashes	Either	A, M
• Otitis	Either	A, M
• Diabetes mellitus	Either	A, M
• Exanthems	Either	A, M
• Abdominal pain	Either	A, M
• Infantile Colic	Either	A, M
• Diarrhea	Either	A, M
• Anemia	Either	A, M
• Well Child Exam: 2-4-6 months, 12 months, Toddler, School-age, and Adolescent	Outpatient	A, M

**\*Observe** - The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient. An example would be rounding on someone else's patient.

**\*\*Assist** - The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or participate in a procedure in a secondary role. The student may or may not play an **active** role in diagnosis or treatment decision-making.

**\*\*\*Manage**- The student performs majority of the history or physical exam AND formulates the differential diagnosis AND **suggests** the appropriate course of treatment under supervision of the preceptor, resident, or attending.

Obviously the Department of Pediatrics cannot guarantee that you will encounter patients with all of these conditions. You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Midclerkship evaluations, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

**Procedures**

During this clerkship, you will not be directly responsible for any procedures while on a Pediatric Rotation; however, you may be asked to assist and will be expected to keep a log of the procedures in which you have participated. |

**Assessment** |

**Pediatric Clinical Assessment form: for use in Wards, Nursery, and Selective**

**Try to get 2 per week**

Components	SCALE
<b>Knowledge for Practice</b>	Needs Improvement, Pass, Honors, N/A
Demonstrates knowledge of current peer-reviewed literature in relation to patient management.	
Can compare and contrast normal variation and pathological states commonly encountered in Pediatrics	
Can apply established basic science principles in patient care.	
<b>Patient Care and Procedural Skills</b>	
Completes an appropriate history	
Exam is appropriate in scope	
Identifies pertinent physical findings	
Accurately interprets commonly used laboratory results.	
Generates a comprehensive list of diagnostic considerations on the integration of historical, physical and laboratory findings	
Identifies serious conditions that require timely and specific interventions.	
Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.	
Appropriately documents findings.	
Demonstrates competency in order and prescription writing.	
<b>Interpersonal and Communication Skills</b>	
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.	
Presentations to faculty or resident are organized.	
<b>Practice-Based Learning and Improvement</b>	
Takes the initiative in increasing clinical knowledge and skills.	
Accepts and incorporates feedback into practice.	
<b>System-Based Practices</b>	
Effectively utilizes medical care systems and resources to benefit patient health.	

Can describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.	Needs Improvement, Pass, Honors, N/A
<b>Professionalism*</b>	
Is reliable and demonstrates accountability to patients and fellow members of the health care team.	
Acknowledges mistakes.	
Demonstrates compassion and respect for all people.	
Demonstrates honesty in all professional matters.	
Protects patient confidentiality.	
Dress and grooming appropriate for the setting.	
<b>Interprofessional Collaboration</b>	
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel.	
Is an important, contributing member of the assigned team	
Functions effectively as a team member by preparing for collaborative experiences.	
<b>Personal and Professional Development</b>	
Recognizes when to take responsibility and when to seek assistance.	
Demonstrates flexibility in adjusting to change.	
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.	
<b>Overall Comments/ strengths/weaknesses (required):</b>	

**\* Honors for professionalism MUST be accompanied by comments describing the exceptional behavior or the grade will revert to a Pass.**

## Pediatric Outpatient Clinical Assessment Card: for use in General Pediatric and Specialty Clinics

Try to get 1 per encounter with minimum of 4 per week.

CLINIC DAILY EVALUATION				
Student: _____		Date: _____		
Location: <input type="checkbox"/> General Clinic		<input type="checkbox"/> Specialty Clinic		
<b>Observation of Clinical Encounter</b>				
<i>Evaluation Scale: 1 – Below Expectations 2 – Meets Expectations 3 – Exceeds Expectations</i>				
<i>*Any Below Expectations requires comments on back</i>				
1. Medical Knowledge:	1	2	3	N/A
2. Data Gathering:	1	2	3	N/A
3. Physical Examination:	1	2	3	N/A
<b>COMMENTS (Mandatory):</b>				
4. Clinical Reasoning:	1	2	3	N/A
<b>Strengths:</b> _____				
5. Communication Skills:	1	2	3	N/A
_____				
6. Professionalism:	Below Expectations	Meets Expectations		
_____				
<b>Opportunities for Improvement:</b>				
_____				
_____				
_____				
<b>Was verbal feedback given to student?</b> ___ Yes ___ No				
<b>Print:</b> _____				
<b>Sign:</b> _____				

**\* Honors for professionalism MUST be accompanied by comments describing the exceptional behavior or the grade will revert to a Pass.**

**Pediatric Clerkship Final Evaluation (bolded areas carry more weight)**

1. Knowledge for Practice

- a. Grade -“Needs improvement, Pass, Honors”
- b. Graded activities:

**Faculty & Resident evaluations**

- Observed H&Ps
- Write-ups
- Order and prescription writing
- Handoff evaluations
- Delivery Room Simulation
- Specialty Clinic Presentation
- Transparent Group OSCE
- Continuity Patient
- SNAP Challenge
- ILP Presentation

- c. Comments – meant to justify the score in this competency. Could be taken from the weekly evaluations.

2. Patient Care and Procedural Skills

- a. Grade – “Needs improvement, Pass, Honors”
- b. Graded activities:

- Faculty & Resident evaluations
- Observed H&Ps
- Write-ups
- Order Writing/ Prescription Activities
- Handoff tool evaluation
- Transparent Group OSCE (Telephone Medicine)
- Delivery Room Simulation
- Continuity Patient

- c. Comments – meant to justify grade in this competency

3. Interpersonal and Communication Skills

- a. Grade – “Needs improvement, pass, honors”

b. Graded activities:

Faculty & Resident evaluations  
Observed H&Ps  
Write-ups  
Order writing/Prescription writing  
Handoff evaluation  
Transparent Group OSCE (Telephone Medicine)  
Continuity Patient  
Ethics Activity  
Communication w/ Director & Coordinator  
Delivery Room Simulation  
Peer Teaching presentations  
Reflective writings

c. Comments – meant to justify grade in this competency

4. Practice-based Learning and Improvement

a. Grade – “Needs improvement, pass, honors”

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations  
ILP  
CLIPP Cases  
Transparent Group OSCE (Telephone Medicine)  
Delivery Room Simulation  
Order Writing/ Prescription Activities  
Ethics Activity  
Peer Teaching presentations

c. Comments – meant to justify grade in this competency

5. Systems-Based Practice

a. Grade – “Needs improvement, pass, honors”

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations  
Discharge Planning Activity  
Mock RCA  
Ethics Activity

- c. Comments – meant to justify grade in this competency

## 6. Professionalism

- a. Grade – “Needs improvement, pass, honors”
- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations (to receive Honors, must have comments documenting exceptional professional, otherwise reverts to Pass)

Timely completion course requirements

Ethics case

Timely Op-Log Entry

Peer Teaching Sessions

- c. Comments – meant to justify grade in this competency

## 7. Interprofessional Collaboration

- a. Grade – “Needs improvement, pass, honors”
- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

Ethics Case

Discharge Planning ActivitySNAP Challenge

Mock RCA

- c. Comments – meant to justify grade in this competency

## 8. Personal and Professional Development

- a. Grade – “Needs improvement, pass, honors”
- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

ILP

Reflective Writings

- c. Comments – meant to justify grade in this competency

## 9. NBME score

## 10. OSCE

## 11. MSPE comments

12. General Comments (Optional and not for MSPE)

13. Final grade for Clerkship – Honors, Pass, Fail

Grading for the Pediatric Clerkship will be explained during Orientation and in more detail during a didactic session and Midclerkship evaluation.

### **Mid-Clerkship Review**

You will meet with Clerkship Director or Associate Clerkship Director during Week 9 (Group A) or Week 13 (Group B) (unless other arrangements are made) to review progress, status of requirement completion, identification of red flags, etc. |

### **Grading Policy – In Addition to Common Clerkship Policies:** |

In addition to Clinical Evaluations, these requirements will be used in determining final grade.

#### ***Wards***

Observed H&P – scored by Ward resident or faculty – see scoring rubric – turn in by Monday following end of Ward Rotation (Superior/Pass/Fail) (PGO 1.1, 1.3, 1.6, 3.3, 4.1, 4.3, 5.1, 5.7)

- Superior ≥ 90%
- Pass = 70 - 89%,
- If failed, must re-do until a pass is obtained
- Must pass to complete Clerkship
- ≤ 2 attempts to pass will not affect the final grade; however, > 2 attempts to pass may affect ability to receive Honors

Write-up – Scored by Ward faculty - see scoring rubric - turn in by Monday following end of Ward Rotation (Superior/Pass/Fail) (PGO 1.1-1.3, 1.6-1.8, 2.4, 3.3-3.4, 4.2, 4.4, 5.7)

Pass = 70 - 89%, Superior ≥ 90%

- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Orders – 1 set of admission orders, 1 set of discharge orders – reviewed by resident or faculty (PGO 1.1, 1.6, 1.8-1.9, 2.5, 3.3, 5.7)

- Turn in by Monday following end of rotation
- Must complete to complete Clerkship



- Immediate feedback –given by Ward resident or faculty
- Feedback also given by Clerkship Director

Handoff Tool evaluation – reviewed by Ward resident or faculty (PGO 4.2)

- Turn in by Monday following end of rotation
- Must complete to complete Clerkship

### ***Nursery***

Observed newborn H&P – scored by Nursery resident or faculty - see scoring rubric - turn in by Monday following end of Nursery Rotation (Superior/Pass/Fail) (PGO 1.1, 3.3, 4.1, 5.1, 5.7)

- Superior  $\geq$  90%
- Pass = 70 - 89%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- $\leq$ 2 attempts will not affect final grade;  $>$  2 attempts to pass may affect ability to get Honors

Write-up – scored by Associate Clerkship Director - see scoring rubric - turn in by Monday following end of Nursery Rotation (Superior/Pass/Fail) (PGO 1.1-1.3, 1.6-1.8, 3.3-3.4, 4.2, 4.4, 5.7)

- Superior  $\geq$  90%
- Pass = 70 - 89%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- $\leq$ 2 attempts will not affect final grade;  $>$  2 attempts to pass may affect ability to get Honors

### ***General Pediatric Clinic***

2 Observed Clinic H&Ps –scored by Clinic faculty or resident - see scoring rubric - turn in 1 by Monday following 1<sup>st</sup> week, and 2<sup>nd</sup> by Monday following 2<sup>nd</sup> week of Clinic Rotation (Superior/Pass/Fail) (PGO 1.1, 1.3, 1.6, 1.9, 2.1-2.3, 3.3, 4.1, 4.3, 5.1, 5.7)

- Superior  $\geq$  90%
- Pass = 70 – 89%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- $\leq$ 2 attempts will not affect final grade;  $>$  2 attempts to pass may affect ability to get Honors

Prescription Writing - reviewed and signed off by Clinic faculty or resident – must write at least 4 prescription on real or mock patients, and receive feedback from faculty or resident on format of prescription and accuracy/appropriateness of dosing. (PGO 1.6)

- Turn in by Monday following end of rotation

- Must complete to complete Clerkship

### ***Specialty Clinic and Selective***

Student presented didactic (10 – 15 minute presentation) with references on topic or case of your choosing – presented to fellow students (Peer Teaching Session) during or Wednesday following Specialty Clinic or Selective rotation. This presentation is to be submitted to Clerkship Coordinator and/or Clerkship Director by the Wednesday following Specialty Clinic or Selective rotation. (Must complete 1 presentation for either Specialty Clinic **OR** Selective rotation.) (PGO 2.2-2.4, 2.6, 3.1, 3.4-3.5, 5.1, 5.7)

- Must complete to satisfaction of Clerkship Director to complete Clerkship
- If unsatisfactory, must re-do it until satisfactory

Reflective writing (<1 page) - turn in by Monday following end of Specialty Clinic **OR** Selective Rotation to Clerkship Coordinator and/or Clerkship Director. (PGO 2.5, 3.1, 4.2-4.3, 5.1, 5.7, 8.2-8.3)

- Must complete to satisfaction of Clerkship Director to complete Clerkship
- If unsatisfactory, must re-do it until pass

***Continuity Patient*** (all assignments to be turned in to Clerkship Coordinator and/or Clerkship Director by the end of Clerkship)

Newborn H&P (PGO 1.1, 3.3, 4.1, 5.1, 5.7)

- Done on UMC Nursery Admission H&P form with Ballard and growth chart
- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until satisfactory
- Must complete to complete Clerkship

Reflective writing (PGO 2.5, 3.1, 4.2-4.3, 5.1, 5.7, 8.2-8.3)

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until satisfactory
- Must complete to complete Clerkship

Follow-up infant visit notes – *if at TTP Clinics* (PGO 1.1-1.4, 1.6-1.8, 2.1-2.5, 3.3, 4.1-4.4, 5.1, 5.7)

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until satisfactory
- Must complete to complete Clerkship

***SNAP Challenge*** (PGO 1.9, 2.3, 3.3, 5.3, 5.7, 6.1-6.2, 7.1-7.4)

Receipts - must be turned in by end of 1<sup>st</sup> week in Clinic

- Must complete to fulfill Clerkship requirements

Reflective writing – turn in by Monday following end of 1<sup>st</sup> week in

- Must complete to satisfaction of Clerkship Director

- If unsatisfactory, must re-do it until satisfactory
- Must complete to complete Clerkship

Meal Plan for hypothetical child - must be turned in by end of 1<sup>st</sup> week in Clinic

- Must complete to fulfill Clerkship requirements

**15 Aquifer Pediatrics (CLIPP) Cases** - must be completed by end of week 15 (PGO 1.1-1.3, 1.6-1.8, 2.1-2.4, 3.3-3.4, 5.7)

- Must complete to fulfill Clerkship requirements

**Discharge Planning Activity** - (Honors/High Pass/Pass/Low Pass/Fail) (PGO 1.9, 2.4-2.5, 5.1, 5.7, 6.1-6.4, 7.2)

- Evaluated by OB-Gyn and Pediatric Clerkship Directors and/or Associate Clerkship Directors
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**Ethics Project** -- (Honors/Pass/Fail) – based on participation, performance, and effort (PGO 1.1-1.2, 1.6, 1.10, 2.2-2.5, 3.1, 3.4, 4.2-4.3, 5.1-5.5, 5.7, 7.1, 7.3-7.4, 8.5)

- Evaluated by OB-Gyn and Pediatric Clerkship Directors
- If fails, will be given a make-up assignment
- Failure of or to complete make-up assignment will result in loss of Honors

**ILP (as assigned)** – assignments must be completed by Wednesday following ILP week (PGO 3.1, 3.4, 5.6-5.7, 8.5)

- Must complete all assignments to complete Clerkship
- If assignments unsatisfactory, will be given opportunity to remediate.
- Failure of remediation may result in loss of Honors or failure of PBL competency

**Delivery Room Simulation** -- (Pass/Fail) (PGO 1.1, 1.4-1.6, 3.3, 4.1-4.3, 5.3, 5.7, 7.3, 8.1, 8.5)

- If fail, must re-do it until pass
- If excused absence – alternate activity will be given
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**Mock RCA** - (Pass/Fail) (PGO 2.5, 3.1-3.3, 3.5, 5.7, 6.1, 6.3-6.4, 7.3)

- Must complete activity worksheet(s) and participate in didactic within one week of being assigned.
- Failure to complete all components will result in failing grade
- If fails, will be given a make-up assignments and/or must re-do until pass.
- If excused absence – alternate activity will be given

***Transparent Group OSCE/Telephone Medicine*** (PGO 1.1-1.2, 1.4-1.5, 1.7, 3.3, 4.1, 5.1, 7.3)

- Must complete pre-activity preparation and participate in activity.
- Failure to complete all components will result in failing grade
- If fails, will be given a make-up assignments and/or must re-do until pass.
- If excused absence – alternate activity will be given |

**Professionalism Expectations** |

**Expected Through the Clerkship**

**Educational Professionalism – including but not limited to:**

- Attendance at all required educational activities, including clinical assignments, didactics, and simulations, and completion of preparation for activities.
- Complete all assignments in a timely manner.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on at least a weekly basis
- Enter duty hours daily
- Dress and groom appropriately
- Being respectful to all those (including other students) involved in your education.

**Clinical Professionalism - including but not limited to**

- Professional interactions with patients, families, and team.
- Respect for personal and professional boundaries.
- Be where you are supposed to be when you are supposed to be, and be ready to learn.
- Appropriate cell phone and laptop/tablet use
- Dress and groom appropriately

### **Missed Events – In Addition to Common Clerkship Policies**

UNEXCUSED ABSENCES MAY RESULT IN FAILURE OF SCHEDULED ACTIVITIES WITHOUT OPPORTUNITY FOR REMEDIATION OR ALTERNATE ACTIVITY. THIS MAY RESULT IN “Needs Improvement” for final grade in PROFESSIONALISM, AND may affect the ability to honor the clerkship and MAY RESULT IN NEEDS IMPROVEMENT for the CLERKSHIP.

Grading policy states: A student who fails Professionalism may receive a Needs Improvement for the Clerkship or may not receive Honors for the Clerkship at the discretion of the course director, regardless of the scores on all other items.

\*\*\*SEE CLERKSHIP DIRECTOR AND/OR COORDINATOR FOR ANY QUESTIONS.

### **Miscellaneous**

*Deaths during medical encounters are infrequent but can happen. The death of a child is a tragic event. In the event of a death during your Clerkship, please notify the Clerkship Director, Associate Clerkship Director, or Coordinator. The Clerkship Director or Associate Director should debrief you about the experience and will monitor you going forward.*

Please keep copies or photos of all assignments you hand in.

### **Readings**

*Caring for the Hospitalized Child: A Handbook of Inpatient Medicine* by AAP Section on Hospital Medicine, (Rauch, Daniel A. and Gershel, Jeffrey C., editors) 2013.

- Handed out for inpatient Wards rotation
- Must be returned at end of Wards week

El Paso Children’s Antimicrobial Stewardship Handbook 2014

- Handed out for inpatient Wards rotation
- Must be returned at end of Wards week

*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* by AAP

- Handed out for General Pediatric Clinic rotation
- Must be returned by the end of General Pediatric Clinic rotation
- Also available as pdf in Canvas

Pretest Pediatrics, 12<sup>th</sup> edition, Yetman, Robert J. and Hormann, Mark D., 2009

- Handed out for the whole Clerkship
- Must be returned by end of Clerkship

Other resources for ILP and on Canvas

## **Forms used within Pediatric Clerkship**

**WARDS OBSERVED H & P**

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**RATING SCALE**

- 0 = Not done, but should have been
- 1 = Done incorrectly or incompletely
- 2 = Done with assistance or direction - knowledge incomplete
- 3 = done with minimal assistance, or complete and accurate, but room for improvement
- 4 = Done skillfully and completely without assistance

Professionalism	Information Gathering	Physical Examination	Information Sharing	
Introduces self	Uses open-ended questions	Washes hands	Clearly explains diagnosis	
Calls child & parent by name	Progresses with specific questions	Has child appropriately unclothed	Correctly explains management plan	
Professional appearance	Logical sequence	Minimizes discomfort	Explains reasons for recommendations	
Good eye contact	Does not ask presumptive/leading questions	Preserves modesty	Checks family's understanding of recommendations	
Avoids jargon/explains medical terms	Asks for clarification if necessary	Explains actions to parent & child	Articulates reasons for follow-up or re-contact	
Comments:	Appropriately includes child in interview	Sequence matched to cooperation level	Comments:	
	Reflects parent's/patient's feelings	Correct exam techniques used		
	History complete relative to presenting complaint	General		
	Comments:	Head/scalp		
		Neck		
		Eyes		
		Nose/mouth/throat		
		Ears		
		Lungs		
		Cardiovascular		
Abdomen				
Skin				
Skeletal				
GU				
Neuro				

Presentation: \_\_\_\_\_

Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_  
 Evaluators Printed Name \_\_\_\_\_





Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Weight of patient: \_\_\_\_\_

PEDS Inpatient Discharge Order Form

\_\_\_ of 1

✓ If Correct    X If Incorrect

Evaluator's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**STUDENT HAND-OFF CEX TOOL EVALUATION**  
*To be completed by Resident or Attending*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

intern  resident  hospitalist

Organization/efficiency (☐ Not observed)

<i>disorganized;</i> <i>rambling</i>	1	2	3		4	5	6		7	8	9	<i>standardized sign-out;</i> <i>concise</i>
	Unsatisfactory				Satisfactory				Superior			

Communication skills (☐ Not observed)

<i>not face-to-face;</i> <i>understanding not confirmed;</i> <i>no time for questions;</i> <i>responsibility for tasks unclear;</i> <i>vague language</i>	1	2	3		4	5	6		7	8	9	<i>face-to-face sign-out;</i> <i>understanding confirmed;</i> <i>questions elicited;</i> <i>responsibility for tasks</i> <i>clearly assigned;</i> <i>concrete language</i>
	Unsatisfactory				Satisfactory				Superior			

Content (☐ Not observed)

<i>information omitted</i> <i>or irrelevant;</i> <i>clinical condition omitted;</i> <i>'to dos' lack plan, rationale</i>	1	2	3		4	5	6		7	8	9	<i>all essential information included</i> <i>clinical condition described</i> <i>'to dos' have plan, rationale</i>
	Unsatisfactory				Satisfactory				Superior			

Clinical judgment (☐ Not observed)

<i>no recognition of</i> <i>sick patients;</i> <i>no anticipatory guidance</i>	1	2	3		4	5	6		7	8	9	<i>sick patients identified;</i> <i>anticipatory guidance provided</i> <i>with plan of action</i>
	Unsatisfactory				Satisfactory				Superior			

Patient Focused (☐ Not observed)

<i>hurried, inattentive;</i> <i>inappropriate comments</i> <i>re: patients, family, staff</i>	1	2	3		4	5	6		7	8	9	<i>focused on task;</i> <i>appropriate comments</i> <i>re: patients, family, staff</i>
	Unsatisfactory				Satisfactory				Superior			

Setting (☐ Not observed)

<i>≥ 5 interruptions;</i> <i>noisy, chaotic</i>	1	2	3		4	5	6		7	8	9	<i>no interruptions;</i> <i>minimal noise</i>
	Unsatisfactory				Satisfactory				Superior			

Overall sign-out quality (☐ Not observed)

1	2	3		4	5	6		7	8	9
Unsatisfactory				Satisfactory				Superior		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<b>NURSERY H &amp; P WRITE-UP/EVALUATION</b>			
STUDENT: _____		DATE SUBMITTED: _____	
FACULTY: _____			
		<b>Maximum point value</b>	<b>Actual score</b>
<b>I. IDENTIFYING DATA</b> (Including source)		<b>5</b>	
<b>II. HISTORY</b>		<b>30</b>	
<b>Antenatal</b>			
Prenatal Exam			
Complications			
Maternal Medical History			
<b>OB History</b>			
Previous deliveries			
Completeness			
<b>Family History</b>			
Paternal			
Maternal & Paternal grandparents			
Siblings			
Completeness			
<b>Social History</b>			
Adequate description of the child's environment			
Completeness			
<b>Natal - L&amp;D</b>			
ROM			
Labor			
Delivery			
Apgars			
<b>III. PHYSICAL EXAMINATION</b>		<b>25</b>	
Attach the "Ballard Chart"			
Be sure to address: vital signs, head, neck, chest, heart, lungs, abdomen, extremities, neurological, skin, genitalia,			
Completeness			
Clear, concise picture of patient			
<b>IV. PROBLEM LIST</b>		<b>10</b>	
Complete list of problems identified in history and physical			
Appropriate problems			
Reasonable assessment			
<b>V. PLAN</b>			
<b>Diagnostic Plan</b>		<b>9</b>	
Appropriate procedures and lab			
Adequate documentation of need			
<b>Therapeutic Plan</b>		<b>9</b>	
Appropriate procedures and medications			
Adequate documentation and explanation of procedures, medications, and dosages			
<b>Parent Education</b>		<b>7</b>	
Explanation of problems, plans, and follow-up			
Please explain the patient's condition and plan of treatment as you explained it to the family			
<b>VI. OVERALL QUALITY</b>		<b>5</b>	
Based on readability, grammar and composition, and organization			
Appropriate use of abbreviations			
Appropriate use of medical terminology			
Absence of duplication			
Evaluated by: _____			<b>Grade:</b> _____
	<b>H &amp; P Grading Scale</b>	< 70	70 - 89
		Fail	Pass
			90 - 100
			Superior

### CLINIC OBSERVED H & P

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**RATING SCALE**

- 0 = Not done, but should have been
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Good eye contact	Does not ask presumptive/leading questions	Preserves modesty	Checks family's understanding of recommendations	
Avoids jargon/explains medical terms	Asks for clarification if necessary	Explains actions to parent & child	Articulates reasons for follow-up or re-contact	
Comments:	Appropriately includes child in interview	Sequence matched to cooperation level	Arranges for follow-up	
	Reflects parent's/patient's feelings	Correct exam techniques used	Solicits questions	
	History complete relative to presenting complaint	General	Comments:	
	Comments:	Head/scalp		
		Neck		
		Eyes		
		Nose/mouth/throat		
		Ears		
		Lungs		
		Cardiovascular		
		Abdomen		
		Skin		
		Skeletal		
GU				
Neuro				

Presentation: \_\_\_\_\_

Topic: \_\_\_\_\_

Comments:

Please note: This form is due by the **second Friday** of the Clinic Rotation.

**Sample Prescription**  
Texas Tech University Health Science Center  
Paul L. Foster School of Medicine

Name: **Student Prescription**      Age of patient: \_\_\_\_\_  
Address: **N/A**                      Weight of patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**Rx:**

Physician's Signature: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Fatima F. Aly M.D

**Sample Prescription**  
Texas Tech University Health Science Center  
Paul L. Foster School of Medicine

Name: **Student Prescription**      Age of patient: \_\_\_\_\_  
Address: **N/A**                      Weight of patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**Rx:**

Physician's Signature: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Fatima F. Aly M.D

**Sample Prescription**  
Texas Tech University Health Science Center  
Paul L. Foster School of Medicine

Name: **Student Prescription**      Age of patient: \_\_\_\_\_  
Address: **N/A**                      Weight of patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**Rx:**

Physician's Signature: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_

**Sample Prescription**  
Texas Tech University Health Science Center  
Paul L. Foster School of Medicine

Name: **Student Prescription**      Age of patient: \_\_\_\_\_  
Address: **N/A**                      Weight of patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**Rx:**

Physician's Signature: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_



FOR USE WITH CONTINUITY PATIENT NEWBORN

ADMISSION

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_

maternal history

G \_\_\_\_\_ Para \_\_\_\_\_ Ab \_\_\_\_\_ Infant Death \_\_\_\_\_ Living Children \_\_\_\_\_

PRENATAL

[ ] None [ ] TT x \_\_\_\_\_ [ ] Other \_\_\_\_\_  
[ ] Diabetes Class \_\_\_\_\_ [ ] HTN [ ] Infections  
[ ] Syphilis [ ] RPR [ ] HEP B [ ] HIV [ ] Rubella  
[ ] GBS \_\_\_\_\_ [ ] Maternal Blood Type \_\_\_\_\_  
[ ] Other \_\_\_\_\_

NATAL:

AROM \_\_\_\_\_ SROM \_\_\_\_\_ HOUR \_\_\_\_\_  
Color of Fluid: [ ] Clear [ ] MEC [ ] Other \_\_\_\_\_  
[ ] Medication Prior to Del. \_\_\_\_\_

APGAR \_\_\_\_\_ / \_\_\_\_\_ <8 Why \_\_\_\_\_  
[ ] Cesarean Section [ ] Vaginal  
Resuscitation [ ] None [ ] Yes  
If yes, explain \_\_\_\_\_

PHYSICAL EXAM:

Temp \_\_\_\_\_ PR \_\_\_\_\_ RR \_\_\_\_\_ HC \_\_\_\_\_ WT \_\_\_\_\_  
Length \_\_\_\_\_  
Extremity BP \_\_\_\_\_ RA \_\_\_\_\_ LL \_\_\_\_\_

[ ] SKIN: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] HEAD: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] ENT: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] EYES: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] CARDIOVASCULAR: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] RESPIRATORY: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] ABDOMEN: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] GENITALIA: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] HIP: [ ] Normal [ ] Subluxation [ ] Dislocated  
[ ] CNS: [ ] TONE [ ] MORO [ ] SUCK [ ] CRY  
[ ] OTHER: \_\_\_\_\_

LAB:

HCT \_\_\_\_\_ GLU \_\_\_\_\_

IMPRESSION

[ ] Term \_\_\_\_\_ wks. [ ] AGA [ ] Female  
[ ] Post Term \_\_\_\_\_ wks. [ ] SGA [ ] Male  
[ ] Pre Term \_\_\_\_\_ wks. [ ] LGA

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

[ ] I agree with above Resident Assessment and Plan:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Faculty Printed Name: \_\_\_\_\_

HISTORY/PHYSICAL NEWBORN

PROGRESS NOTE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

[ ] I agree with above Resident Assessment and Plan:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Faculty Printed Name: \_\_\_\_\_

DISCHARGE

PHYSICAL EXAM:

Temp \_\_\_\_\_ PR \_\_\_\_\_ RR \_\_\_\_\_ HC \_\_\_\_\_ WT \_\_\_\_\_  
Length \_\_\_\_\_  
Extremity BP \_\_\_\_\_ RA \_\_\_\_\_ LL \_\_\_\_\_

[ ] SKIN: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] HEAD: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] ENT: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] EYES: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] CARDIOVASCULAR: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] RESPIRATORY: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] ABDOMEN: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] GENITALIA: [ ] Normal [ ] Abnormal \_\_\_\_\_  
[ ] HIP: [ ] Normal [ ] Subluxation [ ] Dislocated  
[ ] CNS: [ ] TONE [ ] MORO [ ] SUCK [ ] CRY  
[ ] OTHER: \_\_\_\_\_

Labs: \_\_\_\_\_  
Algo: \_\_\_\_\_ Blood Group \_\_\_\_\_ Coombs ( ) \_\_\_\_\_  
CCHD \_\_\_\_\_ RH \_\_\_\_\_ FOOT \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

DIAGNOSIS

[ ] Term \_\_\_\_\_ wks. [ ] AGA [ ] Female  
[ ] Post Term \_\_\_\_\_ wks. [ ] SGA [ ] Male  
[ ] Pre Term \_\_\_\_\_ wks. [ ] LGA  
[ ] Discharge Meds \_\_\_\_\_ [ ] Vitamins \_\_\_\_\_

FOLLOW-UP

[ ] Area Clinic [ ] Pedi Clinic  
[ ] High Risk Clinic [ ] Specialty Clinic

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

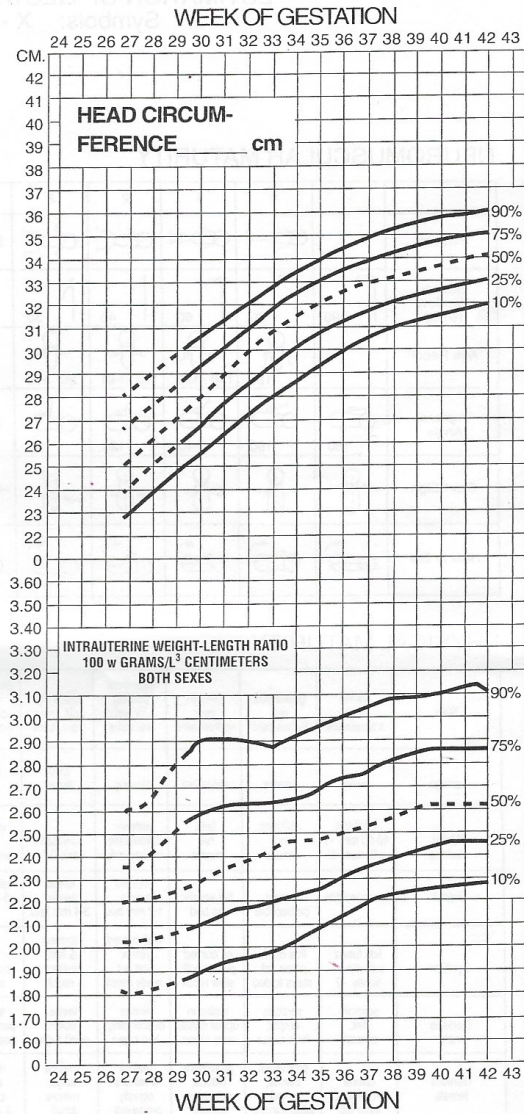
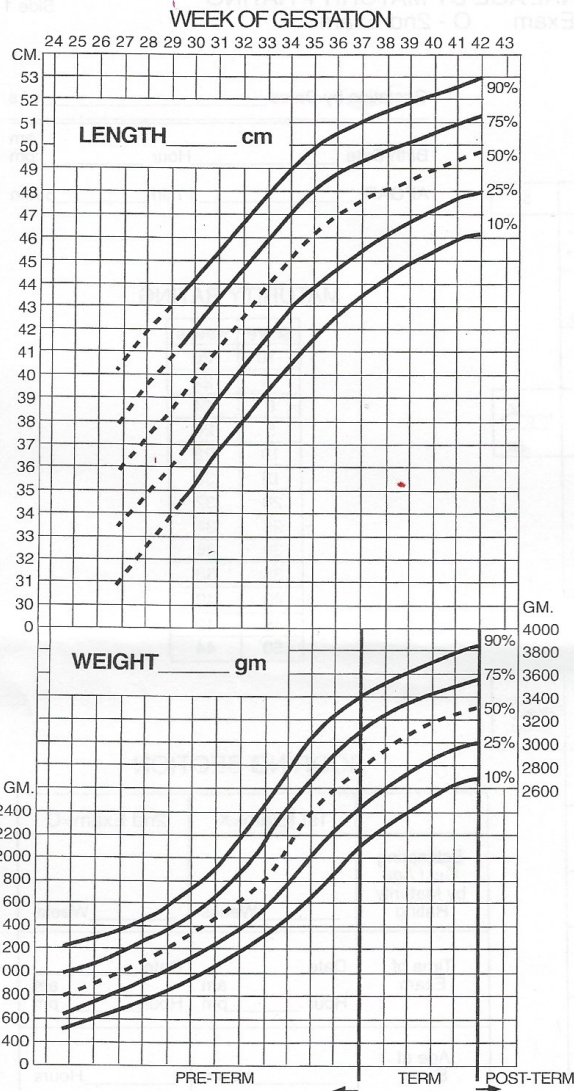
[ ] I agree with above Resident Assessment and Plan:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Faculty Printed Name: \_\_\_\_\_

**CLASSIFICATION OF NEWBORNS -  
 BASED ON MATURITY AND INTRAUTERINE GROWTH**

Symbols: X - 1st Exam O - 2nd Exam



1st Exam (X)                      2nd Exam (O)

LARGE FOR GESTATIONAL AGE (LGA)		
APPROPRIATE FOR GESTATIONAL AGE (AGA)		
SMALL FOR GESTATIONAL AGE (SGA)		
Age at Exam	hrs	hrs
Signature of Examiner	M.D./R.N.	M.D./R.N.

Adapted from Lubchenco LO, Hansman C, and Boyd E: *Pediatr.* 1966;37:403; Battaglia FC, and Lubchenco LO: *J Pediatr.* 1967;71:159.



# NEWBORN MATURITY RATING & CLASSIFICATION

ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING  
Symbols: X - 1st Exam O - 2nd Exam

Side 1

Gestation by Dates \_\_\_\_\_ wks

Birth Date \_\_\_\_\_ Hour \_\_\_\_\_ am  
\_\_\_\_\_ pm

APGAR \_\_\_\_\_ 1 min \_\_\_\_\_ 5 min

## NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)							
Arm Recoil							
Popliteal Angle							
Scarf Sign							
Heel to Ear							

## MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

## PHYSICAL MATURITY

	sticky; friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling &/or rash; few veins	cracking; pale areas; rare veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Skin							
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald	
Plantar Surface	heel-toe 40-50 mm; -1 <40 mm: -2	>50 mm; no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola; no bud	stippled areola; 1-2 mm bud	raised areola; 3-4 mm bud	full areola; 5-10 mm bud	
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm; instant recoil	thick cartilage; ear stiff	
Genitals male	scrotum flat, smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging minora	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

## SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	_____ Weeks	_____ Weeks
Time of Exam	Date _____ am Hour _____ pm	Date _____ am Hour _____ pm
Age at Exam	_____ Hours	_____ Hours
Signature of Examiner	_____ M.D./R.N.	_____ M.D./R.N.


Ballard JL, Khoury JC, Wedig K, et al. New Ballard Score, expanded to include extremely premature infants. *J Pediatr.* 1991;119:417-423.

Lubchenco L, Hansman C, Boyd E. Intrauterine growth in length and head circumference as estimated from live births at gestational ages from 26 to 42 weeks. *Pediatrics.* 1966;37:403-408.

Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. *J Pediatr.* 1967;71:159-163.

**The evaluation form pictured below is to be used for the Wards, Nursery, and Selective rotations.**

For use in Wards, Nursery, and Selective

  
TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

## Pediatrics Clinical Assessment

**STUDENT'S NAME:**

**EVALUATOR'S NAME:**

**SERVICE:**

**DATES OF ROTATION:**

**DATE OF ASSESSMENT:**

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**KNOWLEDGE FOR PRACTICE**

	Needs Improvement	Pass	Honors	N/A
Demonstrates knowledge of current peer-reviewed literature in relation to patient management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can compare and contrast normal variation and pathological states commonly encountered in Pediatrics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can apply established basic science principles in patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Knowledge for Practice

**PATIENT CARE AND PROCEDURAL SKILLS**

	Needs Improvement	Pass	Honors	N/A
Completes an appropriate history..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exam is appropriate in scope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies pertinent physical findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PATIENT CARE AND PROCEDURAL SKILLS (Continued)**

	Needs Improvement	Pass	Honors	N/A
Accurately interprets commonly used laboratory results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies serious conditions that require timely and specific interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately documents findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates competency in order and prescription writing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Patient Care and Procedural Skills



**INTERPERSONAL AND COMMUNICATION SKILLS**

	Needs Improvement	Pass	Honors	N/A
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentations to faculty or resident are organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Interpersonal and Communication Skills

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

	Needs Improvement	Pass	Honors	N/A
Takes the initiative in increasing clinical knowledge and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts and incorporates feedback into practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments Related to Practice-Based Learning and Improvement

**SYSTEMS-BASED PRACTICE**

	Needs Improvement	Pass	Honors	N/A
Effectively utilizes medical care systems and resources to benefit patient health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates understanding of processes for maintaining continuity of care throughout transitions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Systems-Based Practice

**PROFESSIONALISM**

	Needs Improvement	Pass	Honors	N/A
Is reliable and demonstrates accountability to patients and fellow members of the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acknowledges mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates compassion and respect for all people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates honesty in all professional matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protects patient confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dress and grooming appropriate for the setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Professionalism

**INTERPROFESSIONAL COLLABORATION**

	Needs Improvement	Pass	Honors	N/A
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is an important, contributing member of the assigned team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functions effectively as a team member by preparing for collaborative experiences,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Interprofessional Collaboration

**PERSONAL AND PROFESSIONAL DEVELOPMENT**

Honors must be accompanied by a detailed description of exceptional behavior or grade will revert to a "Pass".

	Needs Improvement	Pass	Honors	N/A
Recognizes when to take responsibility and when to seek assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates flexibility in adjusting to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments related to Personal and Professional Development

**REQUIRED:** Overall comments/Strengths/Weaknesses

I have discussed this assessment with the student.  Yes  No

Assessor's Signature

**Student's acknowledgment and date of review**

I acknowledge that I have received and reviewed the above evaluation. I understand that my signature does not constitute agreement with the evaluation, only receipt and review.



July 24, 2015




The evaluation card pictured below is to be used for the General Pediatric Clinic and Specialty Clinic rotations.

CLINIC DAILY EVALUATION				
Student: _____		Date: _____		
Location: <input type="checkbox"/> General Clinic		<input type="checkbox"/> Specialty Clinic		
<b>Observation of Clinical Encounter</b>				
<i>Evaluation Scale: 1 – Below Expectations 2 – Meets Expectations 3 – Exceeds Expectations</i>				
<i>*Any Below Expectations requires comments on back</i>				
1. Medical Knowledge:	1	2	3	N/A
2. Data Gathering:	1	2	3	N/A
3. Physical Examination:	1	2	3	N/A
4. Clinical Reasoning:	1	2	3	N/A
5. Communication Skills:	1	2	3	N/A
6. Professionalism:	Below Expectations		Meets Expectations	
<b>COMMENTS (Mandatory):</b>				
<b>Strengths:</b> _____				
_____				
_____				
<b>Opportunities for Improvement:</b>				
_____				
_____				
_____				
<b>Was verbal feedback given to student?</b> ___ Yes ___ No				
<b>Print:</b> _____				
<b>Sign:</b> _____				



## Contacts



Pediatrics Medical Student Directors		
Role		
	Lynn J. Hernan, M.D. Pediatric Clerkship Director <a href="mailto:lynn.fuhrman@ttuhsc.edu">lynn.fuhrman@ttuhsc.edu</a>	4801 Alberta Ave. AEC 2 <sup>nd</sup> Floor Room 225
	Joanna Wojciechowska, M.D. Assistant Clerkship Director <a href="mailto:joanna.wojciechowska@ttuhsc.edu">joanna.wojciechowska@ttuhsc.edu</a>	4800 Alberta Ave. CSB 3 <sup>rd</sup> floor Room
	Clerkship Coordinator O: 915-215-5729 (if no response, email) <a href="mailto:gabriela.kutz@ttuhsc.edu">gabriela.kutz@ttuhsc.edu</a>	4801 Alberta Ave. AEC 2 <sup>nd</sup> Floor


Faculty Roster		
		
Thomas (Tom) C. Mayes, M.D., M.B.A. Professor and Interim Department Chair	Jesus Peinado, M.D. Residency Program Director General Pediatrics	Lynn J. Hernan, M.D. Associate Professor, Pediatrics Pediatric Clerkship Director



**Division of General Pediatrics**


			
Cenán Antowan, M.D. Assistant Professor	Marwa Abdou, M.D. Assistant Professor	Oscar Blanc, M.D. Instructor of Clinical	Leslie Cortes, M.D. Assistant Professor At the Trans Mountain Campus
			
Jose Manuel De La Rosa, M.D. Vice President for Outreach and Community Engagement	Blanca Garcia, M.D. Assistant Professor	Jessy George, M.D. Assistant Professor	Sitratullah Maiyegun, M.D. Associate Professor
			
Carmen Prieto, M.D., MPH Ambulatory Division Chief Assistant Professor Director for Well Baby Unit	Namrata Singh, M.D. Associate Professor	Maria Theresa Villanos, M.D. Director, General Pediatrics	Sarah Zate, M.D. Assistant Professor at the Trans Mountain Campus

**Division of Adolescent Medicine**



	
Joanna Wojciechowska, M.D. Assistant Professor	Gilbert Handal, M.D. Professor

<b>Division of Pediatric Cardiology</b>	
	
Sudheer R. Gorla, M.D. Assistant Professor	


<b>Division of Pediatric Critical Care</b>		
		
Prashant Joshi, M.D. Chief, Critical Care	Arjun Chandran, M.D. Assistant Professor	Bradley P. Fuhrman, M.D. Professor

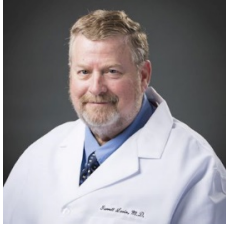

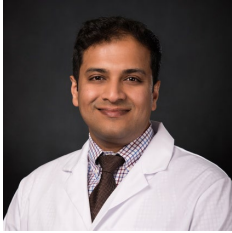


<b>Pediatric Emergency Medicine</b>	
	
Alfredo Maldonado, M.D. Assistant Professor Pediatric Emergency Medicine	



<b>Division of Endocrinology</b>	
	
Krishnaswamy Rao, M.D. Assistant Professor Endocrinology	




	
Denease Francis, M.D. Assistant Professor	Eduardo D. Rosas Blum, M.D. Assistant Professor

<b>Hospitalist</b>			
			
Indu Pathak, M.D. Assistant Professor Medical Director of Pediatric Hospitalist Division	Lisa Ayoub-Rodriguez, M.D. Assistant Professor	Fatima Gutierrez, M.D. Assistant Professor	Ittay O. Moreno, M.D. Assistant Professor

<b>Division of Infectious Disease</b>	
	
Gilbert A. Handal, M.D. Professor	

<b>Division of Neonatal-Perinatal Medicine</b>				
				
Garrett S. Levin, M.D. Associate Professor Director of the High-Risk Infant Clinic	Sadhana Chheda, M.D. Assistant Professor	Sanjeet K. Panda, M.D., M.B.B.S., FAAP Assistant Professor	Devaraj Sambalingam, M.D. Assistant Professor	Ajay Pratap Singh, M.D. Assistant Professor

<b>Division of Nephrology</b>	
	
Ei Khin, M.D. Assistant Professor	German Lozano-Guzman, M.D. Assistant Professor

<b>Affiliated Faculty</b>		
		
Srinivasarao Badugu, M.D. Assistant Professor	David Isaac, M.D.	Hector Granados, M.D.

In addition you will meet many clinic, OR and ward personnel

**4th Year Resident**



**Patricia Pena, M.D.**

**Resident Roster**

**PGY - 1 Residents**





*PGY- 2 Residents*



*PGY - 3*

