TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™ EL PASO

Paul L. Foster School *of* Medicine

Pediatric Sub Internship

Approval by the CEPC 6-11-19

Contents

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

Ittay Moreno, MD, FAAP
Assistant Professor

Pediatric Sub-Internship Director
Office Phone: (915) 215-5709
Office Location: AEC Building, 2nd Floor,
ittay.moreno@ttuhsc.edu

Gaby Kutz
MSIV Unit Coordinator
Office location: AEC Building, 218E
Office Phone: 215-5729
gaby.kutz@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 Week of Rotation – send via Email)
2. History and Physicals, Progress notes (Turn into folder in Attending Office throughout month)
3. Admission Order Sets (1 by mid-rotation, 2 by end of rotation)
4. Mock Prescriptions (1 by mid-rotation, 2 by end of rotation)
5. Discharge Summaries (1 by mid-rotation, 2 by end of rotation)
6. Evaluation of Handoff (1 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. Please call senior resident the night prior to starting to get 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 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, can be further signed by residents, and forwarded to faculty for final signature.

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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) & possibly attendings.

12. Morning Report attendance and 1 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 ofcommonly 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 withpatients 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.

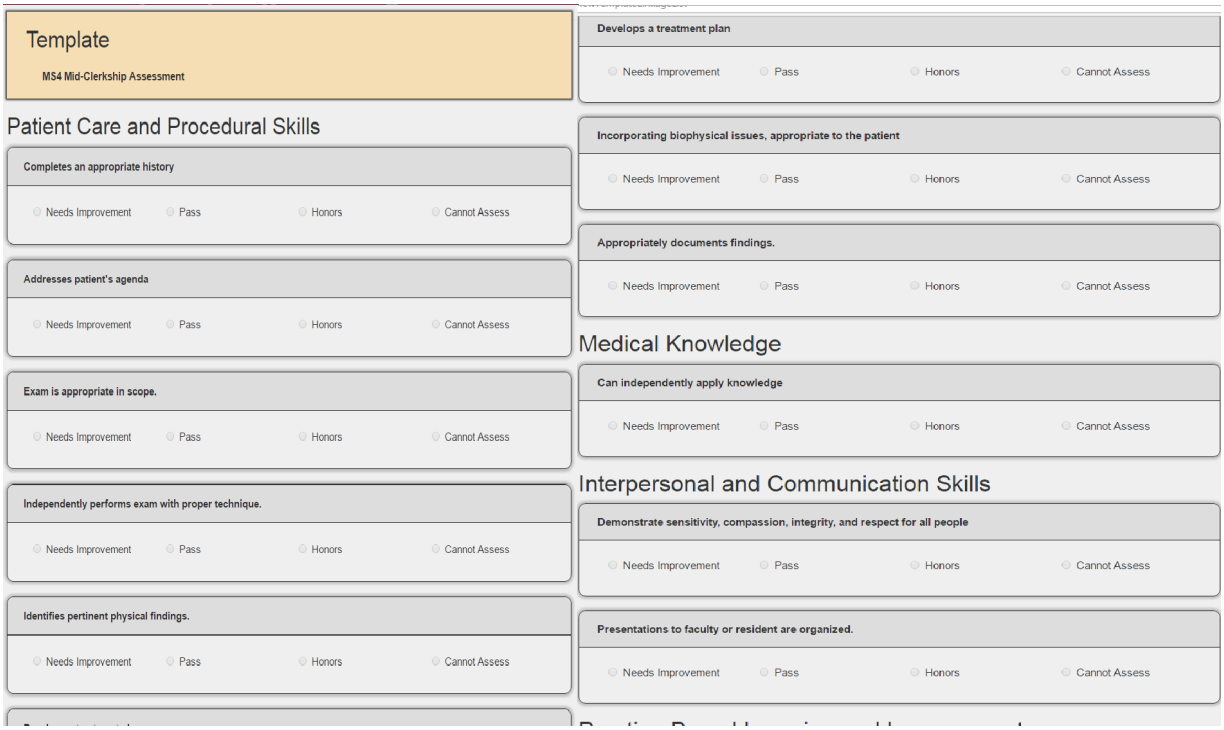
Objectives:

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.



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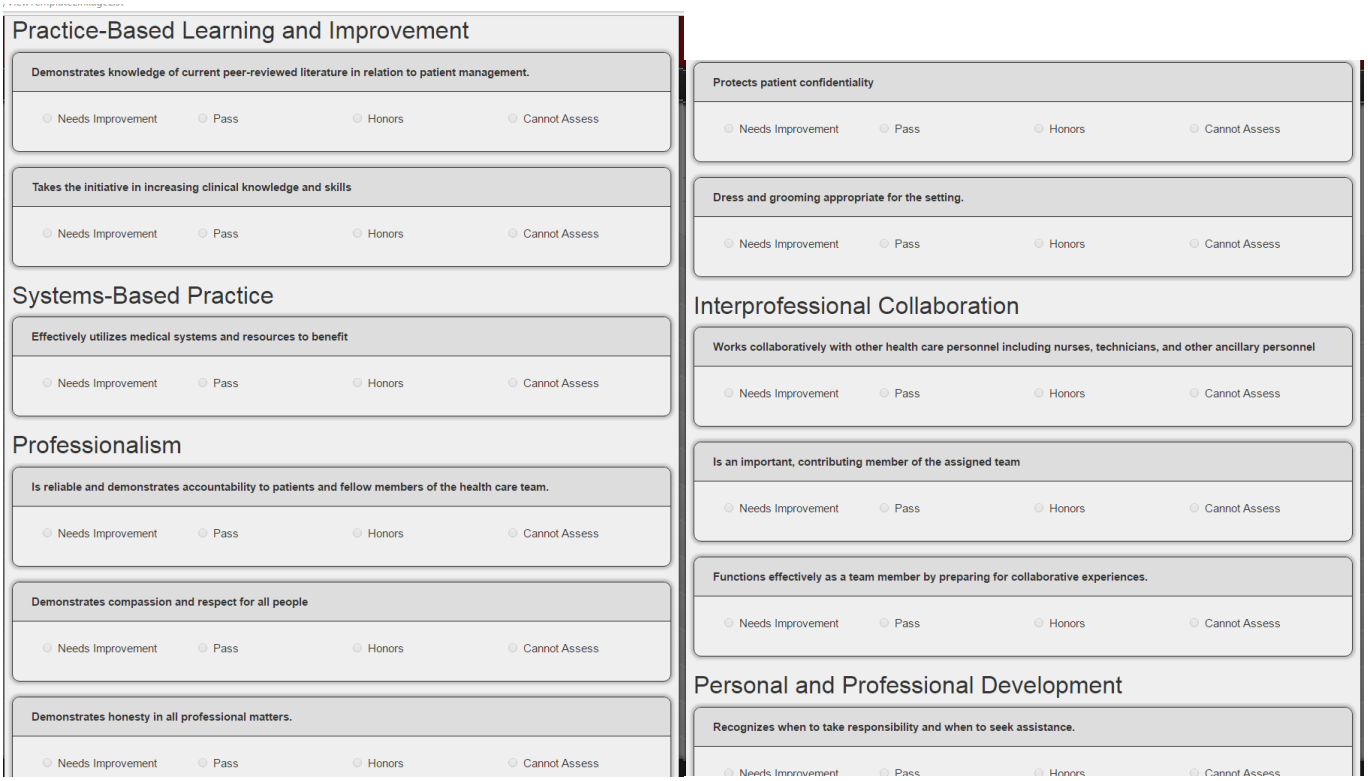

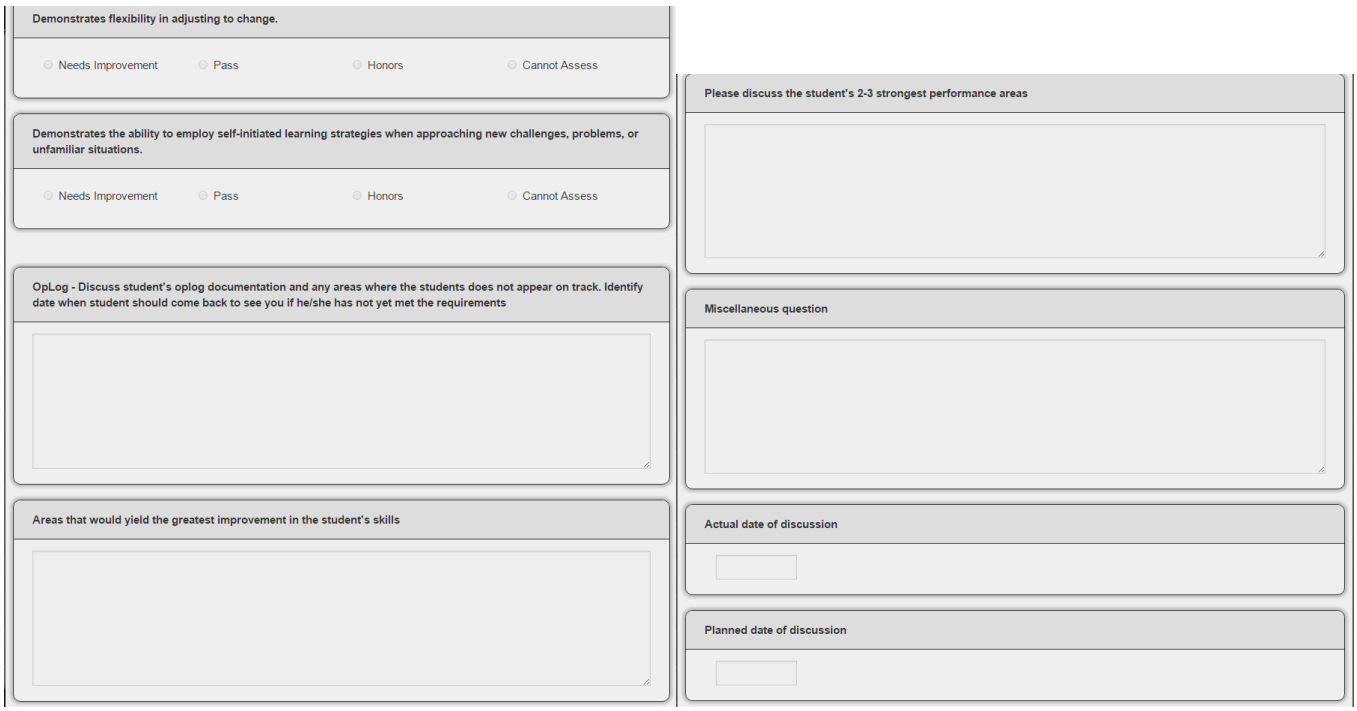

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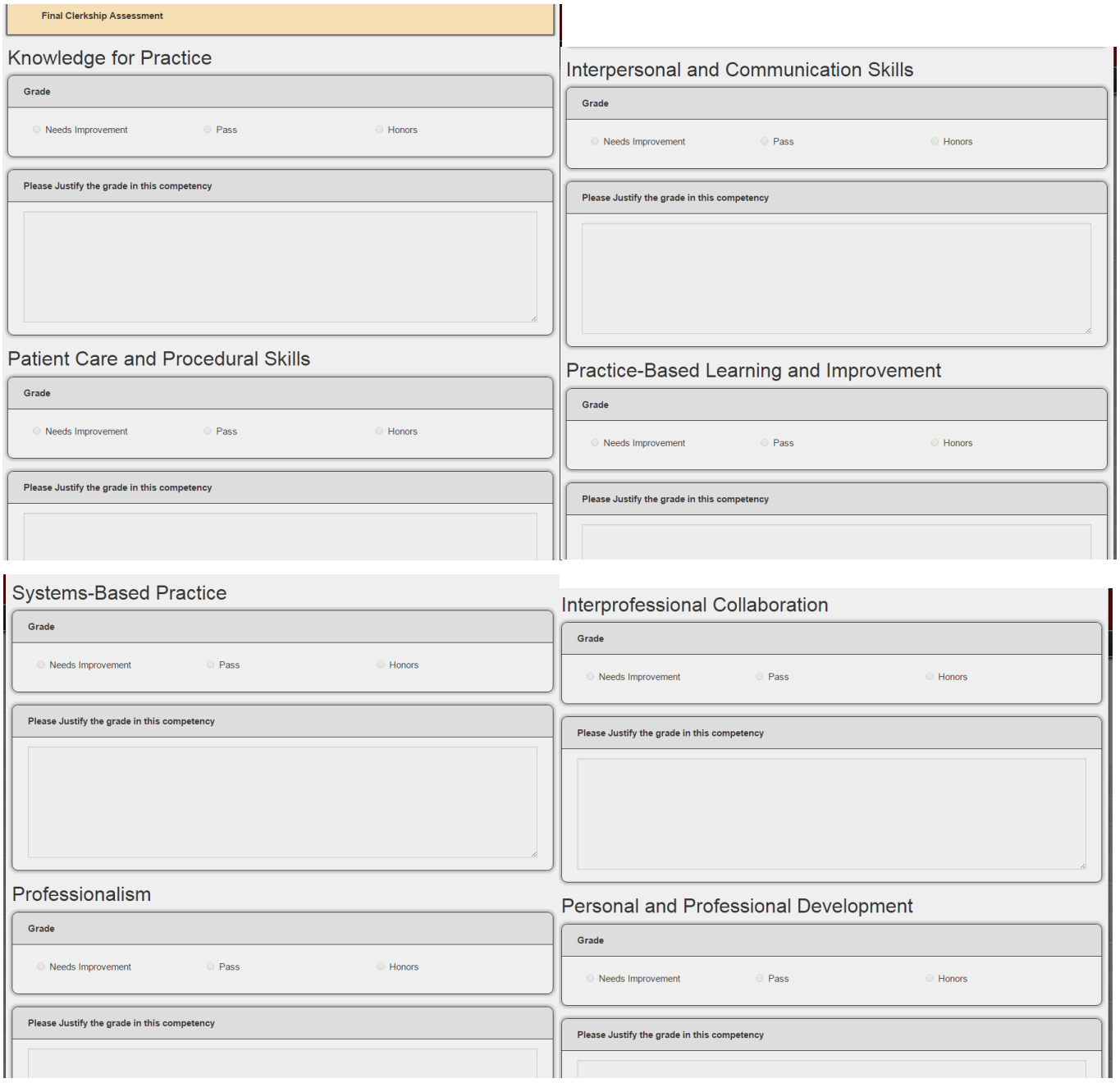
Final Evaluation will review H&Ps, progress notes, one discharge summary, one mock prescriptions, one admission orders, and one handoff evaluation done after mid-rotation and before final evaluation.



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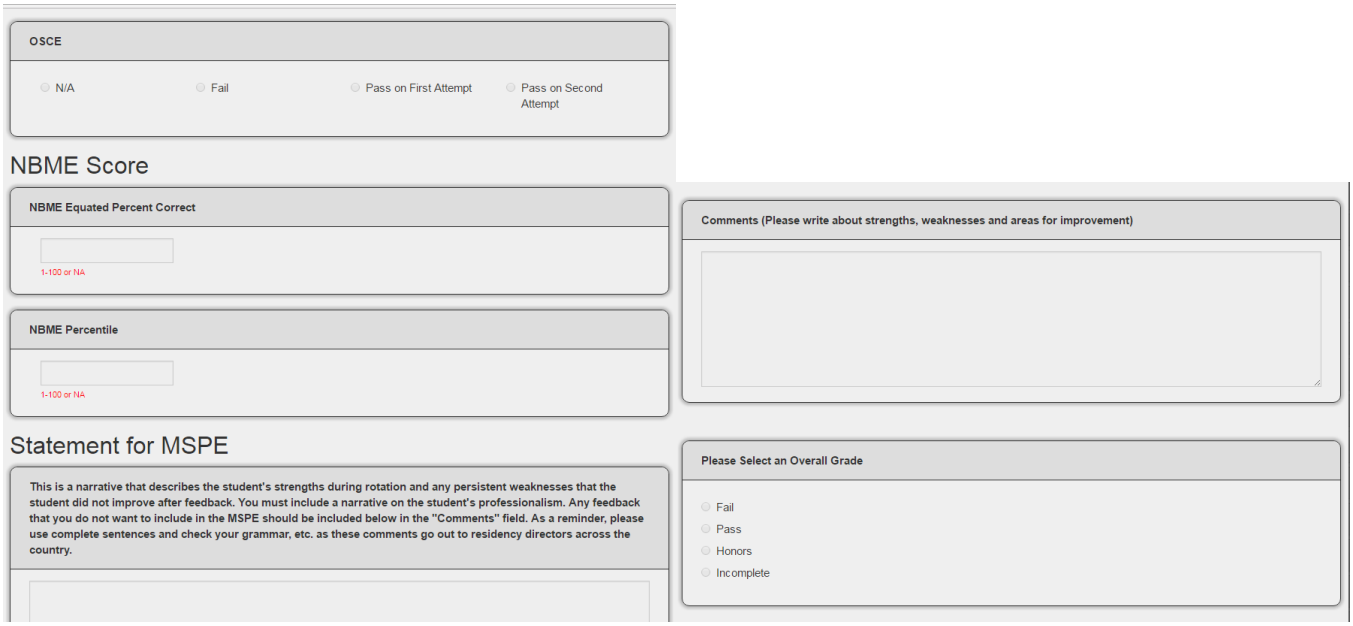

Required Assignments

Individualized Learning Plan (ILP):

1. Develop ILP at the beginning of the rotation by first week 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

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- 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). Use H&P paper template as EMR does not have all sections listed in electronic format of H&P
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 (May be needed for prolonged hospital stay as appropriate)
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 with recommendations, complications and how they were addressed,

outstanding medical/social issues with plan for followup
**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
PERTINENT 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; rambling

1 2 3 | 4 5 6 | 7 8 9

Unsatisfactory Satisfactory Superior

standardized sign-out; concise

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

Unsatisfactory Satisfactory Superior

face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concrete language

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Content

information omitted or irrelevant; clinical condition omitted; 'to dos' lack plan, rationale

1 2 3 | 4 5 6 | 7 8 9

Unsatisfactory Satisfactory Superior

all essential information included clinical condition described 'to dos' have plan, rationale

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Clinical judgment

no recognition of sick patients; no anticipatory guidance

1 2 3 | 4 5 6 | 7 8 9

Unsatisfactory Satisfactory Superior

sick patients identified; anticipatory guidance provided with plan of action

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Patient Focused

bumpy, inattentive; inappropriate comments re: patients, family, staff

1 2 3 | 4 5 6 | 7 8 9

Unsatisfactory Satisfactory Superior

focused on task; appropriate comments re: patients, family, staff

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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.

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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 finalclerkship 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 and Physical Examinations, and daily progress notes (SOAP notes), evaluated by the direct supervising faculty and reviewed by coarse 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 1 hour of Wednesday resident lecture.
g) Handoff Evaluations
h) Evaluations from interns, seniors, and faculty reviewed by coarse 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 through and clear history and physical.	Presents a through, 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 (subject to change as per intern 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.

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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.

Preparation for Teaching

Attending faculty and residents will be oriented to the experience by the Pediatric Sub-Internship Director Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a "Residents as Teachers" program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.

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

9. National Guideline Clearinghouse
10. Heart Anomalies, surgical procedures pted.org

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.ful
10. All guidelines are available from library website in book titled AAP clinical practice guidelines

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 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
9. AAP clinical practice guidelines

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)
5. Face2gene app on Gogle play store and iOS

Growth Charts – References

CDC http://www.cdc.gov/growthcharts/

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