Pediatric Clerkship

Department of Pediatrics
MS 313
2019-2020

Clerkship Director: Rachel Thompson MD
Associate Clerkship Director: Elizabeth Yellen MD
Clerkship Coordinator: Thérèse D’Agostino
Pediatric Syllabus

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The pediatrics clerkship does not have access to a scrubs card.

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Needle Sticks and Exposure Procedure
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<tr>
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<tr>
<td><strong>B</strong> - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</td>
<td>B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)</td>
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<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
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<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
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<td>B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5)</td>
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<td><strong>U</strong> - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)</td>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
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<td>U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)</td>
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<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
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<td>U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)</td>
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<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
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<td>U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
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<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
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<td>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
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<tr>
<td></td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
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<td>U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
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<td><strong>C</strong> - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</td>
<td>C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)</td>
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<td>C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
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<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
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<td>C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
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<td>C.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)</td>
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<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
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<td>C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)</td>
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<td>C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3)</td>
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<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
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| **A - Acts in accordance with highest ethical standards of medical practice (Professionalism)** | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| **R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)** | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| **E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)** | E.1 - Identify strengths, deficiencies, and limits in one’s knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| **S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)** | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Third Year Learning Objectives
During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicate effectively with the interprofessional team (S.9)

Pediatric Clerkship Learning Objectives (note correlation to Third-Year Learning Objectives and C-SEF)

- Communication Skills:
  - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families. (B.2, B.3, B.4, U.2, C.4, C.7, A.2, A.3, S.5)

- History & Interview:
  - Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health (B.1, B.2, B.3, B.4, U.2, U.6, C.1, C.4, C.7)
  - Understand basic developmental screening of children, gain comfort in interacting with children and the families of children with intellectual and/or developmental disabilities, and begin to recognize signs for referral for developmental consultation and intervention. (B.1, B.4, C.4, C.7, S.1)

- Physical Exam
  - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (U.1, U.2, C.1)

- Data Synthesis
  - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence (U.4, U.7, R.1, R.2)

- Oral Presentations
  - Perform effective oral presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient. (U.7, C.5, C.8)

- Patient Education
• Discuss strategies for health promotion as well as disease and injury prevention (e.g. screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence) (B.1, B.4, C.2, C.3, C.4, R.1)

• Written Documentation
  o Demonstrate skills of written documentation that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient. (C.5, C.6, C.8)

• Medical Knowledge
  o Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia (U.3, U.4, U.7)
  o Apply basic knowledge of growth and development (physical, physiologic and psychosocial) to the care of patients from birth through adolescence (including attention to the pediatric developmental milestones and impact of illness and psycho-social factors on growth and development) (U.4, U.8, U.9)

• Self-Directed Learning
  o Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback. (B.2, A.5, A.6, E.3, E.4, E.6)

• Professional Responsibility
  o Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility. (B.3, C.8, A.1, A.3, A.4, A.6, E.6, S.4)

• Teamwork
  o Develop an understanding of and then practice the collaborative approach of pediatricians to the health care of children and adolescents in the outpatient, inpatient and emergency department settings (B.3, C.3, C.5, C.8, A.5, S.4, S.5, S.6, S.9, S.10)
Contact Information

**Clerkship Director**
**Rachel Thompson, MD**
Director of Medical Student Education in Pediatrics
Telephone: (617) 414-2569
Email: Rachel.Thompson@bmc.org
Pager: (617) 638-5795, Beeper #8147
Office: Dowling 3 South, Room 3414

**Associate Clerkship Director**
**Elizabeth Yellen, MD**
Associate Director of Medical Student Education in Pediatrics
Telephone: (617) 414-4841
Email: elyellen@bu.edu
Pager: (617) 638-5795, Beeper #2845
Office: Medical Education Office, A Building, 3rd Floor

**Clerkship Coordinator**
**Thérèse D’Agostino**
Telephone: (617) 414-5576
Email: tad3@bu.edu
Office: Dowling 3 South, Room 3417
Office Hours: 8:00am-4:00pm
Clerkship Description

Focus of clerkship
Pediatrics is a complex and exciting field of medicine where you will be pushed to integrate knowledge from across the first two years of medical school into the care of patients from birth to age 22. Some days you will need to recall genetics and embryology while others you may be caring for adolescents with more “adult” pathology. Pediatrics is also a rotation where you will be pushed to hone your clinical and communication skills, with an emphasis on relationship building with your patients & their families, and adapting both physical exam techniques and communication to age-appropriate and knowledge appropriate levels. If you bring to this clerkship an attitude of enthusiasm, creativity, professionalism and resourcefulness, you are already well on your way to succeeding in the rotation.

As you engage in your clinical medicine training, we hope you will embrace opportunities to be a self-directed learner and an educator: recognizing areas where you need and want new knowledge and sharing that information back with your peers, residents and faculty. There are many formal and informal opportunities for engaged learning during the clerkship.

- The residents and pediatric faculty are wonderful resources for questions you may have, and can also direct you to online and printed resources.
  - Please see the syllabus “Learning Strategies and Tools” section for commonly referenced pediatric resources.
  - References to commonly used point of care websites are linked from the Pediatric Clerkship Blackboard homepage
- The required clerkship core lecture series occurs weekly on Tuesday afternoons. These didactics have varied format (case-based, small group and team-based sessions). Some lectures have pre-class reading or assignments. These are listed on the core lecture schedule and reminders are sent in the “weekly bulletin.” During these sessions, we aim to cover both core knowledge areas that are tested on the shelf as well as clinical skills fundamental to the practice of pediatric medicine.
  - Lectures have been recorded and are available on Blackboard Learn. (learn.bu.edu)
- The clerkship also provides you with access to the Computer-assisted Learning in Pediatrics Program (CLIPP) cases via Aquifer. Students can access these cases at http://www.med-u.org/clipp. These are online case-based modules about pediatric patients designed to teach skills of medical decision making in addition to enhancing your medical knowledge of pediatrics.
  - You are strongly encouraged to do these cases in “real time” alongside the relevant clinical learning environment where you are scheduled to work
- Opportunities for interprofessional experiences will occur throughout the clerkship and are an important component of pediatric care. During the clerkship you will likely be working with nursing students along with nursing staff, nurse practitioners, child life specialists, social workers, respiratory therapists, and likely many other disciplines as well. Please capitalize on these experiences by asking questions to learn about their role and unique skills sets that are key in the care of pediatric patients.

Pre-requisite knowledge and skills
Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.
Site Information
Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office’s Student Resources page at http://www.bumc.bu.edu/bscm/education/medical-education/student-resources/#siteinfo.

Alan Bulotsky and Associates (Mark Hausman, MD)
201 Quincy Street
Brockton MA 02302
Site Director: Mark Hausman MD, (508) 584-1890 mhausman@massmed.org

At this site you will work closely with Dr. Mark Hausman for approximately two weeks in a busy outpatient pediatrics practice seeing a variety of general pediatric conditions as well as well child and adolescent visits.

Beverly Hospital
85 Herrick Street
Beverly, MA 01915
Site Director: Allison St. Marie MD, (978) 922-3000 x5437, allison.ste.marie@childrens.harvard.edu
Site Administrator: Carmen Cuascut, (978) 922-3000 x5437, Carmen.Cuascut@childrens.harvard.edu

DAY 1: First Tuesday of rotation (or day after orientation if orientation not on a Monday).

Time: 7:45 AM Sharp

Report to: When you enter the hospital, you will be greeted by our access services representatives who will direct you to our pediatric office located on the 5th floor of the Johnson building conference room. Report to the J5 Conference Room (5th floor, Johnson Building, by the nurses’ station) and ask for Carmen Cuascut’s office. You may park anywhere, but it is recommended that you park in the Garage.

SITE DESCRIPTION
Beverly Hospital is a 227-bed facility that serves the healthcare needs of residents of Beverly and its surrounding communities. Through collaboration with Children's Hospital Boston, Children's physicians located on site at Beverly Hospital coordinate both inpatient care and outpatient emergency services for pediatric patients. Children's physicians work in conjunction with Beverly Hospital's primary care physicians to care for children who need emergency services or inpatient hospitalization. Should a patient require hospitalization, we have a bright and sunny 11 bed inpatient pediatric unit. The Pediatric team also cares for Newborn Nursery infants whose future care will be provided by those physicians who do not round in the nursery at Beverly Hospital. Special features of the newborn service include Beautiful Beginnings, the North Shore Birth Center, a breastfeeding program, and a Doula Program. Children's Hospital neonatologists provide medical care for sick and premature newborns in the Beverly Hospital's Level II Special Care Nursery. Within the hospital’s Emergency Department, there is a Pediatric Emergency Service to provide care for children less than 19 years of age. The Children’s Hospital physicians perform routine urgent care and trauma care, including laceration repair and sedation for fracture reduction. They also stabilize acutely ill patients prior to transfer to a tertiary facility if necessary.

The outpatient experience will include six half-day sessions at Beverly-affiliated pediatrician’s offices. The hospital-based portion of the rotation will integrate nursery, inpatient, and Emergency Room experiences. There is opportunity for pediatric subspecialty exposure as well. Students need a car for this rotation. During the pediatric clerkship, two students can rotate at Beverly Hospital.
DIRECTIONS & PARKING

By Car: Take 93 North (or Route 1 North) to 128 North towards Gloucester. Take 128 to exit 19. Off of exit 19, go straight until you pass Beverly High School. Make a hairpin left turn at that light onto Herrick Street. Turn right into the main entrance to the hospital. Once you arrive at Beverly Hospital, you may drive directly to the Main Outpatient Entrance where there is free valet parking available, or you may drive directly to the free parking garage and park your vehicle there.

Beverly Hospital to Cape Ann Pediatrincians: (Drs. Orr, Carbone, Stockman)
Go from Hospital, left out Herrick Street, and right back onto Sohier Road. Bear right onto Route 128 entry ramp. Take 128 North to rotary (12 miles). At Grant Rotary, take 3rd exit onto Washington Street. Go 0.3 mi on Washington Street to Addison Gilbert Hospital, at 298 Washington Street, Gloucester, MA. Phone: (978) 283-5079

Beverly Hospital to North Shore Pediatrics (Danvers): (Drs. Garg, Matthews)
Turn right from hospital onto Herrick Street. Continue on Herrick Street through neighborhood. Turn left onto Brimbal Ave. Turn right onto entryway for 128 South. Take 128 South to Exit 22 Danvers (Rt 62)/Middleton. Turn left at State Rd 0.1 mi. Turn right at Elliott Street 0.2 mi, bear left at Conant Street. Continue onto Poplar Street (0.6mi), continue onto Maple St (0.1mi). Turn right at Burley Ave. Turn left at Lindall Street: 80 Lindall Street, Danvers, MA 01923. Phone: (978) 750-1966

MBTA: Take the commuter train, Rockport Line, out of North Station to Beverly Station. If you get the 6:48 AM train out of the North Station, you will get to Beverly Hospital by 7:18 AM. The assigned students should plan to meet and either drive or take public transportation (together). You will have to get a cab, only a five-minute ride, but we have been told it is too far to walk. You can call the taxi either before leaving your home or from North Station and ask them to have a taxi meet you at Beverly Station at approximately 7:30 AM. This will give you a few extra minutes in case the train is a bit late (especially, if it is during bad weather). You can call City Taxi (978) 922-6999, or City Taxi of Beverly (978) 921-1111.

Boston Children’s Hospital
300 Longwood Avenue
Boston, MA 02115
Site Director: Patty Stoeck MD, patricia.Stoeck@childrens.harvard.edu
Marcella Luercio, MD, Marcella.Luercio@childrens.harvard.edu
Jayme Wilder, MD, Jayme.Wilder@childrens.harvard.edu
Christine Lee MD, christine.Lee@childrens.harvard.edu
Lysta Hayden MD, Lystra.hayden@childrens.harvard.edu

Site Administrator: Winnie Yu, (617) 355-7598, SuWen.Yu@childrens.harvard.edu

DAY 1: Monday (after general pediatric clerkship orientation) ➔ Meet Drs. Luercio, Wilder or Stoeck in the 9-South conference room in the Main (inpatient care) building.
DAY 2: Report at 7:15am to 9-south on the following morning if assigned to BCH, or on the 4th Monday if rotating in the second half of the clerkship.

Please note, students are NOT required to go to BCH on Tuesday morning, before didactics.
SITE DESCRIPTION
The clinical experience will include rotating at BCH on an inpatient pulmonary &/or GI ward for two to three weeks working very closely with the house officers and faculty team; the students’ clinical experience may include periodically taking late “call” (e.g. caring for patients until 9pm). The remainder of the BCH clerkship is spent at South Shore Hospital, a satellite hospital of Boston Children’s. There, students will work for two weeks in the pediatric ED and one week in the nursery getting a broad exposure to other aspects of pediatric urgent and newborn care.

DIRECTIONS to BCH from BMC & PARKING
MBTA: the following buses travel from Albany to Huntington Streets with stops directly across from BMC and BCH: CT3, #8 and #47.

By Car:
- Drive South-West on Albany Street for 0.2 miles.
- Take a Right on Melnea Case Blvd, and drive 0.6 miles.
- Turn Left onto Route 28/Tremont Street, and drive 0.2 miles.
- Turn Right on Ruggles street and drive 0.4 miles.
- Veer Left onto Huntington St/Rough 9, and drive 0.3 miles.
- Turn Right on Longwood Ave, and drive 0.3 miles to #300 Huntington Ave.

Parking Options
1. Simmons College Parking: $16.00 daily. Parking is within walking distance of BCH.
2. Trilogy Parking Garage - Landmark Center: $14.00 daily, if arrival and departure is between 9:00am-7:00pm. In walking distance, with Children's Shuttle service available in 10-15 minute intervals.
3. Renaissance Parking Garage at Ruggles Station: $11.00 daily with shuttle to BCH. Shuttle service is available from 5:00am-11:40pm daily at 10-15 minute intervals.

Access to all parking facilities should be obtained the first day of the rotation at the BCH Parking Office, located on the first floor of the BCH parking garage at the corner of Longwood Ave and Blackfan Circle. Parking office hours are M-F, 7:00am-4:30pm. Passes may be purchased for 1, 5, or 10 uses. Please ask about the zip car parking (located in the main patient garage), as this may be an option for those with zip car memberships

Boston Medical Center
Site Director: Rachel Thompson MD, Rachel.Thompson@bmc.org
Elizabeth Yellen MD (Associate Director), elyellen@bu.edu
Site Administrator: Therese D’Agostino, tad3@bu.edu

SITE DESCRIPTION
The clinical experiences at BMC may include the inpatient wards, newborn nursery, outpatient primary and specialty care clinics, pediatrics Emergency Department. In addition, students may be scheduled to rotate through the NICU and/or PICU. The inpatient experience will involve working very closely with the house officers and faculty team; the students’ clinical experience may include periodically taking late “call” (e.g. caring for patients until 9pm). The outpatient experience may include shifts in the pediatric emergency department, primary care and sub-specialty clinics at BMC or at an outside clinic (such as a neighborhood health center). Students in the CCHERS Community Partnership Program do the ambulatory component of the
clerkship at their CCHERS site and the inpatient and nursery components at Boston Medical Center. The nursery experience is rotating on the general newborn nursery at BMC.

**Parking:**
Subsidized parking is available for $100 per month for students rotating at BMC. Parking permit applications are available on the Parking website: [http://www.bumc.bu.edu/parking/forms/](http://www.bumc.bu.edu/parking/forms/)
Parking Office: (617) 958-7592

**Codman Square Health Center**
637 Washington Street
Boston, MA 02124
Site Director: Genevieve Daftary MD, (617) 825-9660, genevieve.daftary@codman.org

Codman Square Health Center provides community based, community focused outpatient care through a wide range of services in the heart of Dorchester. Students should plan to do their “onboarding” for computer access and other office credentialing on the afternoon after the clerkship orientation. Codman Square participates in the CCHERs program, but also takes students not in this pathway.

**By MBTA:** Take the “Ashmont” Red Line train outbound to the Shawmut stop. Exit the station through the ticket gate, and walk straight ahead to Centre Street. Turn right on Centre Street, and follow to the end. Turn right onto Talbot Street and then turn left at the next intersection onto Washington Street. The Health Center will be the second building on your right.
If you wish to take a bus, take the Red Line train one more stop to the Ashmont Station. Buses numbered 22, 23 and 26 will stop by a large yellow brick building on Talbot Street. Walk one block to the intersection of Talbot and Washington Street and turn left. The Health Center will be the second building on your right.

**By Car:**
*From the North via I-93*
Take Interstate 93 South through Boston to Exit 11B “Granite Avenue/Ashmont”. Bear right onto Granite Avenue and go over the iron bridge. At the second set of lights turn left onto Gallivan Boulevard. Proceed on Gallivan Boulevard to the third set of lights. Turn right onto Washington Street. Follow Washington Street for approximately 1 mile through two sets of lights. The Health Center is on your left just before the third set of lights at the intersection of Talbot and Washington. You will see a Bank of America on your right.

*From the South via I-93*
Take Interstate 93 North through Milton and Quincy to Exit 11 “Granite Avenue/Ashmont”. Proceed as indicated above.

*From Massachusetts Avenue*
Travel south on Massachusetts Avenue to the intersection with Columbia Road. Turn right onto Columbia Road. At the seventh set of lights, turn left onto Washington Street (there will be a Burger King on your right). The Health Center is on your right, just past the third set of lights at the intersection of Talbot Ave.

*From Brookline, Jamaica Plain area*
Follow the Jamaica Way to the overpass, at which point you will come to a rotary. Once you are in the rotary, exit straight out at your first exit (Morton Street). There will be a sign for Forest Hills Cemetery on your right. Follow Morton Street (also known as 203 East) approximately 2 miles. Bear left at the fork by the fire station.
onto Gallivan Boulevard. Follow Gallivan Boulevard for approximately 1/2 mile and take a left onto Washington Street. The Health Center is located on your left just before the third set of lights at the intersection of Talbot and Washington. You will see a Bank of America on your right.

**DotHouse Health**
1353 Dorchester Avenue
Dorchester, MA 02122
Site Director: Peter Loewinthan MD, (617) 288-3230, peter.loewinthan@dorchesterhouse.org
Site Administrator: Mary Foley, (617) 740-2444, mary.foley@dorchesterhouse.org

DotHouse Health (formerly known as Dorchester House Multiservice Center) is an outpatient multiservice community-focused and federally qualified health center in the heart of Dorchester. DotHouse Health participates in the CCHERs program, and students who have been affiliated with this health center have the opportunity to complete their ambulatory pediatrics training at this site. Dr. Loewinthan takes time each week to do 1:1 teaching with students on core concepts of pediatrics!

**Transportation**
- DotHouse Health is accessible by the Fields Corner T station on the MBTA Red Line. We are a 7-10 minute walk from the station.
- The #18 MBTA bus stops directly in front of our community health center.
- The Boston Medical Center (BMC) shuttle operates five times a day between DotHouse Health and BMC.

**Parking**
- DotHouse offers limited free parking in a lot adjacent to the building as well as on Dorchester Avenue.
- There is two-hour street parking and private surface parking close to the health center.

**Emerson Hospital**
133 Old Road to Nine Acre Corner
Concord, MA 01742
Site Director: Michael Picciolli MD, MPiccioli@emersonhosp.org
Inger Marie Pu MD, IPu@emersonhosp.org
Site Administrator: Kelly Tramontozzi, (978) 287-3865, Ktramontozzi@emersonhosp.org

Orientation for students at Emerson is typically on the 2nd day of the clerkship (the day after the block orientation session). Students must submit their credentialing paperwork in advance of their start date to facilitate a timely start on site.

Emerson is a community hospital in beautiful Concord, MA staffed by faculty affiliated with the Massachusetts General Hospital Pediatrics Department. This rotation will be a mixture of inpatient ward, special care nursery at Emerson and generally 2 weeks in pediatric primary care at a private practice or health center. Students will have the opportunity to join the hospitalist faculty when they do consults on pediatric patients in the ED as well as attend newborn deliveries where the assistance of pediatrics is required. The special care nursery (SCN) at
Emerson takes care of both the well newborn as well as serves as a level 2A nursery, meaning they are equipped to care for premature infants or other infants that require intensive monitoring and are just a step below the high acuity NICUs (e.g. level 3) at BMC, BWH, etc. Students at this site will rotate through the SCN and learn about the care for these sicker infants.

Free parking is available at this site for students.

Franciscan Children’s
330 Warren Street
Brighton, MA 02135
Site Director: Elisabeth Schainker MD, (617) 779-1131, ESchainker@franciscanchildrens.org

Day 1: Orientation for students to FCH is generally in the afternoon after the block orientation to the pediatric clerkship (ie in the afternoon on the first day of the block).

Franciscan Hospital for Children is a remarkable post-acute care facility that provides pediatric rehabilitation and comprehensive support services for children with complex medical problems. Students at this site will care for patients with rarer pediatric genetic disease, cardiac disease, complications of prematurity, etc. or recovering from catastrophic illness. This is a relatively high acuity center where many patients are technology dependent (tracheostomy/vent, g-tube, etc.) and so students looking to learn more about critical care or interested in learning more about pediatric patients with more complex illnesses will thrive here. Students will have the opportunity for extensive inter-professional education at this site, as there is teaching provided by pediatric faculty as well as respiratory therapy, speech/language therapists and other collaborative health care providers.

Franciscan Children’s Hospital has its own primary care clinic as part of the facility where they provide routine health care maintenance for both healthy children and children with special health care needs. Students at Franciscan Hospital will have scheduled clinic days, typically in the afternoon, where they will work with the primary care providers throughout the six-week clerkship.

Kaiser Permanente Santa Clara
710 Lawrence Expressway
Santa Clara CA 95051
Site Director: Sara MacMahon MD, (408) 851-1028, Sarah.P.MacMahon@kp.org
Latasha Williams MD Latasha.N.Williams@kp.org
Erica Van den Haak MD, Erica.Van-den-Haak@kp.org

DAY 1: ALL students will attend an orientation session on the first day of the clerkship. Please come directly to Dr. MacMahon’s office, Pediatrics, Dept 190. Students will have a scheduled time to listen to a recorded version of the clerkship orientation that takes place in Boston on day 1 of the clerkship, and a separate Q&A session with the clerkship director(s) will be set up after students have viewed the orientation.

Time: orientation will be from 8:30am-4pm on day 1 of the rotation

Schedule: Schedule varies by student. Please see your schedule for details of hours and location.

SITE DESCRIPTION
Welcome to the pediatrics department at the Kaiser Permanente Santa Clara Medical Center. Located in the heart of Silicon Valley, South of the Bay, we offer quality and personal pediatric care from infancy through young adulthood. We have 26 pediatric beds, 8 pediatric intensive care units beds, a level III NICU and a very busy delivery service. During your pediatrics clerkship at KPSC, you will have the opportunity to care for patients on the inpatient ward, newborn nursery, NICU, outpatient primary care clinic, as well as participate in subspecialty clinic sessions.

Numerous pediatric sub-specialty services are available for consultation and referral, including cardiology, hematology/oncology, physical medicine and rehabilitation, developmental medicine, pulmonary, gastroenterology, neurology, endocrinology, nephrology, and neurosurgery.

Lowell Community Health Center
161 Jackson Street
Lowell, MA 01852
Site Director: Kumble Rajesh MD, (978) 746-7867, RajeshMD@lchealth.org
Mary Ellen Conroy MD, MaryEllenCo@lchealth.org
Site Administrator: Nicole Marques, (978) 746-7867, nicolema@lchealth.org

DAY 1: On the students’ first day they should stop at the security office on the first floor, located to the left of the Welcome Desk, at the bottom of the ramp. Security will take the student’s photo for their badge. The student should continue to the 6th floor for EMR training (should training be scheduled on day 1). Training is located to the left of the elevator in the administrative suite (will need to use badge to access). Training is located in the “team room.”

SITE DESCRIPTION
Lowell Community Health Center proudly provides access to high quality, affordable health care to children and adults of all ages -- regardless of their ability to pay. The Health Center has served the communities of greater Lowell since 1970 and has grown to include many specialty services in addition to comprehensive primary health care.

Behavioral health services are integrated into the care provided at the Health Center. Patients are able to schedule visits with certified mental health professionals working at the Health Center.

Children & adolescents will receive quality primary care services from Lowell Community Health Center. Compassionate, culturally competent physicians and nurse practitioners are qualified to meet the medical needs of all their patients.

- physical exams with vision and hearing assessments
- school, sports and camp physicals
- sick visits
- lead screenings
- asthma management
- immunizations
- nutrition services
- routine lab work
- health education
- behavioral health services
DIRECTIONS & PARKING: There is metered parking in the Edward J Early Garage adjacent to the Health Center. Students can purchase a parking pass at the student rate for $30 plus a $10 activation fee. Closest train station is located at 101 Thorndike St, Lowell, MA 01852 (less than a mile from the Health Center).

MACONY Pediatrics - Berkshires
100 Maple Avenue, #1
Great Barrington, MA 01230
Site Director: Ruby Chang MD, (413) 528-4047, rubyrbchang@gmail.com
Deborah Buccino MD, dbuccino@bhs1.org
Site Administrator: Traci DiGrigoli, (413) 528-4047, tdigrigoli@bhs1.org
Doreen Hutchinson, (413) 854-9631, DoreenH@bhs1.org

DAY 1: Orientation takes place at Fairview Hospital, 29 Lewis Avenue, Great Barrington MA 01230. Doreen Hutchinson will send further information, via email, regarding your orientation day.

SITE DESCRIPTION
MACONY Pediatric and Adolescent Medicine is committed to providing competent, compassionate medical care to the children of the Tri-State area. We strive to provide quality medical care in the rapidly changing healthcare environment. We are the oldest pediatric practice in the Southern Berkshires, having been founded in 1976. Providers and staff are committed to continuing education for ourselves and our patients. We welcome new ideas to assure state-of-the-art medical care, while embracing electronic technologies to improve quality and communication. We labor to do all of this in a comfortable and caring environment for our patients, families, providers and staff.
http://www.berkshirehealthsystems.org/macony

The student assigned to the MACONY practice will have ~ 5 weeks at the practice and ~1 week of inpatient pediatrics (typically at Boston Medical Center) on either a standard day schedule or standard night float schedule. You will be notified in advance of the clerkship as to whether this will take place in the first weeks of the clerkship or at the end of the block.

DIRECTIONS & PARKING: Students should park in the front parking area and use front entrance.

Neponset Health Center
398 Neponset Avenue
Boston, MA 02122
Site Director: Ann Nutt MD, (617) 282-3200, anutt@hhsi.us

The Daniel Driscoll – Neponset Health Center provides comprehensive outpatient medical services to residents in Dorchester and the surrounding communities. Their department of pediatrics cares for children from birth to 21 years of age and the health center serves as a full “medical home” for their patients. In addition to pediatric medicine, they offer pediatric dental services, a weekly pediatric asthma clinic, and cooking classes for kids! Neponset Health Center is part of the CCHERs program, but also accepts students outside of this curriculum.
. The office has free parking and is available by MBTA Bus (the 201 stops out front).
**North Shore Medical Center**
81 Highland Avenue
Salem, MA 01970
Site Director: Cara O'Connor MD, COCONOR24@PARTNERS.ORG
Katheryn Nathe MD, knathe@partners.org

Site Administrator: Marcella M. Burrows MBURROWS5@PARTNERS.ORG

**DAY 1:** Students will have an on-site orientation on the second day of the clerkship, typically the first Tuesday of rotation (on the day after the new block pediatrics orientation). For blocks with delayed/Tuesday start due to holidays, please check with the site administrator/director for the Day 1 plan.

**Time:** 12:00p (first round of students only) and subsequently 8:00a

**Report to:** Mass General for Children at North Shore Medical Center’s main lobby. You will be greeted by Marcella Burrows who will then take you to get your badge, parking sticker and give you a general tour of the hospital. Dr. Sanders will then orient the students to the Pediatric Emergency Department.

**SITE DESCRIPTION**
The Department of Pediatrics at MassGeneral for Children at North Shore Medical Center represents more than a dozen years of clinical collaboration with MassGeneral Hospital for Children in Boston. Our pediatric emergency department treats over 15,000 children every year and is the only one on the North Shore staffed with board certified pediatricians 24 hours a day, seven days a week. Should a patient require hospitalization, North Shore has a 5-bed pediatric observation unit where patients can receive inpatient level of care for up to 48 hours. This service is fully staffed by a RN and the on service Pediatric Emergency Department attending. Students rotating at North Shore will be responsible for rounding on these patients in addition to providing care for new patients in the Emergency Department. The Emergency department physicians perform routine urgent care and trauma care, including laceration repair and sedation for fracture reduction. They also stabilize acutely ill patients prior to transfer to a tertiary facility if necessary.
The Pediatric team additionally cares for Newborn Nursery infants whose future care will be provided by local community physicians who do not round in the nursery at North Shore Medical Center. North Shore Medical Center is also home to a Level II Special Care Nursery for ill and premature infants.

Our full complement of pediatric care includes MassGeneral Hospital for Children specialty clinics in cardiology, endocrinology, gastroenterology and nutrition, nephrology, pediatric surgery and rheumatology. We also offer diagnostic services, behavioral health services, neurology, pulmonology, rehabilitation services, and neurodevelopmental assessments.

For pediatric clerkship students, the rotation at North Shore Medical Center will consist of a mixture of emergency department, observation unit, well baby and special care nurseries (SCN). On average, students will have 4 weeks in the ED/Observation unit and 2 weeks in the nursery/SCN.

**DIRECTIONS**
**By Car:** From BUSM to North Shore Medical Center is an approximately 16-mile drive. With traffic, please be aware the may take 45minutes to 1 hour to drive. Use any mapping program to find the most efficient directions and once you get on MA-107N you will see signs along the way for the hospital when you get closer.
By MBTA: Stop at 80 Highland Avenue and walk about 5 minutes. The Mass General for Children’s entrance is on the right.

South Boston Community Health Center
409 West Broadway
South Boston, MA 02127
Site Administrator: Jocelyn Guggenheim NP, (617) 464-7434, joGuggen@sbchc.org

The Department of Pediatrics at South Boston Community Health Center serves all of Boston and beyond. The Department includes pediatricians, nurse practitioners, nurses and medical assistants all dedicated to providing comprehensive primary care to children from the time they are newborns until their 22nd birthday. This includes routine physicals, same day visits for urgent problems and follow up appointments for chronic problems such as asthma, as well as telephone advice for a sick or injured child.

South Boston prides itself on taking a holistic approach to caring for children, and encourages students to take part by evaluating child growth and development, making sure their immunizations are up to date, counseling on healthy lifestyles and assessing how well they’re doing in school and with their peers. Referrals are made to specialists as needed.

South Boston CHC has students as part of the CCHERs program, but additionally takes students outside of that curriculum as part of the pediatric clerkship ambulatory experience.

South Shore Hospital
55 Fogg Road
Weymouth, MA 02190
Site Director: Sixtine Herold MD, (434) 227-6666, sixtinepacifique.herold@childrens.harvard.edu
Lara Batey MD, lara.batey@childrens.harvard.edu
Alan Bulotsky, MD abulotsky@comcast.net
Site Administrator: Lorraine Leitch, (781) 624-4071, Lorraine_Leitch@sshosp.org

DAY 1: All students who will rotate at SSH during the clerkship must attend an orientation session at SSH prior to starting their rotation. Students rotating there in the first 3 weeks of the block will go to SSH following the BMC pediatric clerkship orientation on day 1 of the block. Students rotating at SSH in the second half of the clerkship will have an assigned day/afternoon to go down to SSH to complete the necessary credentialing prior to their start date.

Students traveling on day 1 of the clerkship: Please leave BMC at 2pm immediately after orientation; SSH orientation will start as soon as you arrive. You will get IDs and computer access at that time. When you come in the main hospital lobby, please ask the concierge to contact Lorraine Leitch in the medical staff office and someone will come down to meet you.

Schedule: Students from the Boston Children’s Hospital site will rotate through the pediatric emergency department (PED) for 2 weeks and complete their one-week nursery rotation in the busy SSH newborn nursery. There are no weekend shifts in the nursery, but there are occasional weekend emergency department shifts.

Time:
• PED: You will have approximately 7-8 shifts over 2 weeks, your hours will be provided by Dr. Herold on a schedule at the beginning of your rotation. If you have schedule conflicts and/or need to reschedule a shift, please contact Dr. Herold so that she can facilitate an alternate day/date (often a weekend).

SITE DESCRIPTION
Pediatric ED: Our pediatric emergency service is the only one of its kind in the region, staffed by board-certified pediatric emergency physicians affiliated with both South Shore Hospital and Boston Children’s. We are Boston Children’s faculty and are staffed 24-7. There are technically 11 rooms and we have a potential of an extra 8 hallway/waiting room beds during the busy season. All RNs in the SSH ED are expected to rotate through the pedi ED but we also have a core group of specifically pedi ED nurses who keep the place running. When needed, specialty consultations are usually done on the phone with BCH docs, although some services at SSH will happily see patients under 21 (orthopedics, surgery, ENT, plastics; all usually over the age of 6-7). The first and only community-based Level III NICU and its physicians and NPs are a huge help with babies. We have an inpatient pediatric floor with about 16 beds available to us for non-critical admissions staffed by pediatric hospitalists 24-7. We can then transfer those patients that need either more acute care (SSH ICU takes only 16 yo and older) or further specialty care on-site to BCH.
• PLEASE read your site orientation manual for expectations and additional details
• No shifts on Mondays late or overnights, no shifts on Tuesdays.
• Last 2 days of the rotation are reserved for study and shelf exam.
• There may be weekend shifts.

NURSERY: South Shore Hospital welcomes nearly 3,500 infants every year – more than any other hospital in Southeastern, MA. SSH provides three levels of newborn care. There is a 10-bed Level III Neonatal Intensive Care Unit (NICU) capable of caring for a full range of newborns with complex medical conditions as well as a 20-bed level II special care nursery providing care to “growing” and “recovering” babies as they prepare to go home. The NICU and SCN are staffed 24 hours a day 7 days a week by with doctors, nurses and respiratory therapists. Lastly there is a level I newborn nursery for healthy, term infants

DIRECTIONS & PARKING
From I-93 (South)
Take I-93 south to Exit 7 for MA-3S. Continue to exit 16B for Massachusetts 18S toward Abington. Merge onto Main Street and in 1 mile turn left onto Columbian street and then right onto Fogg Road.

Parking: There is a raised parking garage off Columbian street about a 5 min walk away; your ID will get you in and out of it.
Please refer to the website and park in the cancer center parking lot (this is free parking).
http://www.southshorehospital.org/directions-parking

Public Transportation: Limited public transportation and commuter rail may be available but not during all hours of the PED shifts

Virginia Pediatric and Adolescent Center
3700 Joseph Siewick Drive, Suite 300
Fairfax, VA 22033
Site Director: Catherine Cross MD, (703) 569-8400, Catherine@vpacmd.com

At this site, you will work primarily with Dr. Cross and Dr. Jarvandi in the outpatient clinic for ~ 5 weeks of the 6-week clerkship, you will spend ~1 week on an inpatient pediatric service on either the day or night float
team. In both settings you will see a wide variety of sick and well visits, learn the basics of routine health maintenance, developmental screening, and learn about general management of pediatric illness.

Founded in 1963, the providers of Virginia Pediatric and Adolescent Center have been caring for the children of northern Virginia through multiple generations. Our goal is to foster the growth, health, and happiness of your child. They care for children from infancy through college, and take pride in treating them with compassion in a non-hurried and nurturing environment. The mission of the center is to care for the whole child—meaning providing both illness-related and preventative care—while tending to the physical, emotional and social developmental needs of each child in the context of self, family, and the broader community.

**West Cambridge Pediatric & Adolescent Medicine**  
575 Mount Auburn Street, Suite 101  
Cambridge, MA 02138  
Site Director: Jennifer Gill, MD. (617) 547-1995  
Site Administrator/Practice Manager: Stacey Bates  
[stacey@wcpam.com](mailto:stacey@wcpam.com)

At the West Cambridge Pediatric and Adolescent Medicine practice, students will work closely with Dr. Jennifer Gill, actively participating as a member of the health care team. Students will be expected to see both routine health maintenance visits, with the accompanying health screening and anticipatory guidance as well as common urgent care presentations. For all visit types, students will have the opportunity to present as well as make suggested plans of care. This is a busy practice with an in-house lab capable of doing some onsite testing. If students are interested, the health care team is always willing to teach students about how these tests are run and interpreted.

Students should reach out to Ms. Bates in advance of the start of their rotation to get their EPIC access and clearance set up.

**Winchester Hospital**  
41 Highland Avenue  
Winchester, MA 01870  
Site Director: Nadine Aprahamian MD, (781) 756-2561, [nadine.aprahamian@childrens.harvard.edu](mailto: nadine.aprahamian@childrens.harvard.edu)  
Site Administrator: Laura Rondeau, (781) 756-2561 [laura.rondeau@lahey.org](mailto: laura.rondeau@lahey.org)

**DAY 1:** First Tuesday of rotation (or day after general pediatric clerkship orientation if orientation not on a Monday).  
**Report to:** Please see the orientation email sent by Ms. Ferullo for details of orientation. Day one on site is typically the day after the block orientation for the clerkship.

**SITE DESCRIPTION**  
Located just north of Boston, Winchester Hospital serves the health care needs of many surrounding communities and is the first community hospital to receive the Magnet Award for outstanding nursing care in all of Massachusetts. In addition to its adult medical services and facilities, Winchester Hospital has a 12-bed Pediatric unit, a 4-bed Pediatric Emergency Department and an extensive Obstetrics and Neonatology division that supports close to 3,000 births annually and can provide Level II specialty care to 16 newborns in their Special Care Nursery. Through Winchester’s unique partnership with Children’s Hospital Boston, pediatricians and neonatologists come to Winchester Hospital and staff the pediatric programs and special care nursery 24 hours a day, seven days a week. The pediatric emergency room serves patients for 12 hours a day, seven days
a week and is staffed by pediatric emergency medicine-trained pediatricians from Children’s Hospital Boston as well. The students also do a two-week outpatient experience in addition to the inpatient and special care nursery experiences. During the Pediatric clerkship, two students rotate at Winchester Hospital in various blocks throughout the year.

**DIRECTIONS & PARKING**

*From Route 93 (South)*
Take Exit #36 (Montvale Avenue). Bear right at end of ramp, move to left lane. Take left at traffic light onto Washington Street. Go through next traffic light and take next left (Orient Street). Take first right (Maple Street) to parking garage.

*From Route 93 (North)*
Take Exit #33 (Route 28 - Winchester). Follow signs to Winchester (South Border Road). Stay on South Border Road for approximately 2 miles. Take a right at traffic light (Highland Avenue). Just before Hospital, take left (Fairmount Street). Follow to Maple Street to parking garage.

*From Route 128 (North)*
Take Exit #36 (Washington Street). Bear right at end of ramp. Follow Washington Street through 5 sets of lights. Take the next left (Orient St). Take your 1st Right (Maple St) to the garage entrance.

Free parking is available. Students can park on the 1st level (lowest level) of the garage.

**Public Transportation:** There is a train station in Winchester, but if you take the train, you will then have to take a cab to get to the hospital - it's about 2-2/12 miles from the hospital.

**Clerkship Schedules**

**Block Schedule**
Block schedule dates for all clerkships can be located on the Medical Education website:

**Didactic Schedule**
Tuesdays are set aside as the didactic day in pediatrics.

- Core lectures occur on Tuesday afternoons, starting on the second Tuesday of the 6-week block.
- Lectures are required. Do not schedule meetings during these sessions.
- Many Tuesday mornings will have small group sessions and students should NOT schedule other meetings during this time without clearing this with the clerkship leadership.
- Students at non-BMC sites do not go to their sites on Tuesday mornings. On those Tuesday AMs when there are no small group activities scheduled, this is an administrative half-day to be used at the student’s discretion
  - Students at BMC will go to their clinical sites on Tuesday morning unless they are at an off-campus clinic. All BMC students will have their administrative half days scheduled during their ambulatory weeks to balance their schedule with other students.
- Students at Kaiser, MACONY Pediatrics, and Virginia Pediatrics and Adolescent Center will receive instructions on how to remotely participate in didactic and small group sessions using Zoom.us.
Daily Schedule
Each pediatric clerkship site maintains their own individual schedules. Students will be provided with their specific schedules by their site directors at or before the start of the pediatrics clerkship and at their site-specific orientation. Please see the attendance and personal day policies for information for BUSM-wide information about allowed/permitted requests for schedule changes as defined by the school policy.

Irrespective of site, students should not work more than 80 hours per week when averaged over a two-week period. Please keep careful record of your work hours and notify the clerkship team if you are approaching/at risk of exceeding duty hour restrictions.

Holidays
Thanksgiving: Wed, Nov 27, 2019 at 12PM – Sun, Dec 1, 2019
Intercession: Fri, Dec 20, 2019 – Wed, Jan 1, 2020

Students should view the medical education calendar linked below for Pediatric holidays. In general, students will be expected to be present for “Monday holidays” and other 1-day holidays that occur during the block. Some sites have inadequate staffing to host a student on those holidays and some primary care clinics are closed on holidays. If that is the case, you will be instructed by your site about your specific schedule.

Holidays by Clerkship can be viewed on the Medical Education website at: http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols

Assessment and Grading

Clerkship Grading Policy

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<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
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<tr>
<td>Clinical Grade Percentage</td>
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<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
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<td>“Other” Components Percentage</td>
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<tr>
<td>High Pass</td>
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<tr>
<td>Pass</td>
<td>53 to &lt; 76.5</td>
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<tr>
<td>Fail</td>
<td>&lt;53</td>
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<tr>
<th>SHELF/EXAM GRADING</th>
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<tr>
<td>Exam minimum passing (percentile/2 digit score)</td>
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<tr>
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<td>N/A</td>
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Other components that need to be completed in order to pass the clerkship

| Required Clinical Encounter Patient log           |       |
| FOCuS Forms (4)                                   |       |
| Duty Hour log                                     |       |
| HEENT Exam                                        |       |
| Newborn Exam                                      |       |
| Participation in Operation House Call and written reflection | |
Attendance at all didactic and mandatory small group sessions
Completion of 15 CLIPP on-line cases
Preceptor Log

### Standard Clerkship Clinical Grade Procedures/Policies

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.

### Clerkship Specific Clinical Grade Procedures/Policies

- Students are expected to request evaluations in a timely fashion
- An aggregate score will be calculated for the week in the emergency department
- All BMC students must request a minimum of one evaluation from a ward attending and an evaluation from a supervising senior resident in addition to their intern.

### Professionalism

Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

### Clerkship-Specific Failure and Remediation Policies/Procedures

If a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain, this may result in a failure.

### BUSM Grade Review Policy

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: [http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/](http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/)

### Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required FOCuS (Feedback based on Observation of Clinical UME Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

Pediatric Specific FOCuS assignments and other required observations are listed below. Both FOCuS forms and other forms are available on Blackboard for download or printing.

1. Interview and Data Gathering
2. Physical Exam
3. Oral Presentation
4. Patient Education
5. Newborn Exam
6. HEENT exam

Please see BlackBoard Learn for the details about each of these formative assessments

Formative Assessment and Feedback Policy
Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.


Mid-Clerkship Review
The Mid-Clerkship review is a multi-step process:
1. Complete the mid-rotation CSEF portion with your attending preceptor or site director
2. Student completes the self-study questions on strengths and areas to work on
3. Meet with your site director or clerkship director to complete the BUSM Mid-Clerkship Evaluation Form at the mid-clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Given that some pediatric sites are broken down into 2-week rotations, students are strongly encouraged to ask for informal feedback at the midpoint of each of these rotations.

Final Summative Assessments

The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

NBME Subject Examination
Students will take the Pediatrics NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam.

Shelf Exam Laptop Certification Process
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: http://www.bumc.bu.edu/medlib/services/computing/nbme/

Exam Policies
http://www.bumc.bu.edu/busm/education/medical-education/policies/exam-policies-for-medical-students/

Testing Center Policies
http://www.bumc.bu.edu/busm/education/medical-education/policies/l-11-testing-center/
Make-Up Exams
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

Roles and Responsibilities

Clerkship Director
- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
  - Submit final evaluations for students via eValue
- Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator
- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

Site Directors
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Orients students to the clinical site
• Sets student expectations for clinical encounters and discusses student role and responsibilities
• Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
• Ensures formative feedback in an appropriate and timely fashion
• Delegates increasing levels of responsibility
• Meets with the student for the Mid-clerkship review
• Meets with the student for the final exit meeting
• Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
• Collects feedback and evaluation data from all physicians who work with the student
• Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
• Ensure student and faculty access to appropriate resources for medical student education
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Preceptors/Trainees
• Set and clearly communicate expectations to students
• Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
• Delegate increasing levels of responsibility to the student within clerkship expectations
• Maintain appropriate levels of supervision for students at site.
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
• Give students appropriate and timely formative feedback
• Assess students objectively using the CSEF form
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision
Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified.

Supervision and Delegating Increasing Levels of Responsibility
It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe
you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

Under no circumstances should the following occur:

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Third Year Student

THIRD-YEAR STUDENT: ROLES, RESPONSIBILITIES & EXPECTATIONS

- Learns through meaningful involvement in patient care and learning/teaching through graduated responsibility.
- Is engaged in patient care, timely and has mature, professional interactions
- Is a proactive, self-directed learner who embraces opportunities to teach peers and supervising residents.
- Is available to help the team with patient care tasks, but supervising team should recognize of when time spent learning, reading, and having time for direct engagement with patients may be more valuable to both the team and the learner.

Expectations for Patient Care and team participation

Third year students apprentice through meaningful involvement in patient care and a combination of independent learning and teaching. Students will be given graduated responsibility based upon demonstration of competency. The goal for the third year student is to embrace the role of being the trusted primary point of contact for your patient and the primary provider of their care with supervision by your team. Achieving this goal will entail:

- Seeing patients independently on the wards an in the ambulatory setting.
- Seeing patients within an appropriate time frame – this can be determined in consultation with your team or preceptor.
- Pre-rounding and initiating discussions with assigned patients on work rounds/family centered rounds.
- Formally presenting assigned patients each day on rounds (ward & nursery) in an organized and consistent fashion.
- Entering patient orders under the supervision of physicians.
- Following up on labs, imaging, consults and reporting concerns to the team.
• Updating intern and team with new information, and being entrusted to convey this information to their patient (after checking in with senior team members to ensure that the patient receives a coherent message).
• Speaking with consultants – **but not calling consultants.**
• Providing initial write-up/admission notes & daily progress notes.
• Providing brief, targeted topic presentations to the team on a regular basis.
• Learning from own patients first but also from all patients on the team.
• Participating in discharge planning on patients you directly follow but **not responsible for writing discharge summaries!**

**Learning from direct patient care is complemented by:**
• Attending conferences
• Observing procedures.
• Reading (at night and during slow periods on some days).
• Completing CLIPP cases or other online learning such as PedsCases, PodCasts, etc.

**Call, nights, and days off**
• Most admissions happen in the evenings, and therefore taking long call will provide students with the best opportunity to be present from admission to discharge on one of their patients.
• Call schedules vary by site, but are a consistent responsibility of the student.
• Can also take admissions on other days (as applicable) but should be out of the hospital on non-long days by 5-530 pm.
• Students may have weekend shifts during the clerkship. Sometimes a student’s “day off” is during the week (e.g. during the week on emergency medicine)
• In hospital for < 80 hours/week.

**The 3rd year student is a proactive, self-directed learner who**
• Elicits and clarifies expectations from your interns, resident, and attendings – using the 1-minute learner tool.
• Addresses questions, concerns, or confusion with the team or with your CD ASAP.
• Identifies your learning needs and acts upon them.
• Solicits feedback from your teachers.
• Contacts your Clerkship Director with questions, comments or concerns early
• Completes and submits assignments in a timely fashion

**Professional Comportment**
Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” ([http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf](http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf))

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Clinical Student Time Off Policy.
Further, below are expectations for student professionalism in the core clerkship curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOCuS forms by the clerkship specific deadline
- Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students during the mid-clerkship meeting so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.

**Ethical Behavior for Examinations and Mandatory Sessions**

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- Don’t seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying, for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

**Student Evaluation of the Clerkship**

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via eValue ([www.e-value.net](http://www.e-value.net)) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

**Blackboard**

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as “Pediatric Clerkship” on your Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: [https://learn.bu.edu/](https://learn.bu.edu/)
Assignments
Every student will be given a red Pediatric Clerkship Handbook at the beginning of the clerkship which contains helpful information for pediatrics as well as their “Passport” of required assignments. Passport pages may be removed from the book to be turned in to Therese D’Agostino for your file. An electronic version of the passport is located on Blackboard under “Passport” tab.

The Following Assignments are part of your passport. They are required to pass the course, and many constitute opportunities for formative assessment - but do not contribute numerically to the final grade. Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism.

NB: There is a checklist in the back of the red handbook to help you stay organized about your assignments.

1. **Newborn Competency examination:** a supervised newborn exam that can be when you are on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is your responsibility to request this experience from a faculty person, to review the physical exam with them and request feedback. If you have not met minimal competency on your first attempt at the exam, request feedback and re-attempt the exam with a new patient. Return all copies of your newborn exam competency card (passes and incompletes) as part of your passport to Therese D’Agostino. Additional copies can be downloaded from Blackboard. Ideally, the physician observer is attending level; however, residents or NPs in the nursery are acceptable alternatives. The observer will be responsible for grading and signing off on the Newborn Exam Competency Card

   **Prior to completing this competency, you must:**
   a. Review the newborn physical exam slide set from the Stanford School of Medicine:
   b. View the newborn examination video from MedEd portal, located on the Blackboard site

2. **HEENT Exam** – complete online (blackboard) modules for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off. The exam should be appropriate to the patient and noted to have appropriate technique (as per the modules) and interpretation of clinical findings.

3. **FOCuS forms:** (1) History and data gathering and (2) Physical Examination (3) Oral Presentations (4) Patient Education, Perform at least one history and one physical exam observed by an attending physician. The Oral Presentation and Patient Education FOCuS forms may be completed by an attending or resident. FOCuS forms for each of these observed encounters is in your passport to guide your attending in their observations and feedback. You can request this of an attending while on any part of your pediatrics rotation, but please be conscious of the time this requires. You can have the history and physical observed on different patients if this is easier.

   **TIPS:** In the ambulatory clinic, it is best to ask your attending for the first patient of the day (best if it’s urgent care), or while in the emergency department during a lower volume time. While on the wards, it may be best to “schedule” this with your attending in advance. You should plan to take NO MORE THAN 15 MINUTES for your history & PE as this is the time you will be allotted when you complete your end of third year assessment (EOTYA) in April.
4. **The Home Visit Program**: All students will visit a family with a child with intellectual or developmental disability. This visit is arranged by the Arc of Massachusetts. Parents of the child visited by the students will evaluate the visit, and rate how the students engaged with the child during the visit. Students are required to post a reflection on the experience on the OHC chat room board for full credit.

5. **CLIPP CASES**: The completion of assigned simulated patients through CLIPP cases is a required portion of the clerkship. Please see the details of CLIPP assignment on Blackboard in the “Passport” section. All students will complete 15 CLIPP Cases at a rate of 3/week. Students should complete the cases in alignment with their clinical setting if they are rotating between multiple clinical environments. All cases must be graded as “high engagement” at the end of the case for credit.

6. **Required Patient Encounters**: There are thirteen required clinical experiences in pediatrics. Please see the “Required Patient Encounters” section of the syllabus and in your passport/Blackboard passport.

**Late assignments and make-ups**

All assignments are due the last clinical day of the rotation (usually a Wednesday). Any student who is missing assignments on the last day will receive an INCOMPLETE grade until all assignments have been completed. If students fail to have assignments turned in and/or uploaded to e*value it may be noted as a professionalism concern.

**Patient Encounters/Case Logs**

Across the third year there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

**Required Patient Encounters**

[http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/](http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/)

In the Pediatrics clerkship, students are required to see log the following clinical conditions:

- jaundice in a newborn
- fever in an infant
- fever in an older child or adolescent
- well child visit
- weight changes in a pediatric patient
- upper respiratory illness
- eye pain or redness
- shortness of breath
- vomiting
- constipation
- diarrhea
- extremity pain
- patient with developmental delay or disability

The level of student responsibility required to document the clinical encounter in the case log in eValue is listed in the following table.
### BUSM Core & Required Diagnoses:

#### PEDIATRICS

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Clinical Condition</th>
<th>Procedures/Skills</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (&lt; 1mo)</td>
<td>Jaundice</td>
<td>Patient evaluation</td>
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<tr>
<td>Infant (0-6mo)</td>
<td>Fever</td>
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<tr>
<td>Child/Adolescent</td>
<td>Fever</td>
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<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
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</tbody>
</table>

**All facets of patient evaluation:**
Take a history, conduct a PE, provide an assessment & treatment plan inclusive of anticipatory guidance and counseling where appropriate.

**Alternative Experience:**
Participate in a clerkship approved case-based session or online module.

**Infant/child/adolescent**

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Procedures/Skills</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
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<tr>
<td>Upper respiratory illness</td>
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<tr>
<td>Eye pain/redness</td>
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<td>Shortness of breath</td>
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<tr>
<td>Vomiting</td>
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<td>Constipation</td>
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<td>Diarrhea</td>
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<tr>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
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<tr>
<td>Patient with developmental delay and/or disability</td>
<td>Patient evaluation and/or observation (e.g. operation house call)</td>
<td>Any clerkship setting or operation house call</td>
<td>OP, written documentation or OHC blog post.</td>
</tr>
</tbody>
</table>

**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences provided are:

- virtual patient encounters using on line CLIPP cases ([http://www.med-u.org/clipp](http://www.med-u.org/clipp)) or
- learning modules for the required encounter for assessment of red eye and constipation as there are no CLIPP cases on these patient types.

Please see Blackboard section on “Required Patient Encounters” for details on CLIPP case and other required encounter alternative experiences and a table for which CLIPP cases fulfill which required diagnoses.
Patient Encounter Log
Students are expected to log their patient encounters in eValue (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students
http://www.bumc.bu.edu/busp/faculty/evaluation-grading-and-promotion-of-students/

Collaborative Student Assessment System
http://www.bumc.bu.edu/busp/education/academic-affairs/policies/collaborative-student-assessment-system/

Student Disciplinary Code of Academic and Professional Conduct
http://www.bumc.bu.edu/busp/faculty/medical-student-disciplinary-code/

Attendance Policies
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

Students are responsible for communicating with all the clerkship leadership (e.g. Drs. Yellen & Thompson and Ms. D’Agostino) – in advance of or at the time of – any absences/sick days, time off during the work day or times when they anticipate being late to a scheduled activity. Students should also reach out to their site director and team with this information at the same time.

Students will be responsible for recording their time off/absences as per school practice on e*value.

  - Time Off Request Form: http://www.bumc.bu.edu/busp/files/2017/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busp/education/medical-education/policies/work-hours/

Personal Day Policies
http://www.bumc.bu.edu/busp/education/medical-education/policies/personal-days-policy/

NOTE: personal days + other absences must comply with the school policy around maximum days off in a clerkship. Notably: “Total absences of more than 3 days in a 4 week third-year clerkship, 4 days in a 6 week
third-year clerkship, or 5 days in an 8 week third-year clerkship will require notification to the Assistant Dean of Medical Education for Curriculum & Assessment, who in collaboration with the clerkship director and the Associate Dean of Medical Education determines if the clerkship needs to be repeated or if the missed time can be remediated. If there are concerns with multiple absences, the clerkship director will notify the Associate Dean of Student Affairs and Medical Education.”

**Clerkship Specific Blackout Dates**
The pediatrics clerkship is happy to offer students the opportunity to take personal days during the clerkship. However, the nature of the pediatric clerkship – organized at many sites as a series of small rotations ranging from a few days to a few weeks in length – means that there very specific guidelines and blackout dates for taking personal days. Without these guidelines the educational experience and assessment is compromised.

Specific Blackout dates include:
- Clerkship/site orientations (day 1 of the clerkship and typically day 2 if you are at a non-BMC hospital)
- Tuesday Didactics
- NBME SHELF exam
- The nursery week at South Shore Hospital or Boston Medical Center
- The week of inpatient pediatrics for students assigned to Berkshires or Virginia Pediatrics
- BMC Ambulatory continuity clinic sessions (there are only 4/week x 2 weeks). We do not have flexibility in rescheduling these clinics. You *may* take a personal day if you are in subspecialty clinics or in the emergency department.
- Taking a personal day in the last week of the clerkship is discouraged given that the week typically consists only of Monday and Wednesday (Tuesday lectures). If it is necessary to take a personal day in that week, students are encouraged to discuss this need early (ie. well before the start of the rotation) so that adjustments can be made to the schedule as needed. As above, students may not take a personal day in the last week if it is their nursery week.

*Given these limitations – we strongly encourage students to reach out as far in advance as possible so that we can facilitate a personal day. If a student requests the personal day before schedules are released, we have much more flexibility in maximizing your schedule around the needed day off – in other words, asking as early as possible early is a much better way to get a desired day off! We can, for example, more easily rearrange ambulatory continuity clinics, but lose that flexibility once the clerkship has begun.*

**Scrubs Policy**

The pediatrics clerkship does not have access to a scrubs card.

**BUSM Policies**
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
BU Policies and Student Support Services

Appropriate Treatment in Medicine
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system http://www.bumc.bu.edu/busm/student-life/student-life/atm/report-an-incident-to-atm/

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.


Pediatric Learning Environment Committees – Student Advisory Committee
The pediatric clerkship has a student advisory committee that works with current students on the clerkship to help us maintain a high-quality educational experience.

Students on the clerkship should expect that a member of the pediatric SAC will reach out to them at least once during the block, likely in the setting of an in-person meeting/session on the last didactic day of the clerkship. During this session, students will be asked for:

- recommendations on ways to improve the clerkship
- express barriers they confronted and propose solutions that can help advance the clerkship for future students
- inform the clerkship of concerns they had about treatment/mistreatment, unprofessional behavior, safety concerns.
- All information is conveyed to the clerkship leadership **anonymously** in a meeting, and responses will be shared with the group around our capacity to or plans for change
If specific concerns are raised with regard to safety, mistreatment, professionalism, our goal is to handle this *always* in a manner which protects the student. Students may be encouraged to contact the ATM in addition to verbalizing their concerns via the SAC, although it is at the student’s discretion to do so.

Students often wonder “why?” have the SAC in addition to filling in the written evaluations at the end of the clerkship. This is because the written concerns are returned for clerkship review only twice per year. If a student has an experience where they feel more rapid response would benefit the clerkship and future students, we encourage their active participation in the SAC meeting!

**Recent Changes to the Clerkship**

I. Curriculum

- Revision of the HEENT curriculum and observed exam in response to student feedback
- Revision of the newborn exam competency in response to feedback for simplification
- Removed a few “required assignments” in response to feedback
- Narrative medicine discontinued this academic year
- Addition of video learning modules to adapt to different learning styles

II. Structure

- Streamlined course materials (online) and Passport (paper copy and online)
- Adjusted time of delivery, structure, content of “Weekly Bulletin” to students (based on feedback)
- Updated structure of orientation – more content to prepare for clinical experience, flipped information to home preparation.
- Will add use of the “remind” app for students to help with organization

III. Policy

- Clarified personal day policy to meet individual need of the clerkship
- Clarified pediatric “holidays”
- SAC is now part of the clerkship and has spread to other clerkships!

**Learning Strategies and Tools**

**Recommended Texts**

There are no required textbooks in the pediatric clerkship for purchase.

All students will be given free access to the Aquifer CLIPP cases. While only 15 are assigned, all are available for students to use as a tool for learning content, medical decision making and to take SHELF style questions at the end of each case.

Students should feel free to consider supplementing their clinical knowledge using the following sources of clinical information. All of these resources are also reviewed on Blackboard Learn.

**Online Resources**

- **PEDscripts**: Illness Scripts for Pediatric Clinical reasoning. This is an excellent tool, developed by pediatric clerkship medical educators to help medical students develop clinical reasoning skills in their pediatrics clerkship. It is designed as a reference tool to be used *before* taking a history or performing an exam on
a patient to provide the student with a differential diagnosis and key historical features/examination findings that the student should pursue during the H&P for a given chief complaint. http://pedsscript.businesscatalyst.com/

  o OR!! Download the PedsScripts app for iOS; passcode 7337 (PEDS on the number pad)

- **TheBCRP.com** (password tedandkate): this is the internal website resource for the residents in the Boston Combined Residency Program in Pediatrics. Under the “virtual white coat” tab you will find evidence based guidelines, quick cards with resources for pediatric care, and (maybe most helpful) the House Staff Manual which has sections for each of the subspecialties and guidelines on infectious disease/antibiotic choice in pediatrics. STRONGLY encouraged for students @ Boston Children’s for their Site. http://thebcrp.com

- **Bright Futures** is an online resource from the American Academy of Pediatrics which provided guidelines, anticipatory guidance, and outlines for ambulatory pediatric visits by age. In addition they have resources on pediatric nutrition and managing common problems in the outpatient setting https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx

- **OPENPediatrics:** This is a phenomenal library of free high quality pediatric educational videos developed by Boston Children’s Hospital targeted at various levels of pediatric learners (including medical students). We may use some of these in our curriculum, but students can find this helpful to illustrate other concepts with which they are not familiar in kids. https://www.openpediatrics.org
  
  o Check out their collection of medical calculators:
    https://www.openpediatrics.org/collection/view/419
  
  o Other videos you might like:
    - Pediatric Fever: https://www.openpediatrics.org/assets/video/approach-fever
    - Pediatric Asthma: https://www.openpediatrics.org/assets/video/asthma-1
    - Assessment of abnormal breathing: https://www.openpediatrics.org/assets/video/initial-assessment-abnormal-breathing
    - Newborn hip dysplasia: https://www.openpediatrics.org/assets/video/how-test-newborn-hip-dysplasia
    - Newborn primitive reflexes: https://www.openpediatrics.org/assets/video/assessing-newborn-primitive-reflexes
    - Bronchiolitis: https://www.openpediatrics.org/assets/video/bronchiolitis
    - Respiratory distress in the newborn: https://www.openpediatrics.org/assets/video/respiratory-distress-newborn
    - And MANY others!!!

- **UpToDate** can help you survive your clerkship, sub-I, as well as residency, by supplementing your clinical knowledge. It is an excellent on-line source for algorithms, descriptions, pictures and treatment options for common pediatric conditions. An electronic link is located on the BMC homepage under “Clinical resources.” http://www.uptodate.com/contents/search
• **The Children’s Hospital of Philadelphia** has provided online clinical pathways based on best recent evidence for pediatric care. You can use these resources for both inpatient, outpatient and emergency department care. [http://www.chop.edu/pathways](http://www.chop.edu/pathways)

• **PedsCases.com** is an online free resource designed for medical students that has many learning and patient care resources, including: clinical guidelines, cases to practice with your peers and supervisors and Podcasts [http://pedscases.com/](http://pedscases.com/)

• **AAP Clinical Practice Guidelines & Policy Statements** Provides the up to date recommendations based on current evidence for the care of common and rare pediatric diagnoses (for example, bronchiolitis, sinusitis, and even head lice!) [http://pediatrics.aappublications.org/site/aappolicy/index.xhtml](http://pediatrics.aappublications.org/site/aappolicy/index.xhtml)

• **Diagnosis of Otitis Media and proper otoscopy** the following resources can be fun and informative for this tricky diagnosis (use in consultation with the AAP Clinical Practice Guideline.
  
  • Test your speed and your accuracy with visual diagnosis with this fun game! [http://pedsed.pitt.edu/34_viewPage.asp?pageID=1445510805](http://pedsed.pitt.edu/34_viewPage.asp?pageID=1445510805)
  

In a recent study done at the Johns Hopkins School of Medicine, the following resources were recommended most highly by clerkship students:

1. Uworld qBank – most useful
2. BRS Pediatrics – second most useful & used
3. Practice NBME exams

Lastly, the council on Medical Student Education in Pediatrics (COMSEP) is a wonderful resource for your reference before and during the clerkship. In particular, they have a section on their website ([https://www.comsep.org/home/index.cfm](https://www.comsep.org/home/index.cfm)) called “educational resources” under which you will find the COMSEP Third Year Medical Student Curriculum. The curriculum competencies and objectives, organized by subject area, provide students with a roadmap to mastering the subject, replete with prerequisite knowledge from the pre-clinical years to support a comprehensive understanding of the subject, and the anticipated knowledge and skill areas to be acquired and studied during the clerkship.

**Additional Websites you may find helpful**

• **Newborn Exam Sites:**
  
  
  o [http://newborns.stanford.edu/Residents/ExamEnd.html](http://newborns.stanford.edu/Residents/ExamEnd.html)
  

• **Oral Presentations & Documentation:**
  
  
  o [http://newborns.stanford.edu/Students/Notes.html](http://newborns.stanford.edu/Students/Notes.html)

• **Routine Health Maintenance Visits:** see the visit documentation forms!
Pediatric Physical Exam Movie (COMSEP)
  - http://www.comsep.org/educationalresources/currsupportservices.cfm

Pediatrics Image Database and good basic cases and pediatric information
  - http://www.pediatricsconsultant360.com/

Pediatric Neurologic Exam

Guidelines to National Clerkship Curriculum (COMSEP)
  - http://www.comsep.org/educationalresources/currthirdyear.cfm

Textbooks & Handbooks
In addition, the following is a list of clinical handbooks that may be useful to you as reference for content during the clerkship. Electronic versions of the books marked with a * are available electronically through the alumni medical library with your Kerberos login and password.

- **The Harriet Lane Handbook** by Johns Hopkins Hospital. This book contains a lot of diagnostic and therapeutic information on a variety of topics (e.g. code cards, reading ECGs, weight conversions, etc.). Copies are often available to reference in the Pediatric Chief’s office.
- *Pediatrics In Review* a journal published by the American Academy of Pediatrics with great review articles about many core pediatrics topics. A “go to” resource for pediatric residents preparing for their board exams.
- Pediatric Dosage Handbook by Carol K. Taketomo. It provides age- and weight-specific information on dosing medications in the treatment of children for different conditions. It gets updated annually.
- Sanford Guide to Antimicrobial Therapy by David N., M.D. Gilbert. This provides information on what organisms’ sensitivity to various anti-infective medications (e.g. antibiotics, etc.), so can be very helpful when deciding what medications to treat infections
- *Textbook of Clinical Pediatrics* (edited by Elzouki)
- *Red Book* published by the American Academy of Pediatrics, the primary reference for treatment of pediatric infectious disease

Additional Reading Resources
The BU Alumni Medical Library has a wide variety of excellent pediatric journals that are available free online after you log in using your Kerberos password (http://www.bumc.bu.edu/medlib/portals/bsm/). PubMed is an excellent resource to help find primary information regarding patient care.

Some commonly referenced journals for general pediatrics include:
- JAMA Pediatrics
- Pediatrics (published by the American Academy of Pediatrics)
In addition, there are frequently pediatric-related articles in the larger journals that are not dedicated to pediatric medicine, including New England Journal of Medicine, JAMA, Lancet, BMJ, etc.

**Study Guides and Shelf Preparation**

The shelf exam in pediatrics is said by many students to be a difficult exam. Plan to start your reading early on complemented by doing sessions of timed questions either random or organized by topic area. You will find it helpful to reference the website for the NBME (national board of medical examiners) for a breakdown of the contents of the exam and use this as a way to structure your studying – dedicating proportionally more time to the study of content areas that are more highly tested on the exam.


As mentioned above, BRS and QBank were the favored resources by many students at Johns Hopkins. Other students have told me they like PreTest. Other published sources include (in no particular order):

- **Blueprints Pediatrics**, 5th ed. – Marino & Fine, 2009: Textbook with a lot of subject-specific information and few questions (100 Q)

- **Case Files Pediatrics**, 3rd ed. – Toy et al, 2010: Textbook presenting 60 Cases with 4 questions/case (240 Q). The vignettes are similar to cases you will see on the shelf exam.

- **PreTest Pediatrics**, 12th ed. (500 Q) – Yetman & Hormann, 2009: Textbook presenting only questions and answers/explanations. Students and online review sites have indicated that this is one of the best of the somewhat subpar question books available for pediatrics. Again, it is important to do as many questions as possible; unlike for medicine, however, the review books are as important to your success on the shelf as the question books.


**Online Shelf board review question banks**

Many students recommend these resources as a #1 tool for repeatedly assessing readiness for the exam. Taking tests, looking at the answer key and identifying choices and answers you do not recognize (even if you go the question right!) is a great way to prepare broader knowledge content areas. Choices include the USMLE World Step 2 question bank, ExamGuru, Osmosis, Pediatric Shelf Question Bank…and many others. I have not tried them, but you may want to ask your colleagues if they have favorites.
**Tutoring**
If you anticipate that you may have trouble on your shelf exam (or with clinical skills during the rotation), consider reaching out to the office of student affairs for a tutor:

**Tutoring for Clinical Knowledge:** [https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/](https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/)

**Practice Shelf Exams & Questions**
Practice exams are available for a small fee through the NBME. It is recommended that you take at least one of these exams in a timed setting (occasionally with a colleague) to gauge your studying. If you take the exam at least 1 week prior to the test date, it may help to focus you on the areas you need to review in the last week before the test.

Additionally, practice questions are provided weekly with the bulletins from Ms. D’Agostino, with the answers provided the following week.

**eValue Student Resources**
[http://www.bumc.bu.edu/evale/students/](http://www.bumc.bu.edu/evale/students/)

**Echo360/Technology**
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site ([http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/](http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/)): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: [http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/](http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/)

- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to [ithelp@bu.edu](mailto:ithelp@bu.edu) with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.

Tutoring
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/

Office of Disability Services
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. http://www.bu.edu/disability/policies-procedures/academic-accommodations/

Session Learning Objectives and Notes
Adolescent Medicine
Mandy Coles MD
By the end of the Adolescent Medicine Lecture, students will be able to:
- Understand the physical and physiologic events that occur during puberty
- Discuss the strengths based approach to adolescent preventive health care
- Discuss the importance of psychosocial assessment in adolescent health care
- Identify the components of the HEADSSS assessment
- State core care concepts of the adolescent population
- Explain screening and main preventative strategies regarding STIs in the pediatric and adolescent population
- Explain the sequence of physical maturation (i.e. Tanner scale)
- Recognize the role of confidentiality in care of the adolescent population

Caring for LGBTQ Youth
Mandy Coles MD
By the end of the Caring for LGBTQ Youth Lecture, students will be able to:
- Identify risk factors faced by LGBTQ youth
- Discuss the ways that homophobia contributes to LGBTQ health outcomes
- List three elements of LGBTQ competent healthcare delivery
- Describe resources for LGBTQ youth

Child Abuse
Kim Schwartz MD & Genevieve Preer, MD
By the end of the Child Abuse Lecture, students will be able to:
- Report/file Child Abuse
- Learn reasonable causes to believe child is being abused/neglected
- Protective concerns
- Identify common misunderstandings

Clinical Genetics
Jodi Hoffman MD
By the end of the in-class session, the student will be able to
- Analyze a family history and pedigree to identify genetic transmission pattern and familial risks.
• Integrate physical exam findings and presenting features using on-line resources such as OMIM and GeneReviews to propose a diagnosis in class and in future clinical settings.
• Formulate a clinical plan involving genetic and laboratory testing to confirm or exclude suspected diagnoses.
• Translate the clinical findings into family and patient-centered language to communicate the diagnosis to a patient and their family, including information about patient support resources.
• Synthesize the findings as would be presented when seeking a genetics consultation.
• Begin to understand the partnership between physicians and genetic counselors

**Developmental Behavioral Pediatrics**
By the end of the Development Behavioral Pediatrics Lecture, students will be able to:

- Identify developmental disabilities (ID, CP, Spina Bifida, ASD)
- Identify delayed development
- Learning disorders
- Identify attention and behavioral disorders (ADHD, ODD, anxiety, depression)
- Demonstrate understanding of the importance of developmental screening in Pediatrics

**Dysmorphology (Most blocks this is replaced by the Clinical Genetics lecture)**
Jodi Hoffman MD
By the end of the Clinical Genetics Lecture, students will be able to:

- Recognize that family/ethnic background affect facial characteristics
- Describe facial features and physical differences in a non-judgmental way
- Communicate physical findings clearly to other providers

**Exam Review**
Rachel Thompson MD
By the end of the Exam Review Session, students will be able to:

- Identify areas of knowledge gaps in order to prepare for the SHELF exam
- Utilize teach back approach to solidify pediatric medical knowledge
- Build relationships with classmates to encourage team-based learning

**Failure to Thrive**
Debbie Frank MD
By the end of the Failure to Thrive Lecture, students will be able to:

- Describe how failure to thrive is identified
- Identify 4 components of diagnosis and treatment of FTT
- Understand at least 3 reasons that children don’t get offered enough nutrients
- Understand at least 3 reasons children don't take enough nutrients even if offered
- Understand at least 3 reasons children may not retain or utilize adequate nutrients for growth
- Identify rates of normal growth
- State the proper mixing of formula and know how to tell if it is over dilute or over concentrated
- Review the elements in taking a complete dietary history for an infant

**Fluid Electrolytes & Nutrition**
By the end of FEN Lecture, students will be able to:
Review presenting signs of dehydration and discuss how to assess volume status in a pediatric patient
- Describe different strategies for fluid replacement
- Compare laboratory findings for diseases with differing metabolic disturbances
- Practice management of pediatric re-hydration including fluid rate calculations

Fever
By the end of the Fever Lecture, students will be able to:
- Identify the most common bacterial and viral causes of fever in children of different ages
- Generate a plan of patient evaluation and treatment for infants, children, and adolescents who present with fever
- State the primary sources of fever in children of different ages

Pediatric GI
Rachel Thompson MD
By the end of the Pediatric GI Lecture, students will be able to:
- Discuss common gastrointestinal issues that are unique to pediatrics
- Differentiate the epidemiology, presentation, diagnosis, and treatment for each GI disease
- Evaluate abdominal pain and vomiting in various age groups

Pediatric Rheumatology & Immunology
Ezra Cohen MD

Jeopardy
Chief Residents
By the end of the Jeopardy session, students will be able to:
- Review and prepare for the SHELF Exam by reviewing pediatrics in a jeopardy format

Neonatology
Ruby Bartolome MD
By the end of Neonatology Lecture, students will be able to:

Neurology
Mandeep Rana
By the end of the Neurology Lectures, students will be able to:
- State the leading presenting issues related to pediatric neurology in the pediatric population
- Explain the general evaluation of pediatric neurology disease in the pediatric population
- Articulate the key elements to the pediatric neurologic examination
- State the initial evaluation, treatment and management of pediatric neurology disease

Pediatric Cardiology
Sepehr Sekhvat
By the end of the Pediatric Cardiology Lecture, students will be able to:
- Broadly distinguish the ways patients with congenital (or acquired) heart disease can present (heart failure, cyanosis, shock)
• Begin to distinguish between degrees of severity or illness and urgency of interventions
• Understand the physiology of shunt lesions and the reasons for differences in symptoms and presentation
• Appreciate the potential severity of ductal-dependent lesions and the role of prostaglandin
• Understand the physiology of D-loop transposition of the great arteries, initial medical management, and the ways surgical management has changed over the decades
• Appreciate the growing prevalence of patients with repaired/palliated congenital heart disease

Pediatric Oral Presentations
Colin Sox MD, Rachel Thompson MD, Elizabeth Yellen MD
By the end of the Oral Presentation Session, students will be able to:
• Provide the components and key strategies tied to giving an effective oral patient presentation
• Receive formative feedback in real time in a safe learning environment on an oral patient presentation

Pediatric Respiratory Infections
Rachel Thompson MD
By the end of the Respiratory Infections Lecture, students will be able to:
• Discuss common respiratory illnesses that are common in pediatrics
• Identify the key historical points for a focused history of respiratory infection
• Recognize the differences in auscultatory findings in different respiratory presentations
• Recognize the physical exam findings and their underlying physiology and pathophysiology in pediatric patients
• Increase familiarity with the radiographic presentations of respiratory illnesses
• Know the common management planning for respiratory presentations, including criteria for radiography and admission as well as medications

Renal Cases
Elizabeth Yellen MD
By the end of the Renal Cases Lecture, students will be able to:
• Develop an appropriate history and physical exam plan for a pediatric patient presenting with hematuria
• Develop an appropriate differential diagnosis for a child with hematuria
• Identify the common causes glomerulonephritis in children with an appropriate illness script for each diagnosis

Shock
Kate Madden MD
By the end of the Shock, students will be able to:
• Understand the physiologic Basis of Shock
• Recognize the clinical Manifestations of Shock
• Recite the major categories and Etiologies for shock
• Develop initial Management planning for treatment of Shock
• Recognize the different types of shock in children
• Describe the fundamental pathophysiology underlying organ dysfunction and mortality in shock
• Specify the important of early recognition in pediatric shock and the time-sensitive nature of therapies
Urinary Tract Infections
Bob Vinci MD
By the end of Urinary Tract Infections Lecture, students will be able to:
- Describe the epidemiology of UTI’s in neonates
- Discuss the role of urinalysis in making the diagnosis of UTI
- Discuss LR and its impact on pre-test probability
- Use risk factors and UA to determine likelihood of UTI
- Review prognosis and follow-up recommendations