Pediatrics Clerkship
Overall Structure

• Outpatient Pediatrics
  • 2 weeks General Pediatrics Clinic
  • 1 week subspecialty training (may include some inpatient responsibilities)

• Inpatient Pediatrics
  • 2 weeks General Inpatient Pediatrics
  • 1 week PICU

• Newborn nursery/NICU (2 weeks)
Daily Schedules

Outpatient Pediatrics

- General Pediatric Clinic
  - Morning Report @ 8am
  - Clinic begins @8:45 – 9:00 and ends @5:00 pm with an hour break for lunch.
  - Typically see 3-4 patients in each half day
  - One-on-one work with attending while learning patient care.

- Subspecialty Week
  - Left up to the discretion of the subspecialist
  - No call during these 3 weeks
Daily Schedule

Inpatient Pediatrics

- General Pediatric Wards
  - Check In/Out @ 6:30 am
  - Morning Report @ 8am - 8:30 am
  - Attending Rounds 9:30 am until finished
  - Patients are seen with residents and are presented by the students
  - Additional time is used for attending or resident learning topics, new admissions, or self study
  - Students are to stay until check-out @ 5 pm

- PICU
  - Left to attending discretion, but very similar to General Inpatient Pediatrics

- Call during these 3 weeks includes 3 week days (M-F) and one weekend (Sat or Sun)
  - Post call students are allowed to leave @ noon if they desire
Daily Schedule
Newborn Nursery/NICU

- Students see patients and write notes prior to Morning Report @ 8am
- NBN Rounds @ 9am – 10:30am
- NICU Rounds 10:30am- noon
- Afternoons are for attending deliveries and self study
- Typically cover 2-5 patients total, but participate in all rounds
- Home Call shared equally among all students on the rotation at that time, and one weekend.
RPCT

- Only for 6 weeks
- Often 4 weeks separated by 2 weeks
- The 4 week portion
  - 2 weeks NBN/NICU
  - 2 weeks Wards
- The 2 week portion
  - 2 weeks of clinic
- No subspecialty or PICU week
Objectives

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.

- Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.

- Development of competency in the physical examination of infants, children and adolescents.

- Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illness.

- Development of clinical problem-solving skills.

- An understanding of the influence of family, community and society on the child in health and disease.

- Development of strategies for health promotion as well as disease and injury prevention.

- Development of the attitudes and professional behaviors appropriate for clinical practice.

- An understanding of the approach of pediatricians to the health care of children and adolescents.

- To obtain a pediatric knowledge base sufficient to pass the NBME.
Core Content

- Medical knowledge
- Patient care
- Practice-based learning
- Interpersonal communication
- Professionalism
- Systems-based Practice
Teaching Methods

- Clinical patient care with formal and informal rounds
- CLIPP
- Lectures (Only on Wednesday afternoons except for one or two Wednesdays/period that are all day)
- Home topics for research and presentations
- Human Simulator Lab
- Case based discussion 2-3 times per period
- Morning Report/Grand rounds
Evaluation/Grading Methods

- Evaluations from attending and residents [20%]
- Weekly quizzes (based on assigned CLIPP cases) [25%]*
- Oral Examinations [10%]
- Structured Clinical Examinations [15%]*
- NBME [30%]
  - No minimum score required on shelf to make an A
- Required to complete BINGO Card of diagnosis to complete the course
  *Areas for potential independent learning
### Bingo Card (Diagnosis Card)

<table>
<thead>
<tr>
<th>Abdominal Pain</th>
<th>Rhinitis</th>
<th>Wheezing/Respiratory Distress</th>
<th>Constipation</th>
<th>Dehydration</th>
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<thead>
<tr>
<th>Dermatitis</th>
<th>Diabetes</th>
<th>Growth Disorder/Failure to Thrive</th>
<th>Fever/Sepsis</th>
<th>Gastroenteritis</th>
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<thead>
<tr>
<th>Headache</th>
<th>Heart Murmur</th>
<th>Otitis Media</th>
<th>Rhinovirus</th>
<th>Pneumonia</th>
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<thead>
<tr>
<th>School Problems</th>
<th>Seizure</th>
<th>Upper Respiratory Infection</th>
<th>Urinary Tract Infection</th>
<th>Eye Problems</th>
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<tr>
<th>Normal Newborn Care</th>
<th>Traumatic Injury/Child Abuse</th>
<th>Prematurity</th>
<th>Well-Child Care</th>
<th>Feeding Problems</th>
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**PEDIATRIC DIAGNOSIS**

Your goal is to be involved in the care of a patient with these 25 diagnoses. When you encounter a patient with one of these diagnoses, please enter the following information in the appropriate space.

- Patient Initials
- Patient Age
- Chart or Medical Record #
- Date
- Resident/Attending Initials

Space is provided on the back of this card to enter additional diagnoses. Completion of all 25 diagnoses in the grid will result in an additional 1-point to your final grade.
Summary of Student Feedback

- Students are very praiseworthy of resident participation
- Attending teaching and personal time is great
- Less reading assignments
- Better evaluation system
- More shelf preparation
- Improved didactic presentations
- Overall more FEEDBACK!
3 Clerkship Strengths

- Wonderful Faculty that take great pride in teaching students and give the students a lot of one-on-one time
- Diversified Experience
- Scores are usually around 5 points higher than the national mean on the NBME
- Structured clinical exam
3 Weaknesses

- Limited space for learners
- Poor student feedback from attendings
- Lack of patient diversity
3 Areas with Potential for Growth

- Improvement for evaluation of students with more feedback for students
- Improvement for lectures with emphasis on a more standard curriculum and attending participation
- Plenty of diversity in the area (i.e. health department)