



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Paul L. Foster School of Medicine
Department of Pediatrics

Pediatric Sub-Internship

MSIV Rotation Syllabus

2017-2018
Contents

Dept. of Pediatrics, MSIV Sub-I Clerkship Administrative Team..... 2

Quick Guide Required Assignments..... 3

Brief Clerkship Description..... 3

Pediatric Sub Internship Nuts and Bolts 3

Purpose 4

Learning Objectives..... 5

Assessments and Evaluations 9

Required Assignments 12

Admission Orders:..... 13

Discharge Summaries:..... 14

Handoff Evaluation: 16

Grading:..... 17

Op-Log..... 18

Patient Condition Requirements 19

Sub-I Sample Schedule..... 20

Absences in the Fourth Year 20

Additional Resources (Partial List, continues to expand) 21

References 23

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

Lisa Ayoub-Rodriguez, MD, FAAP

Assistant Professor

Pediatric Sub-Internship Director

Office Phone: (915) 215-5712

Office Location: AEC Building, 2nd Floor, Room# 210

Lisa.Ayoub-Rodriguez@ttuhsc.edu

Virginia Pacheco

MSIV Unit Coordinator

Virginia.m.pacheco@ttuhsc.edu

Pediatric Sub Internship Location:

El Paso Children’s Hospital – 9th Floor

Nursing Station Phone: (915)298-5432



Quick Guide Required Assignments

1. Individualized Learning Plan (Due First Wed of rotation via email)
2. History and Physicals, Progress notes (Turn into folder in Attending Office throughout month)
3. Admission Order Sets (one by mid-rotation, 2 by end of rotation)
4. Mock Prescriptions (one by mid-rotation, 2 by end of rotation)
5. Discharge Summaries (one by mid-rotation, 2 by end of rotation)
6. Evaluation of Handoff (one by mid-rotation, 2 by end of rotation)
7. Op Log Requirements – (10 by mid-rotation, 20 total.) See page 16 for required conditions.

Brief Clerkship Description

- 4-week rotation on the inpatient general pediatric service.
- Instructional methods will include hands-on patient encounters, working alongside residents and attendings, along with formal and informal teaching sessions.
- Required equipment: Stethoscope, penlight, reflex hammer, black ink pens.
- Optional supplies: Tuning fork, Maxwell, Harriett Lane Handbook, additional suggested reads listed.
- Professionalism is expected at all times to include honesty, **timeliness**, 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.
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. The hours may differ from intern hours.

3. The MSIV will have one day off a week on average. 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.
5. The MSIV will turn in an [individualized learning plan](#) by the first Wednesday 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, which will be evaluated by the direct supervising faculty placed in file for sub internship clerkship director review.
7. All MSIVs are responsible for writing [daily progress notes](#) on all their patients, which will be evaluated by the direct supervising faculty and placed in file for sub internship clerkship director review.
8. All the admission notes and the progress notes written by the students, will be used for students' evaluation purpose only, and cannot be further signed or used by residents, and rest of the health care team (intern/senior/faculty) will be required to do their appropriate documentations for further patient care and billing.
9. All MSIVs will turn in [two admission orders sets](#) for 2 patient encounters and [discharge mock prescriptions](#) for review to the sub internship clerkship director.
10. All MSIVs will write up [two discharge summaries](#) on a patient they have taken care of during their rotation and give to the sub internship clerkship director for review, critique, and grading.
11. All MSIVs will be responsible for transition of care to oncoming team, this includes [IPASS completion and verbal handoff](#). (Evaluation by interns and senior residents)
12. Morning Report attendance and one hour of pediatric Wednesday afternoon lectures are mandatory for all MSIVs. They will be excused from these activities on post call days, as is the rest of the team. (Evaluated in professionalism grade.)

***Items used for assessment, detailed later

Purpose

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

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

Learning Objectives

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, 1.7, 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, 1.7, 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, 1.6)
- 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 (1.8, 1.9)
- h. **Assessment method:** Global Performance Evaluation, H&Ps, Progress Notes, Admit Orders, and 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 Evaluation, H&Ps, Progress Notes, Admit Orders, and Discharge Summaries

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 Evaluation

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 Evaluation, H&Ps, Progress Notes, and Discharge Summaries, Handoff Evaluation

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 Evaluation

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 Evaluation, H&Ps, Progress Notes, Admit Orders, and Discharge Summaries

7- Inter-Professional 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 Evaluation

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, 8.5)
- c. React appropriately to stressful and difficult situations (8.2, 8.3)

- d. Demonstrate improvement following mid-rotation feedback (8.5)
- e. **Assessment method:** Global Performance Evaluation, individualized learning plan.

Assessments and Evaluations

Students will be given evaluation sheets to be given to interns, senior residents and direct supervising faculty. The evaluations will be returned to sub-intern evaluation folder in the hospitalist office. The course director will review the evaluations at the midpoint and final evaluation. The evaluation will help the student to identify strength and weakness, for further improvement.

Mid-Rotation Evaluation will include review of individualized learning plan, H&Ps, Progress notes and one discharge summary, one set of mock prescriptions, one admission order set, and one handoff evaluation.

| | |
|--|--|
| Template MS4 Mid-Clerkship Assessment | Develops a treatment plan <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Patient Care and Procedural Skills | Incorporating biophysical issues, appropriate to the patient <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Completes an appropriate history <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Appropriately documents findings. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Addresses patient's agenda <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Medical Knowledge |
| Exam is appropriate in scope. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Can independently apply knowledge <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Independently performs exam with proper technique. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Interpersonal and Communication Skills |
| Identifies pertinent physical findings. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Demonstrate sensitivity, compassion, integrity, and respect for all people <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| | Presentations to faculty or resident are organized. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |

| | |
|---|---|
| Practice-Based Learning and Improvement | Protects patient confidentiality <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Demonstrates knowledge of current peer-reviewed literature in relation to patient management. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Dress and grooming appropriate for the setting. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Takes the initiative in increasing clinical knowledge and skills <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Interprofessional Collaboration |
| Systems-Based Practice | Works collaboratively with other health care personnel including nurses, technicians, and other ancillary personnel <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Effectively utilizes medical systems and resources to benefit <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Is an important, contributing member of the assigned team <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Professionalism | Functions effectively as a team member by preparing for collaborative experiences. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Is reliable and demonstrates accountability to patients and fellow members of the health care team. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Personal and Professional Development |
| Demonstrates compassion and respect for all people <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | Recognizes when to take responsibility and when to seek assistance. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess |
| Demonstrates honesty in all professional matters. <input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess | |

| | |
|---|--|
| <p>Demonstrates flexibility in adjusting to change.</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess</p> | <p>Please discuss the student's 2-3 strongest performance areas</p> <div style="border: 1px solid gray; height: 60px;"></div> |
| <p>Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors <input type="radio"/> Cannot Assess</p> | |
| <p>OpLog - Discuss student's oplog documentation and any areas where the students does not appear on track. Identify date when student should come back to see you if he/she has not yet met the requirements</p> <div style="border: 1px solid gray; height: 60px;"></div> | <p>Miscellaneous question</p> <div style="border: 1px solid gray; height: 60px;"></div> |
| <p>Areas that would yield the greatest improvement in the student's skills</p> <div style="border: 1px solid gray; height: 60px;"></div> | <p>Actual date of discussion</p> <div style="border: 1px solid gray; width: 50px; height: 20px;"></div> |
| | <p>Planned date of discussion</p> <div style="border: 1px solid gray; width: 50px; height: 20px;"></div> |

Final Evaluation will review H&Ps, progress notes, one discharge summary, one mock prescriptions, one admission orders, and one handoff evaluation done after mid-rotation and before final evaluation.

| | |
|---|--|
| Final Clerkship Assessment | |
| <p>Knowledge for Practice</p> <p>Grade</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors</p> <p>Please Justify the grade in this competency</p> <div style="border: 1px solid gray; height: 60px;"></div> | <p>Interpersonal and Communication Skills</p> <p>Grade</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors</p> <p>Please Justify the grade in this competency</p> <div style="border: 1px solid gray; height: 60px;"></div> |
| <p>Patient Care and Procedural Skills</p> <p>Grade</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors</p> <p>Please Justify the grade in this competency</p> <div style="border: 1px solid gray; height: 60px;"></div> | <p>Practice-Based Learning and Improvement</p> <p>Grade</p> <p><input type="radio"/> Needs Improvement <input type="radio"/> Pass <input type="radio"/> Honors</p> <p>Please Justify the grade in this competency</p> <div style="border: 1px solid gray; height: 60px;"></div> |

Systems-Based Practice

Grade

Needs Improvement Pass Honors

Please Justify the grade in this competency

Interprofessional Collaboration

Grade

Needs Improvement Pass Honors

Please Justify the grade in this competency

Professionalism

Grade

Needs Improvement Pass Honors

Please Justify the grade in this competency

Personal and Professional Development

Grade

Needs Improvement Pass Honors

Please Justify the grade in this competency

OSCE

N/A Fail Pass on First Attempt Pass on Second Attempt

NBME Score

NBME Equated Percent Correct

1-100 or NA

NBME Percentile

1-100 or NA

Comments (Please write about strengths, weaknesses and areas for improvement)

Statement for MSPE

This is a narrative that describes the student's strengths during rotation and any persistent weaknesses that the student did not improve after feedback. You must include a narrative on the student's professionalism. Any feedback that you do not want to include in the MSPE should be included below in the "Comments" field. As a reminder, please use complete sentences and check your grammar, etc. as these comments go out to residency directors across the country.

Please Select an Overall Grade

Fail
 Pass
 Honors
 Incomplete

Required Assignments

Individualized Learning Plan (ILP):

1. Develop ILP at the beginning of the rotation by first Wednesday of the rotation
2. ILP has 3-5 Learning Goals and your plan to achieve those goals

3. To be submitted to clerkship director by email.
4. Will be evaluated on whether plan to achieve goals are thoughtful and well planned.
5. Feedback on additional learning opportunities 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 and Physical with Assessment and Plan & Daily Progress Notes:

1. Will follow standard H&P and PN format (EPCH approved forms or EMR standard form)
2. Will be turned into supervising faculty and saved for review by clerkship director
3. 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

Admission Orders:

1. Submit typed admission order on 2 patient admission
2. Admission Order mnemonic ADC VAAN SISML or Maxwell handbook example can be followed
3. Be sure to include:
 - a. Vital signs

- b. Activity
 - c. Diet
 - d. Nursing Instructions
 - e. IVF if indicated
 - f. Studies and Labs
 - g. Medications
4. To be submitted to clerkship director by email.
 - a. One by Mid-Clerkship Eval
 - b. Second by Final Clerkship Eval
 5. Will be evaluated on completeness

***Podcast resource: Pedscases.com: Pediatrics for Medical Students, Oct 17, 2015 Admission Orders

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. To be submitted to clerkship director by email.
 - a. One by Mid-Clerkship Eval
 - b. Second by Final Clerkship Eval
4. DC Summary 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 WITH PLAN:

AB:

CV:

FEN/GI/GU:

HEME/ID:

NEURO:

SOCIAL:

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

**Proposed management plan and anticipated problems and suggested interventions

**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

PERTINANT IMAGING: should have been noted in hospital course

PROCEDURES DURING HOSPITALIZATIONS: should have been noted in hospital course

PENDING LABS:

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

Handoff Evaluation:

Sub-I Handoff Evaluation To be completed by Resident

Completed By: _____ Evaluation of: _____ Date: _____

Organization/efficiency

| | | | | | | | | | | | | |
|-------------------------------|----------------|---|---|--|--------------|---|---|--|----------|---|---|-----------------------------------|
| disorganized; unorganized. | 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | standardized sign-out; concise |
| | Unsatisfactory | | | | Satisfactory | | | | Superior | | | |

Communication skills

| | | | | | | | | | | | | |
|--|----------------|---|---|--|--------------|---|---|--|----------|---|---|--|
| not face-to-face; understanding not confirmed; no time for questions; 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 |
| | Unsatisfactory | | | | Satisfactory | | | | Superior | | | |

Content

| | | | | | | | | | | | | |
|--|----------------|---|---|--|--------------|---|---|--|----------|---|---|--|
| information omitted or irrelevant; clinical condition omitted; to 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 |
| | Unsatisfactory | | | | Satisfactory | | | | Superior | | | |

Clinical judgment

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

Patient Focused

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

Overall sign-out quality

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

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, Fails, and Incomplete. A student who fails Professionalism may be 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.
 - Three 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 and Physical Examinations, and daily progress notes (SOAP notes), evaluated by the direct supervising faculty and reviewed by course director.
- c) Two discharge summary at the end of rotation evaluated by the course director.
- d) Discharge mock prescriptions (2 sets) evaluated by the course director.
- e) Admission order sets (2) evaluated by the course director.
- f) Attending daily residents' Morning reports and one hour of Wednesday resident lecture.
- g) 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 MS4 during 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.

Patient Condition 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 and other neurological symptoms
- 11) Nausea and vomiting
- 12) Altered mental status
- 13) Glycemic control
- 14) Shock
- 15) Drug toxicity
- 16) Musculoskeletal symptoms
- 17) Pediatric diagnostic imaging
- 18) Pediatric pathology

**Please inform clerkship director if any of these conditions are not observed. Reading material will be provided and reviewed with supervising faculty.

Sub-I Sample Schedule

| EPCH MSIV SUB - I Calendar | | | | | | | | Weekly Duty Hours |
|----------------------------|----------------------------|---------|-----------------|----------------------------|-------------------|----------|--------|-------------------|
| Sample Month | | | | | | | | |
| SHIFT | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | |
| | 29 | 1 | 2 | 3 | 4 | 5 | 6 | A=52 |
| 6:30 am-8:30pm | A | B | A | | A | B | | |
| 6:30 am-4:30pm | B | A | B | A | B | | B | |
| Comments | All Mondays Morning Report | | ILP due | All Fridays Morning Report | | | | B=72 |
| 8:00pm-10am | | | Grand Rounds | | | | | |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | A= 72 |
| 6:30 am-8:30pm | A | B | A | B | B | A | | |
| 6:30 am-4:30pm | | A | B | | A | | A | |
| Comments | | | Assignments due | Op Log due | Mid-Rotation Eval | | | B=52 |
| 8:00pm-10am | | | | | | | | |
| | 14 | 15 | 16 | 17 | 18 | 19 | 20 | A=70 |
| 6:30 am-8:30pm | B | | B | | B | | | |
| 6:30 am-4:30pm | | B | | B | | B | | |
| Comments | | | Grand Rounds | | | | | B=72 |
| 8:00pm-10am | | A | A | A | A | A | | |
| | 21 | 22 | 23 | 24 | 25 | 26 | 27 | A=58 |
| 6:30 am-8:30pm | A | | A | | | | | |
| 6:30 am-4:30pm | | A | | A | A | | | |
| Comments | | | Assignments due | | Op Log due | | | B=56 |
| 8:00pm-10am | B | B | B | B | Final Eval | | | A=252 B=252 |

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 make-up time.

Notification of Absence

When a student is going to be absent, they are required to notify the clerkship coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message.

Additional Resources (Partial List, continues to expand)

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/library#details/5452a195dc6f053722004ce4>
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 <http://www.med-u.org/the-library/developmental-milestones>
5. Pediatric Neuro Exam:
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%3Arelevance-rank%20format_result%3Astandard?facet\[series-name\]\[0\]=Clinical%20Practice%20Guideline](http://www.aappublications.org/search/numresults%3A10%20sort%3Arelevance-rank%20format_result%3Astandard?facet[series-name][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/wp-content/uploads/2014/07/Urinalysis-ID-module_6.11.14.pdf
2. Respiratory Viral PCR Module <https://pediatricsclerkshipblog.stanford.edu/wp-content/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/wp-content/uploads/2014/07/Pharyngitis-module-6.11.14.pdf>
4. Osteo-Septic Arthritis module <https://pediatricsclerkshipblog.stanford.edu/wp-content/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

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>