Pediatric Clerkship Virtual Curriculum Manual

Table of Contents
Medical Education Program Objectives .................................................................................. 4
Contact Information .................................................................................................................. 8
Virtual Clerkship Curriculum Description ............................................................................ 9
Curriculum Overview ............................................................................................................ 10
  Block Schedule .................................................................................................................. 10
  Holidays .............................................................................................................................. 10
Learning Schedule .............................................................................................................. 11
  Week 1 .............................................................................................................................. 11
  Week 2 .............................................................................................................................. 11
Virtual Clinical Experiences .................................................................................................... 12
  AQUIFER CLIPP Cases & Small Group Sessions .............................................................. 12
Other Online Learning ......................................................................................................... 13
Learning Communities .......................................................................................................... 14
Assessment and Grading ........................................................................................................ 15
Clerkship Grading Policy ....................................................................................................... 15
  Virtual Clerkship Grading ................................................................................................ 15
  Entire Clerkship Grading .................................................................................................. 15
Roles and Responsibilities ..................................................................................................... 17
  Clerkship Director .......................................................................................................... 17
  Clerkship Coordinator ..................................................................................................... 17
  Third Year Student .......................................................................................................... 17
  Professional Comportment ............................................................................................... 17
Student Evaluation of the Clerkship ..................................................................................... 18
Assignments .......................................................................................................................... 18
Patient Encounters/Case Logs

Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students

Collaborative Student Assessment System

Student Disciplinary Code of Academic and Professional Conduct

Attendance & Time Off Policy

Personal Day Policies

BUSM Policies

BU Policies and Student Support Services

Appropriate Treatment in Medicine

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines

Learning Strategies and Tools

Recommended Texts

Online Resources

Practice Shelf Exams & Questions

eValue Student Resources

Echo360/Technology

Tutoring

Office of Disability Services

Session Learning Objectives and Notes

Copyright © Trustees of Boston University. Do not copy for distribution. Any unauthorized copies of these materials is a violation of the BUSM Student Disciplinary Code of Academic and Professional Conduct and may be a violation of federal copyright.
### INSTITUTIONAL LEARNING OBJECTIVE

<table>
<thead>
<tr>
<th>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
</tr>
<tr>
<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U - 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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
</tr>
<tr>
<td>U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
</tr>
<tr>
<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
</tr>
<tr>
<td>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
</tr>
<tr>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

### MEDICAL EDUCATION PROGRAM OBJECTIVE

<table>
<thead>
<tr>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Acts in accordance with highest ethical standards of</td>
</tr>
<tr>
<td>A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)</td>
</tr>
<tr>
<td>A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)</td>
</tr>
<tr>
<td>A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)</td>
</tr>
</tbody>
</table>
### medical practice (Professionalism)

| 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_

At the end of the 3rd year clerkship in Pediatrics, the BUSM student will be able to:

**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)
- 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)
- 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)
- 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)

_Data Gathering:_
- 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)
- 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)
Medical Knowledge
• 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)
• 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)

Professional Practice & Responsibility
• Exhibit maturity in soliciting, accepting and modifying practice in response to feedback. (B.2, A.5, A.6, E.3, E.4, E.6)
• 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)
• 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: 801 Albany Street, 3rd Floor

**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/Cell: 617-775-2177  
Email: tad3@bu.edu  
Office: 801 Albany Street, 3rd Floor  
Office Hours: 8:00am-4:00pm
Virtual Clerkship Curriculum Description

We have transitioned two weeks of the clerkship content to an online curriculum in order to allow students to continue their learning while maintaining social distancing. All students will complete the clinical portion of the clerkship later in the year. This Virtual Curriculum Manual serves as an overview of the two-week virtual portion of the curriculum. Students will be provided with a clinical syllabus prior to the start of their clinical clerkship rotations.

The overall goals of the Virtual Clerkship in Pediatrics are to:

1. Provide students with an introduction to the differences in practice and focus in the various clinical environments they will encounter during the clerkship (wards, nursery, ambulatory, ED)
2. Familiarize students with common health problems encountered in pediatric patients across the age spectrum
3. Practice developing a pediatric-specific differential diagnosis and applying clinical reasoning to identify key features of a focused H&P to allow for a prioritized differential diagnosis.
4. Introduce students elements of written and oral presentations that are specific to pediatrics.
5. Gain skills with creating synthesized assessments and problem lists.

To achieve these goals, a curriculum has been designed with a mixture of:

- **Synchronous large group learning + case work** to facilitate acquisition of pediatric fund of knowledge and application to patient care (ddx, clinical reasoning) and clinical skills.
- **Asynchronous modules and self-directed learning.** Some will be specific modules, other times are available for pursuing
- **Listening to departmental “Case of the Week”** presentations to observe clinical reasoning through complex cases from our department layered with important professionalism skills (e.g. dealing with an ambiguous diagnosis and uncertainty with a family, recognizing implicit bias and it’s impact on patient care).
- **Small group learning** with your AME (once) and a pediatric faculty member (5 sessions) to practice oral presentation skills and documentation skills, with particular attention to assessments.

How our virtual curriculum aligns with your future clinical experience:

The practice of pediatrics requires a firm foundation in the medical care of children when they are healthy so that we can recognize both the overt and subtle signs of illness before they become severe. Since we care for children from birth to adolescence, this necessitates an appreciation for the initial and routine health assessment of newborns, children and teenagers. For this reason, we will start our virtual curriculum by diving into “what makes pediatrics different” with regard to clinical skills, and then introduce you through cases, didactics and self-directed learning to the care of the “well” newborn, child, and adolescent. However, recognizing the unwell child in the nursery & outpatient setting is key – and so we will integrate elements of the sick newborn and urgent care into this time!

As you progress into the end of the first week we will be addressing content of the unwell child and their management. We want you to arrive in the pediatrics clerkship feeling comfortable with a pediatric-specific diagnosis and understanding the pathophysiology and presentation of these concerns. Thus, content will now focus on patients seen in the emergency department or inpatient portion of your rotations.

*Most of these topics and cases correlate with the required clinical encounters for pediatrics and may be used as “alternative experiences” if the student does not encounter a live patient having those issues during the clinical portion of the clerkship.*
Curriculum Overview

Block Schedule
Block schedule dates for all clerkships can be located on the Medical Education website: http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/

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

## Week 1

**Week 1: June 29-July 3 - Foundations of Pediatrics: Clinical Skills & the Well Child**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-9am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dep’t Case of the Week Conference (Zoom)</td>
</tr>
<tr>
<td>10am-12pm</td>
<td>LG: Orientation to the Virtual Clerkship &amp; goals Clinical Skills: the pediatric History &amp; Exam (Thompson)</td>
<td>LG: Primary Care Cases (Thompson)</td>
<td>LG: Child Development - large group didactic + SG break out cases (Augustyn)</td>
<td>LG: The Ill Appearing Newborn - Break out rooms with report out (Bartolome)</td>
<td>LG: Pediatric Neurology - group didactic + SG break out cases (Rana)</td>
</tr>
<tr>
<td>12pm-1pm</td>
<td>the Newborn Nursery (Geha) OR Operation House Call?</td>
<td>LG: LGBTQIA (Coles)</td>
<td>SDL: Adolescent Health Module</td>
<td>MEO</td>
<td>SDL: SELF-STUDY</td>
</tr>
<tr>
<td>1pm-2pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3pm-5pm</td>
<td>LC Small Group: History &amp; Exam for AME Session</td>
<td>AME Groups or LC SG: primary care cases</td>
<td>AME Groups or LC SG: primary care cases or Adolescent Male Aquifer case 16</td>
<td>AME Groups or LC SG: Adolescent Male Aquifer case 16</td>
<td></td>
</tr>
</tbody>
</table>

## Week 2

**Week 2: July 6-July 10 - Pediatric Illness: Clinical Skills & Illness Across the Age Spectrum**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-9am</td>
<td>COW: Baby’s Got Back (can watch anytime today)</td>
<td></td>
<td></td>
<td></td>
<td>Dep’t Case of the Week Conference (zoom)</td>
</tr>
<tr>
<td>10am-12pm</td>
<td>SDL: SELF STUDY</td>
<td>LG: Pediatric Fever (Chief Residents)</td>
<td>LG: Child Abuse (Schwartz)</td>
<td>LG: Fluid Electrolytes &amp; Nutrition in Pediatrics (Chief Residents)</td>
<td>LG: Pediatric Cardiology - (Sekhavat)</td>
</tr>
<tr>
<td>12pm-1pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1pm-3pm</td>
<td>LG: Rheumatology &amp; Immunology - break out rooms &amp; cases (Cohen)</td>
<td>SDL: Pediatric Shock (Madden Recorded Lecture)</td>
<td>SDL: GI module, etc.</td>
<td>LG: (1-2pm) Failure to Thrive (Frank)</td>
<td>MEO</td>
</tr>
<tr>
<td>3pm-5pm</td>
<td>LC Small Group or PSG: Aquifer 21: extremity pain</td>
<td>LC Small Group or PSG: Aquifer 30: HsS &amp; Fever</td>
<td>LC Small Group or PSG: Aquifer 25: Apnea</td>
<td>LC Small Group or PSG: Aquifer 16: vomiting</td>
<td>LC Small Group or PSG** make up day</td>
</tr>
</tbody>
</table>

**KEY:**
- LG = Large group zoom (assume break out rooms for cases)
- LC = Learning Community
- SG = Small group/ PSG = Precepted Small Group
- SDL = self-directed learning +/- module
- MEO = MEO session

**** ideally will not schedule anything into this last PSG/LC but may need it depending on faculty availability
Virtual Clinical Experiences

PLEASE NOTE!
- **Sessions marked in yellow** on the schedule above are *required* attendance

- **Sessions marked in green** provide more flexibility. There will be self-directed learning modules and assignments required during these periods, but we will not be checking that they are turned in until the end of the week in which they are assigned.
  - In other words, any SDL assignments/modules in week 1 are due by Friday evening July 3rd
  - Any SDL assignments/modules in week 2 are due by Friday evening July 10th
- **THAT SAID** – I do STRONGLY encourage you to do them on the day they are assigned, even if not in the time slot on the calendar because the content in those modules is designed to (a) align with that day’s content and/or (b) may be critical to your understanding of the cases and content reviewed the following day.

- **Sessions marked in Orange** are your various small groups. They are marked as being from 3-5PM but I understand that there may need to be some flexibility here depending upon the availability of your preceptor
  - **WEEK 1**
    - June 29: you will have a standardized patient/parent small group to practice taking a history after which you will write a note and record an oral presentation to submit to your AME
    - June 30, July 1 or July 2: you will have a session with your AME to review the note & oral presentation from June 29
    - On the 2 days you are not with your AME you will have a precepted small group with a pediatric faculty member. See details under Small group sessions
  - **WEEK 2**
    - You will have four small group sessions. Three will be precepted with your assigned member of the pediatric faculty. One will be independent with the goal of meeting the same learning goals simply without the attending present. Again, all of these are “penciled in” for 3-5 pm but actual time may vary. The session on Friday July 10th is there only if you cannot get your 4th session in before then due to the availability of your preceptor.

- **Sessions marked in blue** are departmental case of the week sessions. Two of these will be live (on Fridays from 8-9am). Please try to attend these live, but if this is not feasible (i.e. due to time zone) a recording will be made available. Two of these sessions are pre-recorded sessions that I thought were awesome and I hope you will too. These are cases presented by a pediatric resident in front of the BMC department of pediatrics and are about a patient seen/cared for at BMC.

AQUIFER CLIPP Cases & Small Group Sessions
We will be using the Aquifer Pediatrics CLIPP cases (with the exception of your AME case and your 1st primary care case) as the simulated patient “raw material” for your practice of an oral presentation and
documentation in your small group sessions. In addition, these cases have the advantage of having you actively build:

- Condition/symptom-appropriate differential diagnosis
- Core medical knowledge needed for cases
- Key historical questions and exam findings that should help you develop a focused approach to this chief complaint
- Practice with synthesizing data
- Information on what is an evidence-based approach to the management of certain key conditions
- Several USMLE/SHELF style questions to test your knowledge

The expectation is that you will use the first hour of the 2-hour small group block to

- Independently or with a learning-community partner, work through the case
- Prepare an oral presentation for small group (individual assignment)
- Write up and submit a SYNTHESIZED ASSESSMENT of the critical data from the case, accompanied by a PRIORITIZED differential diagnosis supported by the data you used to make that prioritization and a PLAN OF CARE organized by problem or system. (individual assignment)
- Later in the week, we will post a sample that you can compare/contrast with your own for self-guided feedback.

In the second hour of your small group session – you will meet with your small group (either in a precepted session or independent session depending upon whether you have a faculty preceptor that day). You will then:

- Briefly go over any questions you have from the case
- Break out into pairs to practice your oral presentation and provide peer feedback
- Workshop the assessment for an oral presentation (as opposed to the submitted written note)
- Learn practice pearls from your preceptor

Other Online Learning
OPEN Pediatrics Pediatric Clerkship Curriculum:
https://www.openpediatrics.org/course/pediatric-clerkship-curriculum-0

This curriculum is for medical students on their core pediatrics rotation. The course will cover topics in newborn nursery, inpatient pediatric medicine, and outpatient pediatric medicine. The individual topic learning objectives are available on OPEN Pediatrics.

- Navigate to the website and “enroll” in the course.
- Follow the assignments on your schedule for which sections are assigned on various days.
- Assignments consist of a “pretest” of your knowledge, a short video with education about the subject, differential diagnosis, the epidemiology, core elements of a focused history/exam and key management issues. At the end of the module there is a post-test which you must pass with a score of > 80%.
- We have not assigned all of the modules, but encourage you to complete all of them if you find them valuable.

There is a “curriculum outline” box on the right side of the screen. At the end of the week, please upload to blackboard a document into which you have pasted screen shots of the completed assigned modules from this curriculum outline as demonstrated here (these are sample screen shots from some of my completed modules!):
You will be assigned a learning community for the entirety of the virtual clerkship. This is the group you will be meeting with regularly to do group learning, discuss things that you have learned, and support each other. We have integrated your learning community within your precepted small group sessions – but you obviously can also meet with your learning community to support one another, make learning goals or study the material together. You should create a communication contact who will start/run Zoom sessions for your group and who will be responsible for communicating with your faculty preceptor to set up and send out zoom invitations.

Please communicate to the clerkship coordinator which student will be running your Zoom session and what your Zoom ID is by 5pm on the first day of the virtual clerkship. This student may be given editing permission on BB/google calendar to enter LC meeting times and ZOOM ids.

As a group your learning community should:

- Create ground rules for communication and learning in your learning community.
- Support one another – if you have found a useful resource for learning or have tips to share for clinical skills definitely share these!
- Make a plan for your learning community. Plans for the learning communities may include:
  - Review the group plan for the day/week
  - Do cases on Aquifer (aquifer.org) or other self-study modules together
  - Discuss the online content you are completing- what you learned, questions it raised, etc.
  - Discuss any of the live work you are doing – what you learned, questions it raised, next steps for your learning
  - Support each other in prep for/stress of step 1 and be a community for each other in this isolated time.

These activities are in addition to your Zoom classroom work.
Assessment and Grading

Clerkship Grading Policy
An overview of the grading policy for the full clerkship is listed below. Please note that the clinical components will take place after all virtual clerkships. Students will take the shelf exam at the end of their clinical clerkship experience.

Virtual Clerkship Grading

Clerkship Virtual Grading Procedures/Policies
- The virtual clerkship is a pass/fail portion of the clerkship. In order to pass the virtual clerkship, students must:
  - Attend all live virtual zoom sessions (unless excused by the clerkship)
  - Attend all learning community group sessions (unless excused by the clerkship)
  - Complete all self-study content
  - Complete all assignments
  - Meet the professionalism requirements

Clerkship Specific Virtual Grade Procedures/Policies

Professionalism on the Virtual Clerkship
Evaluation of a medical student's performance while on a 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 professionalism lapses resulting in a failure to meet the virtual clerkship professionalism requirements may result in a failure of the virtual portion of the clerkship and will require narrative comments by the clerkship director in the summative comment section of the final evaluation.

Virtual Clerkship Failure and Remediation Policies/Procedures
If a student fails the virtual portion of the clerkship, they will still be allowed to take the clinical portion of the clerkship during the scheduled time.

If a student receives a grade of fail in a clerkship, based on failure of the virtual clerkship, the student will have the opportunity to remediate the failing grade through two additional clinical weeks on that clerkship. Upon earning a passing grade for those clinical weeks, the final grade will be recalculated as specified in the course syllabus and will appear on the transcript as a Fail/(Remediated Grade). A transcript note will be made to designate that the remediation was completed by an additional clinical experience.

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/

Entire Clerkship Grading

HOW MUCH EACH PART OF YOUR GRADE IS WORTH FOR THE ENTIRE CLERKSHIP:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>TBD</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage: OSCE</td>
<td>TBD</td>
</tr>
</tbody>
</table>

HOW YOUR FINAL WORD GRADE IS CALCULATED FOR THE CLERKSHIP:

<table>
<thead>
<tr>
<th>Grade</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td></td>
</tr>
<tr>
<td>High Pass</td>
<td></td>
</tr>
<tr>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>Fail</td>
<td>TBD or &lt; 5th% nationally on the NBME shelf exam</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

**SHELF/EXAM GRADING**

<table>
<thead>
<tr>
<th>Exam minimum passing (percentile/2 digit score)</th>
<th>&lt; 5th% / 63</th>
</tr>
</thead>
</table>

**What is “Other” and what percentage is it worth?**

<table>
<thead>
<tr>
<th>OSCE Percentage</th>
<th>TBD</th>
</tr>
</thead>
</table>

**Other components that need to be completed in order to pass the clerkship**

<table>
<thead>
<tr>
<th>Patient log</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOCuS Forms</td>
<td></td>
</tr>
<tr>
<td>HEENT observed exam</td>
<td></td>
</tr>
<tr>
<td>Newborn observed exam</td>
<td></td>
</tr>
<tr>
<td>Completion of assigned Aquifer Pediatrics Cases</td>
<td></td>
</tr>
<tr>
<td>Operation House Call written reflection</td>
<td></td>
</tr>
<tr>
<td>Preceptor log</td>
<td></td>
</tr>
<tr>
<td>Duty Hour logs</td>
<td></td>
</tr>
</tbody>
</table>

**Professionalism**

Evaluation of a medical student's performance while on a 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**

- Students are expected to request evaluations in a timely fashion
- An aggregate score will be calculated for the time in the emergency department @ BMC
- 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.
- Some sites submit an aggregate single evaluation after team meeting to discuss a student’s progress during the clerkship
- If a student fails a domain on the C-SEF after aggregation of evaluations at the end of the clerkship, they are likely to fail the clerkship and require remediation.
- If a student fails in professionalism during the clerkship, they are likely to fail the clerkship and require remediation.

**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/]
Roles and Responsibilities

Clerkship Director
- Oversee the design, implementation, and administration of the curriculum for the virtual clerkship curriculum
- Orient students to the virtual clerkship curriculum
- 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. Evaluate and grade students
- 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
- Coordinate orientations and didactic sessions
- Verify completion of virtual clerkship curriculum for each student

Third Year Student
- Attend all of the live virtual sessions
- Attend all learning community sessions
- Complete all self-study work
- Complete all assignments

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)

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 Attendance & Time Off Policy.

Further, below are expectations for student professionalism in the virtual curriculum. These include, but are not limited to:
- Treating the clerkship team in a professional and respectful manner
- Engaging in the virtual curriculum and participating respectfully at all times
- Arriving at scheduled sessions (e.g. Zoom meetings) on time
- Having your camera on for all small group sessions & break out rooms, and ideally for large group sessions as well.
- Handing in all assignments on time
- Informing clerkship leadership of absences
- Responding to emails in a timely fashion (within 48 hours)

**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 E-Value ([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.

**Assignments**

**Week 1**

<table>
<thead>
<tr>
<th>Date Assigned</th>
<th>Assignment</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-Jun</td>
<td>Video record a 5-minute presentation of the case you worked on from Monday’s small group with the standardized parent. Presentation should include a full assessment, prioritized ddx, problem list and plan of care</td>
<td>29-Jun</td>
</tr>
<tr>
<td>29-Jun</td>
<td>Write up your H&amp;P of the case you worked on from Monday’s small group session. Visit should include an assessment &amp; plan supported by evidence</td>
<td>29-Jun</td>
</tr>
<tr>
<td>29-Jun</td>
<td>Upload your video and written H&amp;P to the AME Folder in the Pediatrics Virtual Course Blackboard. You will find your individual AME in there.</td>
<td>29-Jun</td>
</tr>
<tr>
<td>29-Jun</td>
<td>Set up your OPEN Pediatrics Core clerkship account (p. 13 syllabus). OPEN Pediatrics Modules Respiratory Illnesses: Bronchiolitis, Croup, Asthma, Otitis Media</td>
<td>aim for June 29, due by July 3rd</td>
</tr>
<tr>
<td>30-Jun</td>
<td>Prep primary care cases - upload assessment, prioritized ddx, plan by systems or problem based to BBL (note move this and all SG assignments forward by 1 day if you meet with your AME on June 30th)</td>
<td>30-Jun</td>
</tr>
<tr>
<td>30-Jun</td>
<td>Growth &amp; Nutrition Module &amp; Questions</td>
<td>3-Jul</td>
</tr>
<tr>
<td>1-Jul</td>
<td>Adolescent Health Module &amp; Questions</td>
<td>3-Jul</td>
</tr>
<tr>
<td>1-Jul</td>
<td>OPEN Pediatrics Clerkship Curriculum: NB exam, NB Jaundice, NB respiratory distress</td>
<td>aim for july 1, due by july 3</td>
</tr>
<tr>
<td>1-Jul</td>
<td>Aquifer Case 16 - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL (note - move this assignment forward by one day if you are meeting with your AME on July 1st)</td>
<td>1-Jul</td>
</tr>
<tr>
<td>2-Jul</td>
<td>Listen to Case of the Week: Last Presentation</td>
<td>2-Jul</td>
</tr>
<tr>
<td>Date Assigned</td>
<td>Assignment</td>
<td>Date Due</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>2-Jul</td>
<td>Aquifer Case 16 (if not previously done) - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL</td>
<td>2-Jul</td>
</tr>
<tr>
<td>3-Jul</td>
<td>NO ASSIGNMENTS DUE - turn in/comlete any incomplete assignments. Record any patients that meet required clinical encounters for pediatrics</td>
<td></td>
</tr>
</tbody>
</table>

**Week 2**

<table>
<thead>
<tr>
<th>Date Assigned</th>
<th>Assignment</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-Jul</td>
<td>Watch: Baby's Got Back (Case of the week presentation)</td>
<td>10-Jul</td>
</tr>
<tr>
<td>6-Jul</td>
<td>prep with partner for Rheumatology cases</td>
<td>6-Jul</td>
</tr>
<tr>
<td>6-Jul</td>
<td>Aquifer Case 21 - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL</td>
<td>6-Jul</td>
</tr>
<tr>
<td>7-Jul</td>
<td>Watch Pediatric Shock lecture &amp; answer questions</td>
<td>10-Jul</td>
</tr>
<tr>
<td>7-Jul</td>
<td>Aquifer Case 30 - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL</td>
<td>7-Jul</td>
</tr>
<tr>
<td>7-Jul</td>
<td>OPEN Pediatrics Clerkship Curriculum: BRUE, UTI, KD</td>
<td>10-Jul</td>
</tr>
<tr>
<td>8-Jul</td>
<td>Module TBD vs. self directed learning</td>
<td>10-Jul</td>
</tr>
<tr>
<td>8-Jul</td>
<td>Aquifer Case 25 - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL</td>
<td>8-Jul</td>
</tr>
<tr>
<td>8-Jul</td>
<td>read assigned fluid and electrolytes article and Failure to Thrive article pre lecture on july 9th. (can be done AM of July 9th)</td>
<td>9-Jul</td>
</tr>
<tr>
<td>9-Jul</td>
<td>Aquifer Case 16 - complete case (independently or with a peer); prep oral presentation and upload assessment, prioritized ddx, plan by systems or problem based to BBL</td>
<td>9-Jul</td>
</tr>
<tr>
<td>10-Jul</td>
<td>NO ASSIGNMENTS DUE - turn in/comlete any incomplete assignments. Record any patients that meet required clinical encounters for pediatrics</td>
<td></td>
</tr>
</tbody>
</table>
Late assignments and make-ups
All assignments are due the last day of the rotation. 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.

If you have missed a virtual day due to shelf exam, you must contact the clerkship director in advance of the anticipated absence so that an alternative assignment can be assigned for the missed lecture time.
- All missed assignments from Week 1 are due by Sunday July 5th
- All missed assignments from Week 2 are due by Sunday July 12th

Missed Session(s) Week 2:
- If you are taking the entire week off to sit for Step 1, you will be scheduled to repeat the Week during the Week 2 Makeup time at the end of the Virtual Clerkships in August.
- If you are just taking 1-2 days to sit for your step:
  - Complete any modules/self-directed learning sessions
  - Discuss with the CD whether watching the recording from the am and completing associated cases OR an alternative assignment will be assigned.

Feedback for Assignments:
Due to the large size of the class, we will be unable to provide individual feedback on all the assignments. However, we will post examples of each write-up at the end of each week/over the weekend. You can use the templates to compare your own write-ups.

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/
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.

<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>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td>ALL facets of patient evaluation: Take a history, conduct a PE, provide an assessment &amp; treatment plan inclusive of anticipatory guidance and counseling where appropriate.</td>
</tr>
<tr>
<td>Infant (0-6mo)</td>
<td>Fever</td>
<td>Patient evaluation</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td>Alternative Experience: Participate in a clerkship approved case-based session or online module.</td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>Fever</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td>infant/child/adolescent</td>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
<td>Patient evaluation</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper respiratory illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye pain/redness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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>

**Patient Encounter Log**

Students can log any virtual patients from Aquifer or precepted small group cases in their patient encounter log on e*value. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/.

**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/
Collaborative Student Assessment System

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

Attendance & Time Off Policy

- 3rd Year Excused Absence Form: https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index

Personal Day Policies
The personal day policy applies only to the clinical portion of the clerkships.
http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

BUSM Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/medical-education/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 https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/
These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.


Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines

Learning Strategies and Tools

Recommended Texts

Online Resources

- **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](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](https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx)

- **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](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)

Additional Websites you may find helpful

- Newborn Exam Sites:
- Oral Presentations & Documentation:

- Routine Health Maintenance Visits: see the visit documentation forms!
  - http://brightfutures.aap.org/tool_and_resource_kit.html
  - https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_POCKETGUIDE.pdf

- 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

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/bstm/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/evalue/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 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**

**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/](http://www.bu.edu/disability/policies-procedures/academic-accommodations/)

**Session Learning Objectives and Notes**

**Adolescent Medicine**
By the end of the Adolescent Medicine module, 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 LGBTQIA 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 Pediatrics
Kim Schwartz MD & Genevieve Preer, MD
By the end of the Child Abuse Lecture, students will be able to:
• Summarize the responsibilities of the "mandatory reporter" to identify and report suspected child abuse. Know to whom such a report should be made.
• Recognize reasonable causes to believe child is being abused/neglected
• Understand what it means to have “protective concerns”
• List characteristics of the history and physical examination that should trigger concern for possible adverse childhood experiences, including physical, sexual, and psychological abuse and neglect
• Know the differential diagnosis for injuries and exam findings suspicious for child abuse

Developmental Behavioral Pediatrics
By the end of the Development Behavioral Pediatrics Lecture, students will be able to:
• Describe how abnormal findings on the development screening tools would suggest a diagnosis of developmental delay, autism, pervasive developmental delay, ADHD, ODD, anxiety, depression
• Demonstrate an ability to assess psychosocial, language, physical maturation, and motor development in pediatric patients using appropriate resources
• Distinguish between age-appropriate behavior, inappropriate or abnormal behavior, and those that suggest severe psychiatric or development illness in children of different ages
• Identify normal pattern of behaviors in the developing child such as newborn infants: development and evolution of social skills; toddler: autonomy; school age: independence; adolescence: abstract thinking.
• Develop an understanding of the importance of developmental screening in Pediatrics

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 the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration and such conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, and severe acidosis
• Understand the significance of the historical and physical finding information necessary to assess the hydration status of a child.
• Describe different strategies for fluid replacement – including intravenous, oral and nasogastric
• Compare laboratory findings for diseases with differing metabolic disturbances
• Calculate and write orders for the fluid therapy for a child with severe dehydration caused by gastroenteritis to include "rescue" fluid to replenish circulating volume, deficit fluid, and ongoing maintenance.
• Practice management of calculating 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 Module
By the end of the Pediatric GI Module, 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
By the end of the Pediatric Rheumatology Module, students will be able to:
• State common presenting symptoms for immunodeficiencies
• Know the initial work-up for patients with select rheumatologic diseases and immunodeficiencies
• Understand that autoimmunity and immunodeficiencies often dovetail
• Discuss general categories of treatment for conditions of autoimmunity and immunodeficiency

Newborn Respiratory Distress
Ruby Bartolome MD
By the end of Newborn Respiratory Distress Lecture, students will be able to:
• List the differential diagnosis and complications for newborn infants presenting with respiratory distress
• Identify core historical features from the maternal/prenatal history that impact risk for respiratory distress
• Know the initial work up and evaluation for neonates presenting with respiratory distress to narrow the differential diagnosis
• Recommend initial treatment for neonates with respiratory distress
• Know the definition of premature, late pre-term and term infant and how this corresponds to risk factors for respiratory complications

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 Sekhavat**

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

**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