



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO

Paul L. Foster School of Medicine  
*Department of Pediatrics*

# Inpatient Pediatrics Sub-Internship

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## MSIV Rotation Syllabus

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AY 2025-2026

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## Dept. of Pediatrics, MSIV Sub-I Clerkship Administrative Team

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Pediatric Sub-Internship Location:

El Paso Children's Hospital – 9<sup>th</sup> Floor

Quick Guide: Required Assignments – To be uploaded onto Elentra

1. Individualized Learning Plan (due first week of rotation)
2. Documentation: History and Physicals, Progress Notes, Discharge Summaries (minimum 1 each per week dependent on if on days or nights)
3. Evaluation of Handoff (1 by mid-rotation, 2 by end of rotation)
4. Op Log Requirements (8 by mid-rotation, 18 total; see page 16 for required conditions.)
5. Chalk Talk (prior to end of rotation)

## Academic Success and Accessibility:

### Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 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 OAS as soon as possible. More information can be found on the OAS website:  
<https://elpaso.ttuhscl.edu/studentservices/accessibility/default.aspx>

## **STATEMENT OF ACCOMMODATION FOR PREGNANT AND PARENTING STUDENTS**

To support the academic success of pregnant and parenting students and students with pregnancy related conditions, Texas Tech University Health Sciences Center El Paso offers reasonable modifications based on the student's particular needs. Any student who is pregnant or parenting a child up to age 18 or has conditions related to pregnancy are encouraged to communicate their needs with their faculty and/or program for academic support. Students may also contact Norma Fuentes, the Manager of Accessibility and Student Advocacy, to discuss support options. She will work with the institution's designated Pregnancy and Parenting Liaison to ensure equal access to the University's education program or activity. Please email [norma.fuentes@ttuhscl.edu](mailto:norma.fuentes@ttuhscl.edu) or call 915.215.4398. Students may also submit a [Pregnancy & Parenting Support form](#) to request assistance.

For more information, please refer to [Texas Tech University System Regulation 07.15 – Pregnancy and Parental Status](#).

### **Counseling Assistance**

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling **915-215-TALK (8255)** or emailing [support.elp@ttuhscl.edu](mailto:support.elp@ttuhscl.edu). The offices are located in MSBII, Suite 2C201. Related information can be found at <https://elpaso.ttuhscl.edu/studentservices/student-support-center/get-connected/> Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting **988**.

### **Reporting Student Conduct Issues:**

Campus community members who observe or become aware of potential student misconduct can use the [Student Incident Report Form](#) to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

### **TTUHSC El Paso Campus CARE Team:**

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being “in trouble”—it’s about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a

fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using [CARE Report Form](#). Your health, safety, and success are our top priorities, and we're here to help.

## Brief Clerkship Description

- 4-week rotation on the inpatient general pediatrics service to include days, nights, and weekends.
- Instructional methods will include hands-on patient encounters, working alongside residents and attendings on teaching rounds, and formal and informal teaching sessions.
- Required equipment: Stethoscope, penlight, reflex hammer
- Optional supplies: Tuning fork, Maxwell, Harriett Lane Handbook, suggested reading materials
- Professionalism is expected at all times to include honesty, timeliness, communication, and responsibility.

## Pediatric Sub-Internship Nuts and Bolts

The following guidelines are provided to clarify the duties and responsibilities of an MSIV on their Sub-internship rotation in Pediatrics:

1. The MSIV will be under the direct supervision of the senior resident of the team and will have the same responsibilities assigned to the interns except for putting in own orders. **All notes should be forwarded to the senior resident for review/editing by 1300 except on resident didactics day (Wednesday), in which case notes can be sent to faculty directly.**
2. The MSIV will take call with the team. Call is subject to student duty hour limits, which is a maximum of 16 hours in a shift with a mandatory 10-hour break between shifts and a maximum of 80 hours per week. The hours may differ from intern hours.
3. The MSIV will have an average of one day off per week. The schedule will be similar to an intern with hours ranging from 60-80 hours/week (sample schedule noted later).
4. The optimal patient load for a MSIV will be between 3 to 5 patients. The MSIV should admit at least one or two patients per shift (pending volume of admissions and number of other learners on the rotation). You may call the senior resident the night prior to starting to get your patient assignment. Call (915)298-5432 and ask to speak to senior resident on call.
5. The MSIV will turn in an [individualized learning plan](#) by the first Friday of the rotation.
6. A [comprehensive history and physical exam with assessment and plan](#) must be performed in all new patients the day of admission. One per week will be turned in for evaluation by the Sub-I Director.

7. All MSIVs are responsible for writing **daily progress notes** on all their patients. One per week while on day shifts will be turned in for evaluation by the Sub-I Director.
8. All MSIVs are responsible for maintaining accurate **hospital courses and submitting timely discharge summaries** on their patients. One per week while on day shifts will be turned in for evaluation by the Sub-I Director.
9. All MSIVs will be responsible for transition of care to oncoming team, this includes **IPASS completion and verbal handoff**, with two evaluations to be turned in by the end of the rotation.
10. Morning and Afternoon Report attendance are mandatory for all MSIVs. They will be excused from these activities on post call days, as is the rest of the team. When applicable, attendance at the Department of Pediatrics Grand Rounds is also mandatory.

\*\*\*Items used for assessment, detailed later

## Purpose

Principles essential to providing patient care as a fourth-year medical student:

1. Taking on primary responsibility and ownership for the patient.
2. Focusing histories, completing accurate physicals, and demonstrating effective oral and written communication.
3. Sharing information effectively with a patient and family.
4. Prioritizing and organizing work effectively and efficiently.
5. Anticipating what a patient will need during the course of hospitalization (i.e. when they need to be reexamined, when a lab needs to be repeated, when additional therapy is necessary, when additional history needs to be obtained, discharge criteria, discharge needs) and communicating this information effectively in handovers.
6. Re-evaluating a patient when you take on their care (i.e. the assessment and plan, as well as the clinical status) and considering other diagnoses when the clinical picture does not fit.
7. Continuing to think about and re-assess the patient during the course of the day.
8. Coping with uncertainty in patient care issues (i.e. knowing what you know and what you do not know,

accessing best resources, and knowing when and how to get help).

9. Functioning as a "team player" with residents, attendings, nurses, ancillary staff including therapists, social workers, case managers, pharmacists, and all others involved in the care of the patient.
10. Coordinating the care of your patient during hospitalization and in planning for discharge.

## **Learning Objectives**

The purpose of the Pediatric Sub-Internship is to assist the student in reviewing and enhancing competencies for the evaluation and management of Pediatric patients in an efficient manner. During the rotation, students will hone many of the skills used in the management of patients in the inpatient area.

### **1- Patient Care**

Goal: Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Objectives:

- a. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan through documenting a complete history, physical examination, laboratory data and images (1.1, 1.2, 4.4, 4.4)
- b. Prioritize tasks for daily patient care in order to utilize time efficiently (1.3,1.4)
- c. Patient notes and presentations are accurate, organized and focused (1.1, 4.4)
- d. Interpret laboratory data, imaging studies, and other tests required for the area of practice (1.3)
- e. Develop appropriate differential diagnosis and management plan using the given patient information and following the up-to-date scientific evidence (1.2)
- f. Recognize life threatening conditions and patients requiring immediate attention (1.5)
- g. Communicate effectively with the patients and families, involving the patients in decision making, and providing them with preventive health care services (1.6, 1.7)
- h. **Assessment method:** Global performance, H&Ps, Progress Notes, Discharge Summaries

### **2- Knowledge for Practice**

Goal: Demonstrate Knowledge of established and evolving knowledge in Pediatrics and apply this knowledge to patient care.

Objectives:

- a. Demonstrate knowledge of health problems, risk factors, and treatment strategies of commonly encountered health conditions (2.4, 2.6)
- b. Apply the basic and updated evidence based medicine to patient care (2.2, 2.3)
- c. Apply principles of social-behavioral sciences to patient care to include impact of family, cultural influences, societal influence and barriers of care that affect health and disease (2.5)
- d. **Assessment method:** Global performance, H&Ps, Progress Notes, Discharge Summaries, Chalk Talk

### 3- Practice-Based Learning and Improvement

Goal: Demonstrate the student's ability to continuously improve patient care based on self-evaluation, feedback and lifelong learning.

Objectives:

- a. Identify and address self-limitations (3.1)
- b. Accept feedback from faculty and residents, and continue to work on self-improvement (3.3)
- c. Use the available resources and references to access evidence-based medicine to solve clinical problems (3.4,3.5)
- d. **Assessment method:** Global performance, ILP, Chalk Talk

### 4- Interpersonal and Communication Skills

Goal: Demonstrate the ability of effectively communicate and collaboration with patients, families and health care professionals.

Objectives:

- a. Communicate effectively, sensitively, honestly and compassionately with patients and patient's family members from a broad range of backgrounds (4.1, 4.3)
- b. Communicate effectively with physician and non-physician members of the health-care team and consultants (4.2)
- c. Maintain comprehensive and timely medical records (4.4)
- d. **Assessment method:** Global performance, H&Ps, Progress Notes, Discharge Summaries, Handoff Evaluation, Chalk Talk

### 5- Professionalism

Goal: Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

Objectives:

- a. Demonstrate sensitivity to cultural issues and to patient preferences and incorporate knowledge of these issues into discussion with patients (5.1)
- b. Show respect for patient autonomy and the principle of informed consent (5.2)
- c. Demonstrate respect for patient's rights and confidentiality (5.2)
- d. Show respect for, and willingness to, assist all members of the health care team (5.3)
- e. Demonstrate compliance with local and national ethical and legal guidelines governing patient confidentiality in both written documentation and verbal communication with the patient's family members (5.5)
- f. Respect time, and meet all the academic commitments during the rotation (5.7)
- g. **Assessment method:** Global performance including preparation and completion of assignments, attendance at residency educational conferences

## 6- System-Based Practice

Goal: Demonstrate the ability to use the system resources to provide optimal care.

Objectives:

- a. Access the clinical information system in use at the site of health care delivery (6.1)
- b. Coordinate care plan, involve social workers when needed, to reduce risks and costs for the patients (6.3)
- c. Demonstrate the ability to work effectively with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists, pharmacists, nutrition support staff and discharge planners (6.4)
- d. **Assessment method:** Global performance, H&Ps, Progress Notes, and Discharge Summaries

## 7- Interprofessional Collaboration

Goal: Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care”

Objectives:

- a. Recognize one's own role as well as the roles of other health care professionals (7.1, 7.2)
- b. Engage effectively as a team member during daily rounds and be able to manage conflicts appropriately (7.3, 7.4)
- c. **Assessment method:** Global performance, documented considerations for discharge planning

## 8- Personal and Professional Development

Goal: Demonstrate the qualities required to sustain lifelong personal and professional growth. Objectives:

- a. Recognize when to call a consult for a patient (8.1, 8.3)
- b. Identifies one's limitations and seek self-improvement through problem identification and critical appraisal of information (8.1, 3.1)
- c. React appropriately to stressful and difficult situations (8.2, 8.3)
- d. Demonstrate improvement following mid-rotation feedback (3.1)
- e. **Assessment method:** Global performance, ILP, Chalk Talk

## Assessments and Evaluations

Students will be given long-form evaluation sheets to be given to interns, senior residents and direct supervising faculty; or they may send a link to the evaluator via Elentra. If a hard copy evaluation is utilized, this should be given to the coordinator or uploaded into Elentra. The course director will review the evaluations at the midpoint and final evaluation. The evaluation will help identify strengths and areas for further improvement.

Mid-Rotation Evaluation will include review of the student's individualized learning plan, evaluations (including one Handoff Evaluation), H&Ps, Progress Notes, Discharge Summary, and one Handoff Evaluation. The Final Evaluation will review remaining evaluations (including Handoff Evaluation), H&Ps, Progress Notes, Discharge Summaries, and the student's Chalk Talk. If applicable, it will include the student's MSPE statement.

## Required Assignments

### Individualized Learning Plan (ILP):

1. Develop ILP at the beginning of the rotation by the 5th day of the first week of the rotation
2. ILP has 3-5 Learning Goals and your plan to achieve those goals
3. Will be evaluated on whether plan to achieve goals are thoughtful, applicable to inpatient pediatrics, and well-planned.

4. Feedback on additional learning opportunities or resources to achieve goals will be provided.

**ILP Example:**

1. Inpatient Nutrition

- Go through PPN orders with resident each time I have a patient that is placed on parenteral nutrition.
- Calculate the kcal/kg/day for each of patients to which nutrition is pertinent
- Spend a session with the nutritionist regarding different types of nutrition and how to come up with the best plan for each patient.
- Read on Nutrition and Growth on Harriet Lane (Chapter 21).

2. Pediatric Radiology

- Look up imaging for each of my patients and make assessment before reading the official read from the radiologist.
- Go through Children's Hospital Cleveland Clinic Pediatric Radiology Image Gallery.
- Attend radiology rounds after morning rounds.

3. Pediatric Kidney Disease

- Read on pediatric kidney disorders in Harriet Lane (Chapter 19).
- Read on pediatric kidney disorders in Inpatient Pediatrics (Chapter 18).

## **History & Physicals and Progress Notes:**

1. Will follow standard H&P and PN format (EPCH approved forms or EMR standard form)
2. Will be turned into senior resident and/or supervising faculty and saved for review by clerkship director
3. One of each note type, as applicable, to be submitted on weekly basis to Sub-I Director for evaluation.
4. Will be evaluated on the following components:
  - a. Complete and organized of HPI
  - b. Complete and pertinent ROS
  - c. Complete and pertinent PMHx, PFHx, SHx
  - d. Development appropriately noted
  - e. Complete and pertinent PE
  - f. Labs, Radiology, Micro, other studies and interpretation
  - g. Accurate and Pertinent assessment to include differential diagnosis
  - h. Comprehensive plan to consider inter-disciplinary needs and discharge planning

\*\*\*Podcast resource: Pedscases.com: Pediatrics for Medical Students, Nov 14, 2015 Pediatric History Taking

## **Discharge Summaries:**

1. DC Summary follow standard format (sample below)
2. Helpful Hints:

- a. What would you want to know if you had this patient in the office next week?
- b. What would you say on the phone to that provider if you were calling directly?
- c. A good discharge summary is: brief, summative, succinct, cohesive
- d. A good discharge summary is NOT: recounting the entire H&P, a day-by-day synopsis of progress notes

3. One to be submitted on weekly basis to Sub-I Director for evaluation.
4. Will be evaluated on consistency, completeness, being concise and pertinent.

DC Summary Sample Format:

Admit Date:

Discharge Date:

**ADMIT DIAGNOSIS:** This is the problem that led to hospitalization and can include brief pertinent HPI only if necessary (can also include that in Hospital course)

**DISCHARGE DIAGNOSIS:**

**ATTENDING ON SERVICE:**

**BRIEF HISTORY OF PRESENT ILLNESS**

Including why patient admitted to floor or PICU

Include pertinent physical exam at time of admission/or transfer

**HOSPITAL COURSE BY SYSTEMS:**

CV:

Resp:

FEN/GI/GU:

HEME/ID:

NEURO:

**PSYCHOSOCIAL:**

\*\* Incorporate consultations, complications, outstanding medical/social issues

\*\*Key findings, procedures, test results should be incorporated into hospital course (include key dates)

**PHYSICAL EXAM AT TIME OF DISCHARGE/TRANSFER –** Pertinent exam and D/C weight is useful along with brief functional and cognitive function (walking with walker, mental status baseline of \_\_\_\_)

**PERTINENT LABS:** should have been noted in hospital course

PERTINENT IMAGING: should have been noted in hospital course

PROCEDURES DURING HOSPITALIZATIONS: should have been noted in hospital course

PENDING LABS (to include pending cultures, send-out labs, pathology results, etc.):

DISCHARGE MEDICATIONS: Explicitly state those that are started, stopped, changed, or to be continued

DISCHARGE INSTRUCTIONS: Diet, Activity Restrictions, and Return Precautions

FOLLOW UP: Primary Care Physician, Consultant, Therapy follow-ups

### Chalk Talk:

1. 10 – 15 min. didactic given in-person to peers, residents, and faculty prior to end of rotation
2. Topic may be selected by the student, with input from Sub-I director as needed
  - a. Topics to consider: interesting pathology & workup seen on wards
  - b. Topic from ILP
  - c. Required Op-Log pathology
3. May be as formal as the student chooses, ranging from writing on board, providing handouts, presenting a slide deck
4. Will be evaluated on preparation, ability to answer questions posed by audience, sources used
  - a. Consider using multiple types of sources including peer-reviewed primary literature

## Handoff Evaluation:

### Sub-I Handoff Evaluation To be completed by Resident

Completed By: \_\_\_\_\_ Evaluation of: \_\_\_\_\_ Date: \_\_\_\_\_

#### Organization/efficiency

disorganized; confusing	1	2	3		4	5	6		7	8	9	standardized sign-out; concise

#### Communication skills

gq face-to-face; understanding not confirmed; qg time for questions; qg responsibility for tasks unclear; vague language	1	2	3		4	5	6		7	8	9	face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concise language

#### Content

information omitted; qg irrelevant; qg clinical condition omitted; qg dos' lack plan, rationale	1	2	3		4	5	6		7	8	9	all essential information included clinical condition described to dos' have plan, rationale

#### Clinical judgment

qg recognition of sick patients; qg anticipatory guidance	1	2	3		4	5	6		7	8	9	sick patients identified; anticipatory guidance provided with plan of action

#### Patient Focused

qg apathetic, inattentive; qg inappropriate comments re: patients, family, staff	1	2	3		4	5	6		7	8	9	focused on task; appropriate comments re: patients, family, staff

#### Overall sign-out quality

1	2	3		4	5	6		7	8	9

#### Comments:

Modified from: Horwitz LI, et al, Development of a handoff evaluation tool for shift-to-shift physician handoffs: the Handoff CEX. *J Hosp Med*. 2013 Apr;8(4):191-200.

## **Grading:**

Student clinical performance is based on the Sub-Internship Director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.

Possible final grades are Honors, Pass, Fail, and Incomplete. A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items.

Overall grade is based on the assessment in each of the 8 competencies:

- Honors, if all of the following are true:
  - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
  - No individual competency rated as "needs improvement" on the final assessment.
- Pass if all of the following are true:
  - Minimum of 6 of the 8 individual competencies rated as "Honors" or "Pass" on the final clerkship evaluation
  - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
  - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A failing clinical assessment is assigned if *any* of the following are true.
  - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
  - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- An incomplete grade will be assigned any student who has not completed required assignments, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

## **Components**

1. Clinical Performance
2. Documentation
  - a) Individualized Learning Plan

- b) Admission History & Physicals, and daily Progress Notes, Discharge Summaries evaluated by the direct supervising faculty and reviewed by course director.
- c) Attending daily residents' Morning reports and 1 hour of Wednesday resident lecture.
- d) Handoff Evaluations
- h) Evaluations from interns, seniors, and faculty reviewed by course director.

#### Pass vs. Honors Examples

Pass	Honors
Average fund of knowledge	Above average fund of knowledge
Does what they are told to do.	Proactive and takes the initiative and has the foresight to be helpful and guide self-learning.
Asks basic questions.	Asks next level questions showing that they have read.
Presents a thorough and clear history and physical.	Presents a thorough, clear, organized, focused history and physical with several ordered differential diagnosis including interpretation of labs.
Presents patients well.	Presents patients well, organized and with some literature to support your treatment recommendations.
"I'm here because I have to be here" attitude.	"I want to learn and take care of patients" attitude.

## Op-Log

These are the standard cases that need to be seen by the MSIV during the Peds sub-I rotation. Students are required to submit an op-log at least once a week for each patient they have seen during the 4-week rotation, a minimum of a total 20 standard cases with the patient conditions noted below at the level of assist or manage. Minimum op-log volume of 20 cases is required to pass the rotation. Additional case presentations will be presented to the Clerkship Director by the end of the rotation if this requirement is not met.

#### Requirements:

1. Abdominal pain
2. Renal abnormalities
3. Cardiac abnormalities

4. Chest pain
5. Fever
6. Post-operative care
7. Electrolyte disorders
8. Pain management
9. Respiratory distress
10. Seizures or other neurological condition
11. Nausea and vomiting
12. Altered mental status
13. Glycemic control
14. Shock
15. Drug toxicity
16. Musculoskeletal symptoms
17. Abnormal diagnostic imaging
18. Abnormal pathology

Please inform the Sub-I Director if any of these conditions are not observed, as reading material can be provided and reviewed with supervising faculty. May also select the above for the student's Chalk Talk.

## Absences in the Fourth Year

In the fourth year, a student may have no more than three excused absences in a 4-week block without having to make up that time. However, if the Clerkship/Course Director determines that a student's absence(s) compromised the student's ability to attain the necessary competencies, they may require the student to make up days or assignments, regardless of the number of days missed.

If a fourth-year student exceeds three days of absences, they are required to use vacation or flex time to make up those days as decided by the Clerkship/Course Director. It is also at the discretion of the Clerkship/Course Director to give the student an alternate assignment to satisfy all or part of the makeup time.

## Notification of Absence

When a student is going to be absent, they are required to notify the Clerkship Director and Coordinator BEFORE their shift begins. If it is a planned absence (i.e. scheduled interview), the student must enter the request on Elentra. Acceptable forms of notification are: email (required for same day absences), phone call, and Elentra absence line.

## Additional Resources

### Electronic Resources

1. Podcast resource: Pedscases.com: Pediatrics for Medical Students FREE
2. UChicago Pediatrics Handbook, downloadable reader. FREE with sign up  
<https://www.agilemd.com/register/uchicago-peds-handbook>
3. Pediatric Physical Exam: TTUHSC Library Online: Bates' Visual Guide to Physical Examination -> Videos -> Head-to-Toe Assessment: Infants and Child
4. Developmental Milestones Resource <https://texastechel-md.meduapp.com/documents/803>
5. Pediatric Neuro Exam:  
[http://library.med.utah.edu/pedineurologicexam/html/home\\_exam.html](http://library.med.utah.edu/pedineurologicexam/html/home_exam.html)
6. Cardiac Auscultation Resource: <http://www.med.ucla.edu/wilkes/inex.htm> 7. ECG modules: <https://ecg.bidmc.harvard.edu/maven/mavenmain.asp>
8. AAP Guideline Search:  
[http://www.aappublications.org/search/numresults%3A10%20sort%3Arelevancerank%20format\\_result%3Astandard?facet\[seriesname\]\[0\]=Clinical%20Practice%20Guideline](http://www.aappublications.org/search/numresults%3A10%20sort%3Arelevancerank%20format_result%3Astandard?facet[seriesname][0]=Clinical%20Practice%20Guideline)
9. National Guideline Clearinghouse

### Suggested Reading Topics

1. AAP Bronchiolitis Guidelines:  
<http://pediatrics.aappublications.org/content/134/5/e1474>
2. AAP Sinusitis Guidelines: <http://pediatrics.aappublications.org/content/132/1/e262>
3. AAP Acute Otitis Media: <http://pediatrics.aappublications.org/content/131/3/e964>
4. AAP UTI: <http://pediatrics.aappublications.org/content/128/3/595>
5. AAP Febrile Seizures: <http://pediatrics.aappublications.org/content/127/2/389>
6. Neonatal Jaundice and Breastfeeding by Maria Fernanda B. de Almeida, MD, FAAP and Cecilia Maria Draque, MD
7. Core Concepts: Bilirubin Metabolism by Thor Willy Ruud Hansen, MD, PhD
8. Kawasaki Disease:  
<http://pediatrics.aappublications.org/content/114/6/1708.full.pdf+html> 9. IPASS:  
<http://pediatrics.aappublications.org/content/129/2/201.full>

## Modules

1. Who needs a urinalysis module  
[https://pediatricsclerkshipblog.stanford.edu/wpcontent/uploads/2014/07/Urinalysis-ID-module\\_6.11.14.pdf](https://pediatricsclerkshipblog.stanford.edu/wpcontent/uploads/2014/07/Urinalysis-ID-module_6.11.14.pdf)
2. Respiratory Viral PCR Module  
<https://pediatricsclerkshipblog.stanford.edu/wpcontent/uploads/2014/07/Respiratory-Virus-PCR-reduced.pdf> (note EPCH does not currently use noted panel but still educational)
3. Pharyngitis Module  
<https://pediatricsclerkshipblog.stanford.edu/wpcontent/uploads/2014/07/Pharyngitis-module-6.11.14.pdf>
4. Osteo-Septic Arthritis module  
<https://pediatricsclerkshipblog.stanford.edu/wpcontent/uploads/2014/07/Osteo-Septic-arthritis-6.14.pdf>

## Procedure videos

1. Otoscope use and cerumen removal NEJM video
2. Lumbar Puncture NEJM video

## Pediatric Journal Recommendations

1. Pediatrics

2. Pediatrics in Review
3. NeoReviews
4. NEJM
5. Pediatric Infectious Disease Journal
6. Journal of Pediatrics
7. JAMA Pediatrics

## Pediatric Book Recommendations

1. Harriet Lane Handbook: A Manual for Pediatric House Officers
2. AAP Red Book
3. Caring for the Hospitalized Child – A Handbook of Inpatient Pediatrics
4. Nelsons Textbook of Pediatrics
5. Comprehensive Pediatric Hospital Medicine
6. The Philadelphia Guide: Inpatient Pediatrics
7. Texas Children's Hospital Handbook of Pediatrics and Neonatology
8. Pocket Pediatrics

## Pediatric Calculator Recommendations

1. BiliTool <http://bilitool.org>
2. Glucose Infusion Rate <http://www-users.med.cornell.edu/~spon/picu/calc/glucinfr.htm>

## Genetics References (access available through TTUHSC library)

1. GeneReview NCBI
2. Gene Tests (NCBI)
3. Genetics Home Reference (NIH)
4. OMIM: Inherited Disease (NCBI)

Growth Charts - CDC <http://www.cdc.gov/growthcharts/>

## References

- 1- PLFSOM Institutional Learning goals and Objectives, by the PLFSOM Curriculum and educational Policy committee, March 9, 2015.
- 2- Common Clerkship requirements, Office of Medical Education, TTUHSC, El Paso, PLFSOM 2016.
- 3- Core Entrustable Professional Activities for Entering residency, curriculum developer's Guide, Association of American Medical colleges (AAMC), version 1.0, 2014.
- 4- Core Medicine clerkship curriculum Guide, A Resource for Teachers and Learners, Version 3.0, 2006.
- 5- IM and FM sub-I syllabus 2016.
- 6- Stanford Pediatric Clerkship Observation tool  
<http://med.stanford.edu/pediatricsclerkship/subinternship.html>