Introduction

It is with pleasure that we, the Committee on Student Education, welcome you to your clerkship in Pediatrics. This is an exciting time in our specialty department, a time when the fruits of the human genome project are nearly ready for picking. Throughout our field, discoveries gleaned from this mammoth project will arm the pediatrician with new ways to approach old problems. As medical students, you will benefit from watching all of this develop before your eyes, and in your careers, these discoveries will allow you to practice a new kind of medicine.

The journey from a fertilized egg to adult is a complex one. Infants and children are not simply smaller versions of adult humans; they are strange and wondrous creatures, complicated individuals who have concerns and problems that are unique and special. It is fundamental that all children develop and grow in a predictable yet individual fashion. Initially, dependent on others for nurturing and care, they quickly grow, gaining independence from their parents, rapidly expanding their world through discovery and exploration.

Pediatricians play an important role in the medical care network for children in our society. We hope to introduce you to the world of pediatrics through the eyes of children, pediatricians-in-training, and faculty. We hope that you will find this clerkship challenging, interesting and fun.

The Committee on Student Education has tried to shape this clerkship to meet your educational needs, both for today and for the future. In introducing you to the field of pediatrics, we hope to help prepare you for a career in medicine in a world that is rapidly changing.

We trust you will enjoy your seven weeks with us. We hope the enthusiasm and interest that our faculty and staff bring to teaching will maximize your opportunities for learning along the way. Working with the children is the key to this clerkship and during your time with us, we encourage you to take every opportunity to talk and play with, to feed and care for, to watch and wonder at these special creatures. In the world of pediatrics, the children are the stars!

Committee on Student Education
Chairs:
Jeffrey Avner, MD & Miriam Schechter, MD, Co-Directors, Medical Student Education, Department of Pediatrics; Co-Clerkship Directors; Co-Site Leaders, Children’s Hospital at Montefiore.

Members:
Indira DasGupta – Site Leader, Montefiore-Wakefield Campus
Rachel Katz, MD - Site Leader, Jacobi Medical Center
Robert Katz, MD - Site Leader, Long Island Jewish/ Cohen Children's Medical Center of NY
Erika Regalado, MD - Site Leader, Bronx Lebanon Hospital Center
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**Purpose**

The clerkship provides the third year student with the opportunity to accumulate knowledge, develop skills and gain experience regarding well child care and the evaluation of pediatric medical problems. An emphasis is placed on determining normal from abnormal history and physical findings, logical selection of diagnostic studies, accurate reporting and recording of data and the development of management plans. The clerk should begin to appreciate the importance of longitudinal relationships and the impact of the physician-patient-family interaction on comprehensive care.

**RESOURCES FOR THE CLERKSHIP IN PEDIATRICS:**

During your pediatrics rotation, you will benefit from having access to a variety of textbooks and journals. Nowadays, the best place to access the most current information about a pediatric condition is on the Internet either at a direct source for a journal article or in an online textbook. However, beware of quoting (or using) information from just any website as it may be inaccurate and/or misleading. Textbooks are also helpful as a basic reference. Since textbooks are revised frequently, it may be easier (and more cost effective) to use textbooks in the Einstein, Hospital or Departmental libraries.

Below are some suggested resources for general pediatrics topics. There are, of course, many additional resources for each specific pediatric subspecialty.

**Pediatric Textbooks:**

There is a wide array of textbooks available in General Pediatrics. One that is especially designed for medical students is:

**Pediatrics for Medical Students** by Daniel Bernstein, Steven P. Shelov

Another excellent resource for the clerkship is:


In addition, students find the following review books useful:

**Blueprints in Pediatrics** by Bradley S. Marino, et al (Paperback)

**First Aid for the Pediatrics Clerkship**. By Latha Stead, et al (Paperback)

**Other pediatric texts that are of general interest:**

**2012 Red Book: Report of the Committee on Infectious Diseases** by the Committee on Infectious Diseases, American Academy of Pediatrics

**Atlas of Pediatric Physical Diagnosis** by Basil J. Zitelli, Holly W. Davis

**Bright Futures: Guidelines for Health Supervision of Infants Children and Adolescents 3rd edition** from the American Academy of Pediatrics (full text and pocket guide available online)

**Harriet Lane Handbook: A Manual for Pediatric House Officers** by Johns Hopkins Hospital, Jason Custer et al.

**Pediatric Clerkship Guide** by Jerold Woodhead

**Pediatric Primary Care** by Robert Hoekelman, et al

**Smith's Recognizable Patterns of Human Malformation** by Kenneth Lyons Jones, et al

**AAP Textbook of Pediatric Care**, Thomas McInerny, Henry Adam, Deborah Campbell, editors
LINKS TO THE FOLLOWING JOURNALS AND WEBSITES ARE AVAILABLE ON THE PEDIATRICS CLERKSHIP PAGE on eMED

**Journals**

Pediatrics  
Journal of Pediatrics  
Pediatrics in Review  
JAMA Pediatrics  
Pediatric Clinics of North America  
New England Journal of Medicine

**Online Resources**

- [http://www.immunize.org](http://www.immunize.org) (immunization resources)  
- [www.cdc.gov](http://www.cdc.gov) (includes immunization schedules, growth charts)  
- [www.brightfutures.org](http://www.brightfutures.org) (well child care)  
- [http://www.generalpediatrics.com](http://www.generalpediatrics.com) (pediatric topics only)  
- [www.uptd.com](http://www.uptd.com) (Uptodate)  

**APPS**

- ClinicCalc  
- e-Anatomy  
- Epocrates  
- Eponyms  
- EyeChartHD  
- Medscape  
- NEJM App  
- Peds Airway  
- Qx Calculate  
- Qx Read  
- Red Book  
- Resuscitation  
- Shots  
- Toxicology  
- WikEMv3

*In addition, there are dozens of review articles and articles of interest on a wide variety of pediatric topics on the clerkship eMed page.*
DESCRIPTION OF THE CLERKSHIP & EVALUATION PROCESS

OVERALL GOALS FOR PEDIATRIC CLERKSHIP

To provide the third year student with:

• An appreciation that pediatrics is concerned with the process of growth and development of children from birth to adulthood, and that this process, which occurs in a predictable pattern that is unique in each child’s case, evolves within the context of their families and ever-changing circumstances.

• A conceptual framework, which emphasizes the relationship between health concerns and family functioning, and the physician-patient-family relationship.

• An understanding of the role that advances in the field of molecular medicine plays (or will play) within the field of pediatrics, and the assistance this new field can provide in the diagnosis and treatment of childhood conditions.

• An introduction to systematic approach to problem identification, problem solving and decision making with respect to children’s health and illness.

• Recognition that the pediatrician requires a wide range of skills, including the ability to:

  1. Provide or obtain all levels of medical care

  2. Provide anticipatory guidance and counseling to promote wellness of both the child and the remainder of the family

  3. Facilitate the family’s ability to utilize the health care system and their own resources appropriately

  4. Counsel families concerned with basic areas of functioning (e.g., sleeping, eating, behavior, school, etc.) related to developmental stages, family functioning, changing circumstances and crises

  5. Advocate for families within and outside of the health care system and work collaboratively with them and others on their behalf
EDUCATIONAL OBJECTIVES FOR PEDIATRIC CLERKSHIP

General Clinical Skills:

By the end of this clerkship, the student will be able to:

1. Elicit a well organized, accurate, and appropriate history.
2. Perform an accurate physical exam appropriate to the age of the child.
3. Generate a differential diagnosis for commonly seen pediatric diseases.
4. Select appropriate diagnostic studies.
5. Interpret diagnostic studies.
6. Formulate a patient centered management plan.
7. Formulate a case summary.
9. Employ clinical literature and basic texts in analyzing and understanding clinical problems.
10. Present all pertinent patient oriented information effectively.
11. Communicate effectively with parents, patients, and families.
12. Demonstrate a fund of knowledge about the identified core conditions.
13. Establish productive, respectful working relationships with all health team members.
14. Educate colleagues about pediatric conditions and clinical questions.

Specific Pediatric Skills:

By the end of this clerkship, the student will be able to:

1. Distinguish between a well appearing child and one who requires immediate attention.
2. Differentiate the medical, emotional, and social needs of children of varying ages.
3. Recognize the common pediatric problems that require hospitalization.
4. Formulate the recommended pediatric clinical preventive services in a patient centered manner.
5. Evaluate the common problems found in children in an ambulatory setting.
7. Perform a normal newborn examination.
8. Illustrate the role that pediatricians and other health professionals play as advocates for children.

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CLERKSHIP SITE LEADERS

The role and responsibilities of the clerkship site leaders are as follows:

1. To coordinate and administer the third year student training program at the clinical site. As such, the clerkship leader is recognized as the authority for carrying out policies approved by and currently recognized and required by the chairman and medical school.

2. To troubleshoot all problems in the clerkship.

3. To act as a spokesperson to the problem student.

4. If necessary, to act as a spokesperson to the Dean of Students about a student who is having difficulty.

5. To participate in assigning the final grade with input from house staff and faculty.

6. To give feedback and constructive comments at the middle and the end of the clerkship to each student individually.

7. Identify to students who will be evaluating them and how.

Suggested meetings between site leaders and students:

1. Orientation for students to clinical site and responsibilities

2. Meeting with whole student group once per week

3. Constructive feedback sessions to students in the middle of the clerkship

4. Final feedback session with each student individually

STRUCTURE OF THE CLERKSHIP

Orientation to the clerkship takes place over the first two days of the rotation. This includes a general introduction to the clerkship, lectures and workshops on core pediatric topics, and site orientations. The 6 clinical weeks are divided evenly between inpatient and outpatient blocks at all sites. During the outpatient block, students will rotate through general pediatrics clinic, the well baby nursery, the emergency department, and some subspecialty clinics. There will be a half or full study day (depending on holidays during the cycle) on the day prior to the shelf exam, which is the final clerkship activity on the last day of the clerkship. There are a number of required clerkship activities and assignments for students at all sites as described below.
Third Year Student Role on the Inpatient Service

The student is an integral part of the Inpatient team, participating in all patient care activities, including:

- admission histories and physicals, and daily progress notes
- assisting house staff with procedures and gathering of lab results and consult opinions.
- participating in work rounds, attending rounds, x-ray conferences, behavior rounds, etc.
- providing emotional support for patients and families, including work with child life, social service and nursing staff.

The medical student should try to “carry” two to three patients. This means:
- obtain sign out from covering intern each morning
- talk to parent and examine the patient each day, usually before rounds,
- present the patient on daily rounds
- check all the pending labs on the patient,
- write the daily progress note, using the SOAP format (co-signed by intern)
- discuss the patient with consultants after discussion with resident
- accompany the patient to selected procedures or operations
- discuss results and plan with parent with intern or with resident present (at least at first)

The student should admit at least one patient per night on call. This means:
- the student should do the history and physical first under the supervision of the intern and/or resident
- the student should present the patient fully at attending rounds the next day
- student admission write-up cannot be the official admission form in the chart – the intern must do their own complete admission form and place it in the chart
- the student should develop a differential diagnosis based on order of likelihood
- student should read and research differential and management issues relevant to the patient, and present findings to the team

House staff responsibilities to the student include:
- teaching students core pediatric topics and information related to their patients
- keeping them informed of developments on their patients when student has been away
- allowing students to present their admissions on rounds
- allowing student to write notes
- allowing students to explain plans to parents whenever possible
- never sending students alone to procedures
- giving students feedback on notes and presentations
- allowing students to attend all teaching sessions for students (PBL, etc.)

Student responsibilities to house staff include:
- keeping the assigned intern / resident informed about lab results and changes in patient status
- letting house staff know when and where student is during duty hours (at PBL, etc.)
- informing ward team promptly when the student is absent due to illness

Scut Work:
The issue of “scut work” requires a balance between the student’s education and the realities of a busy ward. In general, students can be asked to help with scut work, but some educational use should be made of the results. The departmental policy is that students should not be expected to do excessive amounts of scut work. In the case of a needle stick, report directly to the ER or call the Needlestick Hotline beeper # on the back of the Einstein ID (917-729-0438)
STUDENT RESPONSIBILITIES

1. Promptness is required.

2. Write-ups: The student will be required to submit two patient care write-ups with complete discussions. (one inpatient and one outpatient case) These write-ups will be reviewed by the site leader and returned to the student. Write-ups will be due midway and at the end of the clerkship. Site leaders will provide the exact due dates.

3. Each student on the ward will fully work up at least one patient each on-call day.

4. All students will be required to write daily progress notes on their inpatients. These notes must be countersigned and reviewed by a house officer.

5. All students will present their own patients on rounds, on admission and for follow-up.

6. Students must attend all lectures and problem based learning sessions. A schedule will be handed out at orientation.

7. Students must prepare for problem based learning sessions, by researching their learning issues.

8. During the outpatient part of rotation, students will see patients and write notes, which must be co-signed.

9. Students are expected to be present every day of the clerkship. Students who have special circumstances requiring time off must obtain permission from the site leader who will determine if and when the day should be made up. If you are sick, you MUST notify Virginia Lee, Clerkship Coordinator, your site director, and the specific ward resident, clinic or ED attending at the site where you are assigned. Students who miss more than 5 days of the clerkship for any reason (illness, religious holidays, meetings, etc) will have to repeat the clerkship. Total number of absent days (that were not made up) will be recorded on the final student evaluation form. See Einstein attendance policy for further information on eMED.

10. Attendance at all clerkship activities, during hours specified by the site leader is mandatory. Students are required to be present for a full work day, unless an absence or early dismissal has been approved by the site leader or clerkship director.

11. All course requirements, including write-ups, CLIPP cases, OCE, and patient logs must be complete and submitted by the last day of the clerkship, before the shelf exam, in order to sit for the exam.
PATIENT LOGS

REQUIRED CONDITIONS:
1. Abdominal pain
2. Abuse, child
3. Altered mental status/lethargy
4. Anemia
5. Asthma
6. Behavioral issue
7. Bronchiolitis
8. Cough
9. Developmental problem
10. Diarrhea
11. Dyspnea/respiratory distress
12. Failure to thrive/poor weight gain
13. Fever
14. Gait abnormalities/musculoskeletal pain
15. Health care maintenance (<1yr)
16. Health care maintenance (1-4yr)
17. Health care maintenance (5-12yr)
18. Health care maintenance (12-21yr)
19. Lymphadenopathy
20. Neonatal jaundice
21. Otitis
22. Rash
23. Rhinitis
24. Sore throat
25. Vomiting

MINIMUM REQUIRED NUMBER OF ENTRIES ON CONDITIONS LOG: 35
MINIMUM REQUIRED NUMBER OF PATIENT ENCOUNTERS (PARTICIPATED): 25

REQUIRED PROCEDURES (all are to be performed, except #3 to be observed):
1. Anthropometric assessment
2. Counseling, anticipatory guidance
3. Counseling, breastfeeding (observe)
4. Counseling, establish confidentiality
5. Counseling, immunization
6. Counseling, nutrition/exercise
7. Developmental assessment
8. Exam, newborn
9. HEADDSS examination

INSTRUCTIONS:
1. Log all patients in the Conditions/Procedures Log (even with diagnoses other than the required ones-just use “other” and write diagnosis).
2. Any condition not covered by patient care must be covered in an alternate experience (PBL, OSCE, CLIPP, case conference, etc) and logged separately in the Alternative Experience Log.
3. Log all required procedures in the Conditions/Procedures Log.
4. More than one condition and/or procedure may apply to a single patient.
5. Logs will be reviewed at the midcycle and end of cycle feedback session with the site leader. Bring a print out of the log summary to the meetings.
6. Logs must be complete by noon on the day prior to the shelf, otherwise student will not be permitted to take the exam.
7. A comprehensive manual on the use of the patient log is available on eMed.
CLERKSHIP ACTIVITIES & ASSIGNMENTS

1. PROBLEM BASED LEARNING SESSIONS

Students will participate in problem based learning case discussions. These small group sessions will take place at each site once or twice a week for the entire rotation. All groups will cover the same 6-7 cases. These cases are real cases, which were selected to cover crucial areas outlined in the national COMSEP pediatric curriculum. The groups will be student-centered, and will use a two-part format: the first day students will discuss the history and physical, identify possible diagnoses, and identify where they need more information in order to proceed with the case. The group will then end the first session with each student having chosen a learning issue to look up. The group will reconvene several days to a week later to bring back the information they have gained and to discuss the case in light of that information. They will then receive lab data and the conclusion of the patient’s case.

Students will not be judged based on how much they know initially in these cases, but on the quality of their participation (helpful to others, thoughtful questions, clinical reasoning, etc.) and the quality of the research they do in between sessions, and how they integrate their information back into the group discussion (not just giving a mini-lecture). Faculty for the sessions have received specific training in how to teach in a problem based learning format, and are interested in student suggestions and feedback.

2. OBSERVED STRUCTURED CLINICAL EXERCISE (OSCE)

On a single day, midway through the clerkship, all students will participate in a standardized observed structured clinical exercise (OSCE) at the Clinical Skills Center. There will be two stations, each teaching different pediatric skills. The student will receive formative feedback from the standardized patients and attendings on his/her performance and will also do a self-assessment. This exercise is for teaching and feedback purposes only. The student is not graded on his/her performance nor does it contribute to the final clerkship grade. Site leaders will provide specific details regarding the date and schedule for the OSCE.

3. COMPUTER-ASSISTED LEARNING IN PEDIATRICS PROGRAM (CLIPP)

These are on-line interactive pediatric cases, which students will do individually. The content of the approximately 30 cases covers the entire national Council on Medical Student Education in Pediatrics clerkship curriculum. The CLIPP cases are used by most clerkships across the country. All students will be required to work through 6 of these cases, one per week, over the course of the clerkship. Case assignments will be made by the site leaders. The cases will help balance the case mix across sites and should be included in the patient log.

As students work through the case, they will have the opportunity to answer questions, produce a differential diagnosis, get expert opinions, access links to resources and print out a key teaching point summary for each case. Students will be required to compose a summary statement for each case. Students are welcome to do as many extra cases as they like for their own enrichment. Site leaders are able to track students’ cases and will monitor them to assure the required cases were completed in a meaningful way. They will not be grading students’ answers.
Access the CLIPP cases at www.med-u.org. Select “Register” in the top right corner. Fill in your name and Einstein email address. A password will be emailed to you. Once registered, you can log in and select “Go to Cases” to start.

4. OBSERVED CLINICAL ENCOUNTER

The observed clinical encounter (OCE) is a requirement of all clerkships. During the OCE you will be directly observed by a faculty member designated by your site leader. You will receive immediate feedback on your performance based on the school’s evaluation form included in this manual. In addition, you will complete a self-assessment (form also in this manual) to compare to the attending’s. The OCE is intended to provide formative feedback only. It must be completed but the evaluation is not part of your final clerkship evaluation or grade.

5. COMSEP CLINICAL PROBLEM SETS

COMSEP (The Council on Medical Student Education in Pediatrics) has clinical problem sets on a number of pediatric topics. These are available on the clerkship page on eMED. This collection of clinical vignettes will be used at all sites to teach key topics such as Health Supervision, Growth and Development, Behavioral Problems, Nutrition, Adolescent Care, Newborn Care, etc. Site leaders will provide details on scheduling and assignments.

6. WRITE-UPS

Two write-ups are required during the seven-week rotation. Some sample write-ups may be found on the clerkship page on eMED. Students are strongly encouraged to look at the samples to familiarize themselves with the expected format.

Suggested format for required write-ups in Pediatrics:

1. History and physical should follow the format outlined in this syllabus. For outpatient write-ups it is acceptable to note “unavailable” for aspects of the family or social history that were not covered.

2. A growth chart with height and weight plotted should be handed in for each patient or percentile should be recorded with the physical exam. A head circumference should also be plotted for all patients under 2 and all neurology patients and BMI plotted for patients > 2 years.

3. All admission labs and radiological studies should be listed at the end of the physical and abnormal results should be identified. If any are still pending it is appropriate to list them as such.

4. A succinct summary statement follows that includes pertinent positives and negatives from the history, physical exam and labs as well as the reason for admission or outpatient visit.

5. The problem list includes all active issues for the patient.

6. Next should follow a reasonable (for this patient) list of differential diagnoses for the main problem, listed in order of likelihood.

7. The assessment consists of a discussion of each entity in the differential diagnosis. Each diagnosis should have a descriptive paragraph about the condition (can include epidemiology, clinical presentation, etc), then in italics an evaluation of what aspects in the history, physical exam and labs support or do not support this as the likely diagnosis. This is the crucial portion of the write-up as it demonstrates your level of clinical reasoning.
8. Molecular Science: Write 1-2 paragraphs on the “basic science” involved in your patient’s disease, or in any one of the diseases listed in your differential diagnosis. This discussion should address the disease on the cellular or molecular level (not pathophysiology or epidemiology) and should be a revisit to the material you learned in your preclinical courses. The objective is to recognize the connection between basic science and clinical medicine.

9. The plan lists what will be done for the patient including the work-up and treatments the patient will get and why you have decided upon this option. For example: what is the purpose of ordering a specific test, what are you covering with a specific antibiotic, or why a patient should be kept NPO.

10. If available, conclude with any follow up (i.e. lab results) or hospital course.

11. Include a complete list of references and appropriate citations. You are expected to use textbooks, review articles and primary sources (not just Up-to-Date) for this assignment.

**OUTLINE OF PEDIATRIC HISTORY**

The pediatric history is similar to the general adult history as taught in physical diagnosis. Special attention is paid, however, to development and psychosocial issues and also to the focus of both the history and physical changes with the age of the child. The format is as follows:

**Chief complaint:**
This should be a brief statement, which includes identifying data (i.e., age, sex, race number of hospitalizations) and presenting complaint. The latter is usually best presented as a directed quote from the patient or informant explaining why the child was brought to the hospital.

**Informant:**
Identify the person (usually a parent) who is providing the history, state whether an interpreter was used and give your assessment of the reliability of the informant.

**History of Present Illness:**
Relate history chronologically. Be as complete as possible. If illness is chronic, include information about initial presentation, course, response to medications, etc. If appropriate, a brief summary of the ED course can be provided after the HPI. Conclude with a clear statement as to the reason for admission.

**Past Medical History:**
Include information about all significant illnesses, operations, accidents, common childhood diseases, hospitalizations. Also be sure to record name of the child’s regular health care provider (this person is to be contacted and informed of hospitalization).

**Medications:**
Include all medicines the child is taking, including OTC medications. Include dosages for all medications.

**Allergies:**
Include allergies to medications, foods, environmental allergens. Include specific reactions.

**Birth History:**
Note birth weight, gestational age, and type of delivery, place of delivery, age and parity of the mother, maternal complications (gestational diabetes, hypertension, abnormal maternal labs, etc.), prenatal complications and baby’s age at discharge.
Feeding History (include for infants and toddlers):
Methods of feeding (breast formula), amount and frequency of feedings, when and which solids were started and present diet.

Growth & Development:
Note when child first smiled, rolled over, reached for objects, sat up, crawled, pulled to stand, walked with and without support, first tooth, weaned from bottles, first words and sentences, was toilet trained. Often parents will not remember exact age at time of these milestones but will be able to state whether child seems equal to siblings, cousins, etc. in development. Assess from your own observations and parental report current achievement of age appropriate developmental milestones. Again, tailor this to the child’s age. Adolescents do no need in depth development histories. For infants and toddlers, note weights at 6 months, 1 year and yearly if parent remembers. Ask about habits (thumb sucking, nail biting, etc.), and problems related to eating, sleep, fears, school and behavior.

School History:
What school and grade; is it age appropriate; if not, why not and has child been evaluated for learning disabilities? Does the child like school?

Immunization History:
Ask to see the child’s record and record the date of each immunization - DO NOT accept the parents’ word (they may not know when the shots are due) and DO NOT write “up to date”. If immunizations have been delayed, state the reason. If the immunization history is not available, report what vaccines the patient should have received and at what ages, based on his/her current age.

Menstrual History (if appropriate):
Note menarche, regularity, and character.

Social History:
Include family make-up; living situation (are parents together? if not, is father involved? etc.); living conditions (heat, hot water, peeling paint, presence of window guards); child’s care taking arrangements, parent’s occupations, etc. Ask about play habits, friends, hobbies.

For adolescents, after explaining confidentiality, use the HEADDSS format (Home; Education; Activities; Drugs; Depression; Sexuality; Safety) as discussed at orientation to document the social history. This is essential for adolescent patients. They may be reluctant to answer any questions - a nonjudgmental approach without parents present is needed. It may be necessary to gather this history at a time other than admission, after the patient trusts you.

Family History:
Include pedigree (family tree) with 3 generations, listing all positives and negatives regarding history of genetic disorders, congenital malformations, mental retardation, neurologic / psychiatric disorders, asthma, allergies, CV, renal and hematologic disease, diabetes, and cancer.

Review of Systems:
Be complete but tailor your questions to the age of the child (for example, to illicit a history of CHF in an infant, it is useless to ask about two flight dyspnea or exertion. Instead, ask whether the child appears short of breath or sweaty when he drinks from a bottle). Also think about which symptoms can and can’t be reported based on the child’s age or developmental level- i.e. realize that infants and young children can’t report dizziness, nausea, headache, cold intolerance, etc).
PHYSICAL EXAM

The format for writing up the pediatric physical is basically the same as for the adult. Make sure however, to include the portions unique to the assessment of infants, children, and adolescents (i.e. red reflex, fontanelles, hips, Tanner Stage). Some important points to remember:

1. Start with a general statement describing the overall condition (not just “WD / WN”, but something like: an ill appearing infant, crying weakly but consolable”)
2. Include height, weight and head circumference (<2 yrs) or BMI (>2 yrs) and percentile ranks with vital signs.
3. Because of lack of cooperation, it may not be possible to successfully complete all parts of the examination. This usually means the fundi are not visualized. If there is no specific reason (i.e. seizure, child abuse) that makes the imperative, it is acceptable to write, “not visualized” - but red reflexes must be noted. (It is not acceptable to write, “heart sounds not appreciated secondary to crying” - go back later when the child is sleeping again!).
4. The need for rectal and pelvic examinations changes with the age of the child. It is not necessary to do complete cranial nerve examinations, etc. on most infants - it is more important to note tone, suck, cry, primitive reflexes, etc. (You will be taught how to do the examination during the rotation).

SUMMARY STATEMENT, PROBLEM LIST, and DIFFERENTIAL

Finish your history and physical with a complete but succinct summary statement. Include only the most pertinent positive and negative findings from the history, physical and labs. (epidemiology and key clinical features). Use semantic qualifiers to condense information.

Compose a problem list. All problems elicited should be included, even if they are not related to the initial presenting complaint.

Next list a differential diagnosis, appropriate for the specific patient (not exhaustive). The second half of the write-up is a description and discussion of each item on your differential as described in #7 above.

CONCLUSION

Document the plan, by problems. For example - Patient is an 18 month old admitted for asthma who also has eczema. You have also elicited a history of pica. Problem list is as follows:

1. Asthma - In moderate distress. Pulse ox on rm air = 92%, RR-45
   Plan: 30% oxygen to maintain pulse ox > 95%
   Albuterol via nebulizer q 2 hr
   Prednisone 2mg/kg/d - Prelone syrup 15mg/5cc; 1tsp bid x 5 days
2. Eczema – Mild, involves mainly hands and face
   Plan: Eucerin Cream bid
   Hydrocortisone Cream 1% to face bid
3. Pica - Patient noted to eat paint chips
   Plan: CBC, serum Pb sent
4. Well Child Care - Followed by Dr. Jones. All immunizations complete.
   Plan: Notify Dr. Jones of Admission and schedule a follow-up appointment one week after discharge.

REFERENCES:
Cite all references. Use a variety of resources (not just UptoDate. DO NOT CUT AND PASTE (plagiarize) from your sources. Paraphrase information for your differential discussion.
EVALUATION PROCESS FOR THE PEDIATRICS CLERKSHIP

I. Feedback

Feedback on performance is considered an extremely important part of the process of this clerkship. This feedback will have several specific components.

a. Ongoing feedback by house staff and attendings while part of ward team and by supervising attendings in the outpatient settings.

b. Midpoint feedback session: Midway through the rotation (after the third week) the clerkship site leader will meet with the students individually to monitor progress on completion of required clerkship assignments; review the patient log; discuss evaluation and progress thus far; and develop individual learning goals for the remainder of the rotation.

c. At the conclusion of the clerkship, the clerkship site leader will individually discuss the student’s performance. This feedback will be based on information available at the time but will not include the final grade for that student. This will not be possible until all evaluation data has been received from all faculty and house staff, and exam results are back.

II. Evaluation of Performance

a. Evaluation of history and physical examination skills is done through direct observation by housestaff and faculty. This will take place during the inpatient and ambulatory experiences.

b. Clinical reasoning ability will be evaluated by faculty and house staff, with specific attention to this on rounds and by site leaders reviewing the write-up assignments.

c. Knowledge base will be evaluated by housestaff and faculty in all clinical areas.

d. Cognitive knowledge will also be assessed through a written examination given at the end of the clerkship.

e. Attitudes and professionalism will be evaluated by all supervising housestaff and faculty in all areas.

f. Written evaluation, using the new Einstein student clinical evaluation form will be completed by all house staff and faculty who have had contact with the student. These completed forms will be sent to the clerkship site leader and will become part of the material used to develop the final grade for the clerkship.

g. Each outpatient preceptor will complete an evaluation of his or her preceptee.

h. The PBL facilitator will provide an evaluation of performance in PBL.
III. DETERMINATION OF FINAL GRADE

The final grade will be a composite of 3 major areas:

1) Clinical performance / achievement of competency levels, based on evaluation forms and comments from direct supervisors as described above.
2) Other graded components including write ups and PBL
3) Shelf exam grade

The final grade is determined by the Student Education Committee, which includes all the site leaders, based on the student’s complete performance portfolio.

IMPORTANT POLICIES:
*All course requirements, including write-ups, CLIPP cases, OCE, and patient logs must be complete and submitted by the last day of the clerkship, before the shelf exam in order to sit for the exam.

* Attendance at all clerkship activities, during hours specified by the site leader is mandatory. Students are required to be present for a full work day, unless an absence or early dismissal has been approved by the site leader or clerkship director. Any unexcused absence may result in disciplinary action.

*A significant breach of professionalism during a clerkship obviates an Honors grade. Other consequences may include lowering of a final grade, dismissal from the clerkship, and/or referral to the Promotions Committee.

1) CRITERIA FOR A GRADE OF “PASS”
   • Student meets competency standards in all evaluated areas.
   • Student achieves a grade >5th national %ile on the NBME Subject (Shelf) exam; for 2013-14 this is >63.

2) CRITERIA FOR A GRADE OF “HIGH PASS”
   • Student exceeds competency standards in the majority of evaluated areas.
   • Student achieves a grade >30th national %ile on the NBME Subject exam; for 2013-14 this is >71.

3) CRITERIA FOR A GRADE OF “HONORS”
   • Student far exceeds competency standards in the majority of evaluated areas
   • Student achieves a grade > 65th national %ile on the NBME Subject exam for 2013-14 this is >79

NOTE: A student who clearly far exceeds competency standards in the majority of evaluated areas but has a shelf score >5th %ile and < 30th %ile, may be eligible for a HIGH PASS grade. These situations will be determined on an individual basis by the Committee.

4) A GRADE OF “INCOMPLETE”

If required assignments, including the exam, have not been completed during the clerkship, due to extenuating circumstances (approved by OSA and/or clerkship leadership), OR, if the student fails the exam, the student will receive a grade of INCOMPLETE until the work is done or the exam is passed.
According to Einstein’s bylaws, a student who fails the shelf exam, is not eligible for a final grade of Honors. The student must pass the shelf on the second attempt to complete the clerkship. Per clerkship policy, a student who has to retake the exam because of a prior failing grade is only eligible for a final clerkship grade of PASS. If the student fails on the second attempt, the clerkship must be repeated.

Students who fail the exam may retake it with the next clerkship group. They must contact the Office of Student Affairs first, then Gayon Burford at 718-741-2495, or via email at gburford@montefiore.org, as soon as possible to confirm the test time and date. Students who fail the exam are urged to seek assistance from the Office of Student Affairs. The site leaders are also available to help tutor their students who have failed the exam.

STUDENTS IN DIFFICULTY:

Students having difficulty during the clerkship will be identified to the clerkship site leader who will handle the situation with each student on a case-by-case basis. This includes any student who appears not to be meeting expected competency standards or the requirements for the clerkship. The site leader will attempt remediation. The clerkship directors and the Office of Student Affairs will be notified at the discretion of the clerkship site leader.

APPEAL PROCESS FOR STUDENT GRADES IN THE PEDIATRICS CLERKSHIP

1. Students who have questions regarding their clerkship grade should first contact the site director for their rotation.

2. The site director will meet with the student and review his / her entire performance portfolio, including evaluations, patient write-ups, etc. and discuss how the grade was determined.

3. If the student still has questions regarding the grade, he / she should submit a written appeal via email to Dr. Jeffrey Avner & Dr. Miriam Schechter, Co-Directors of the Pediatric Student Education Committee explaining why he / she believes that the grade was not a fair assessment of his / her performance.

4. The full committee will then meet to review, in detail, the student’s entire folder and the student’s letter of appeal, discuss the appeal, and make a decision.

5. An email response reporting the decision of the committee will then be sent to the student.

WE HOPE YOU ENJOY THE CLERKSHIP AND THE CHILDREN AS MUCH AS WE DO!

PLEASE SEE YOUR SITE LEADER FOR ANY QUESTIONS, CONCERNS, OR ISSUES YOU MAY HAVE SO THEY CAN BE ADDRESSED AS SOON AS POSSIBLE.