Pediatric Clerkship

Department of Pediatrics
MS313
2020-2021

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

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## Medical Education Program Objectives

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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tr>
<td><strong>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</strong></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 - 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)</strong></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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<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 - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</strong></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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<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
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<td>A - Acts in accordance with highest ethical standards of medical practice (Professionalism)</td>
<td>A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)</td>
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<td>A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)</td>
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<td>A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)</td>
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<td>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)</td>
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<td>A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)</td>
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<td>A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5)</td>
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<td>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)</td>
<td>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)</td>
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<td>R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)</td>
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<td>R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10)</td>
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<td>E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)</td>
<td>E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)</td>
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<td>E.2 - Set learning and improvement goals. (3.2)</td>
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<td>E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)</td>
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<td>E.4 - Incorporate feedback into daily practice. (3.5)</td>
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<td>E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)</td>
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<td>E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)</td>
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<td>E.7 - Manage conflict between personal and professional responsibilities. (8.3)</td>
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<td>S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)</td>
<td>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)</td>
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<td>S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)</td>
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<td>S.3 - Use information technology to optimize learning. (3.7)</td>
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<td>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)</td>
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<td>S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)</td>
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<td>S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)</td>
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<td>S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)</td>
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<td>S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)</td>
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<td>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)</td>
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<td>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)</td>
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**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**

*(Linked to Medical Education Program Objectives in parentheses)*

- 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
  o 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

Clerkship Director
Rachel Thompson, MD
Director of Medical Student Education in Pediatrics
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Office: 801 Albany Street, Rm #

Associate Clerkship Director
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Associate Director of Medical Student Education in Pediatrics
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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: 801 Albany Street, Rm #
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.
  o Please see the syllabus “Learning Strategies and Tools” section for commonly referenced pediatric resources.
  o References to commonly used point of care websites are linked from the Pediatric Clerkship Blackboard homepage
• All students were required to complete the Pediatric Virtual Clerkship prior to the start of clinical clerkship training. We encourage students to re-review this material throughout the clinical clerkship to reinforce key knowledge, principles and skills which are fundamental to the practice of pediatric medicine and may be tested on the NBME shelf exam.
  o 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.
  o 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, passed the Pediatric Virtual Clerkship 2020-21, attended, 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/busm/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
DAY 1: First day of rotation

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 several 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 Pediatricians: (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. These instruction may change so please check your orientation emails from Children’s for details for when and where to come for onboarding.

**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.

**SITE DESCRIPTION**
The clinical experience will include rotating at BCH on an inpatient pulmonary &/or GI ward for two 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 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. The outpatient experience may include shifts in the pediatric emergency department, primary care and sub-specialty clinics at BMC or at an outside clinic. 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/
Parking Office: 617-958-7592

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.
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.

**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](http://www.berkshirehealthsystems.org/macony)

The student assigned to the MACONY practice will have ~ 3 weeks at the practice and ~1 week of inpatient pediatrics (typically at Boston Medical Center). 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, annutt@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!

. 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, COCONNOR24@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, typically on the first day of the clerkship.
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 2 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 45 minutes 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 Shore Hospital
55 Fogg Road
Weymouth, MA 02190
Site Director: Chelsea Hastings MD, (434) 227-6666, chelsea.hastings@childrens.harvard.edu
Lara Batey MD, lara.batey@childrens.harvard.edu

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. You will be emailed with instructions about where and when to arrive for onboarding and orientation prior to the start of the rotation. Typically students rotating there in the first 2 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 typically have an assigned day/afternoon to go down to SSH to complete the necessary credentialing prior to their start date. 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) and complete their 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: Your hours will be provided by Dr. Hastings 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

**West Cambridge Pediatric & Adolescent Medicine**
575 Mount Auburn Street, Suite 101
Cambridge, MA 02138
Site Director: Jennifer Gill, MD. (617) 547-1995  jennifer.litzow@gmail.com
Site Administrator/Practice Manager: Stacey Bates 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
Site Administrator: Laura Rondeau, (781) 756-2561 laura.rondeau@lahey.org

**DAY 1:** First day of rotation.
Report to: Please see the orientation email sent by Ms. Ferullo for details of orientation.

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: http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/

Didactic Schedule
Didactic sessions from the Virtual Pediatrics Curriculum 2020 are posted to Blackboard and available for review at any time. Students are strongly encouraged to virtually attend Case of the Week and Grand Rounds
at BMC Typically Grand Rounds is given 8am-9am on Thursday morning but is not given for several weeks in the Summer. Case of the Week is an interactive resident led Department wide session typically given on Fridays from 8am-9am except in the summer when it moves to Thursday 8am-9am. Students at BMC are required to attend these sessions. Students at other sites are encouraged but not required to attend. Specific of each session will be sent to students by the Clerkship Coordinator.

Student may be required to attend additional site specific didactic sessions or have other didactic opportunities made available to them at their site. Details on site specific didactic sessions will be discussed with students during site specific orientation.

**Daily Schedule**
Each pediatric clerkship site maintains their own individual schedules. Students will be provided with their specific schedules by their site directors at 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.

**Call Schedule**
Students do not have call (in hospital shifts >24 hr) during the Pediatric Clerkship.

**Holidays**
Intercession: Thu, Dec 24, 2020 – Sun, Jan 3, 2021
Spring Break: Sat, Mar 6, 2021 – Sun, Mar 14, 2021

Other holidays that occur during specific blocks will be communicated by the clerkship director.

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

**Assessment and Grading**

**Clerkship Grading Policy**

[UPDATE WITH CLERKSHIP SPECIFIC DETAILS]

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th>P/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>65%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>25%</td>
</tr>
<tr>
<td>OCRA (Observed Clinic Reasoning Assessment)</td>
<td>5%</td>
</tr>
<tr>
<td>“Other” Components Percentage (Aquifer Cases, HEENT exam, Newborn exam)</td>
<td>5%</td>
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</tbody>
</table>
HOW YOUR FINAL WORD GRADE IS CALCULATED:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
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</thead>
<tbody>
<tr>
<td>Honors</td>
<td>≥ 89</td>
</tr>
<tr>
<td>High Pass</td>
<td>≥ 76 to &lt;89</td>
</tr>
<tr>
<td>Pass</td>
<td>≥ 41.75 to &lt;76 or between 1.5-2.49 in any domain on the final CSEF</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;41.75 Numeric Score or &lt;1.5 on any domain on the final CSEF or &lt; 2 averaged on the final CSEF (Clinical Fail)</td>
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</table>

HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:

<table>
<thead>
<tr>
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<th>Score Range</th>
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<tbody>
<tr>
<td>Clinical Honors</td>
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<tr>
<td>Clinical High Pass</td>
<td>3.5-4.49</td>
</tr>
<tr>
<td>Clinical Pass</td>
<td>2-3.49</td>
</tr>
<tr>
<td>Clinical Fail</td>
<td>&lt;2</td>
</tr>
</tbody>
</table>

SHELF/EXAM GRADING

| Exam minimum passing (percentile/2 digit score) | 63 |

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

- Aquifer Cases (9 cases required). 1 point for 6 cases completed by midnight Sunday of week 2. 1 point of 9 cases completed by Midnight Weds of week 4.
- FOCUS forms (interview and Physical exam) 1 point for completion by midnight the Wednesday of week 4.

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

- Patient log
- 2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam
- Duty Hour logs

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 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g. if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

- CSEF Clinical Grade Calculations should be made using the 0.1 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number.
- Any average of <1.5 in any domain = an automatic fail for the clerkship
- Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching
- >2.5 in all domains, standard rounding will be used
  - <2 = Clinical fail which will = a fail for the clerkship
  - 2-3.49 = Clinical pass
  - 3.5-4.49 = Clinical high pass
  - >4.5 = Clinical honors
The clinical grade will be reported in the CSEF final narrative.

- 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

- The clinical grade will be worth 65% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF.
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.
- Students must complete all required assignments to pass the course.

### 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. If a clerkship director determines that a student does not meet the professionalism expectations of the clerkship (professionalism comportment section below), after providing the student with feedback, a student will fail the clerkship. If there are multiple professionalism concerns throughout a clerkship, the student will not be eligible to receive honors on the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

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

### 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. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

**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

You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid clerkship point.
The Mid-Clerkship review is a 2-step process:
1. Complete the mid-rotation CSEF with your attending preceptor or site director
2. 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 or shorter 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 Pediatric 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 45 minutes to complete this exam. Shelf exam dates can be found in the 3rd year google calendar.

**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
  o Develop and monitor assessment materials
  o Use required methods for evaluation and grading
  o Assure mid-clerkship meetings and discussion with students
  o Ensure students are provided with feedback on their performance
  o Submit final evaluations for students via eValue
• Evaluate faculty and programs via peer review and reports from the Medical Education Office 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
• Orient 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.

Physical Exam Demonstrations
The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

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 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 and 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 your 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 evening shifts 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 evening shifts 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)

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 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
• Informing clerkship leadership and supervising faculty/residents of absences

Professionalism will be reviewed at the mid-clerkship feedback session and will be given feedback when professionalism concerns are identified on the clerkship. If students are not meeting professionalism expectations of the clerkship or there are significant professionalism concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

**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:**
   b. View the newborn examination video from MedEd portal, located on the Blackboard site passport section (in the folder on newborn competency)

2. **HEENT Exam** – complete modules for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off.

3. **FOCuS forms**: (1) **History and data gathering** and (2) **Physical** 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. **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 a minimum 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.

5. **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 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.
**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 (BUSM Core)**
http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

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>
<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></td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>Fever</td>
<td>Patient evaluation</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 with developmental assessment, anticipatory guidance</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>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye pain/redness</td>
<td></td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shortness of breath</td>
<td></td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td></td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constipation</td>
<td></td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
<td></td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
<td>Patient evaluation</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>

### 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 are:

- virtual patient encounters using online 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 eValue 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/bumc/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 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.

  - 3rd Year Excused Absence Form: [https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index](https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index)
- Work Hours: [http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/](http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/)

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

**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)
• NBME SHELF exam
• The nursery days at South Shore Hospital or Boston Medical Center
• The week of inpatient pediatrics for students assigned to Berkshires
• BMC Ambulatory continuity clinic sessions. We do not have flexibility in rescheduling these clinics.
• Taking a personal day in the last week of the clerkship is discouraged. 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**
http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-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.


**Needle Sticks and Exposure Procedure**  

**Boston University Sexual Misconduct/Title IX Policy**  

**Boston University Social Media Guidelines**  

**Recent Changes to the Clerkship**

- Implementation of 2 week virtual Pediatric Clerkship
- Decrease in clerkship length from 6 to 4 weeks
- Implementation of OCRA
- Removal of didactic days during clinic clerkship to maximize clinical learning opportunities
- Adjustments in clinical sites to support high quality student learning (adequate patient and faculty) as well as student safety.
- Decrease in required assignments (fewer CLIPP cases, FOCUs forms) to highlight core knowledge and skills. Additional material remains accessible to students.
- Decrease in nursery time.
- Change in student scheduling to promote safety and quality learning opportunities for students
- Re-organization of Blackboard site for greater clarity.
- New CSEF and grading cutpoints

**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.  
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](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)

- **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](https://www.openpediatrics.org)
  
  o Check out their collection of medical calculators: [https://www.openpediatrics.org/collection/view/419](https://www.openpediatrics.org/collection/view/419)
  
  o Other videos you might like:
    
    ▪ Pediatric Fever: [https://www.openpediatrics.org/assets/video/approach-fever](https://www.openpediatrics.org/assets/video/approach-fever)
    
    ▪ Pediatric Asthma: [https://www.openpediatrics.org/assets/video/asthma-1](https://www.openpediatrics.org/assets/video/asthma-1)
    
    ▪ Assessment of abnormal breathing: [https://www.openpediatrics.org/assets/video/initial-assessment-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](https://www.openpediatrics.org/assets/video/how-test-newborn-hip-dysplasia)
    
    ▪ Newborn primitive reflexes: [https://www.openpediatrics.org/assets/video/assessing-newborn-primitive-reflexes](https://www.openpediatrics.org/assets/video/assessing-newborn-primitive-reflexes)
    
    ▪ Bronchiolitis: [https://www.openpediatrics.org/assets/video/bronchiolitis](https://www.openpediatrics.org/assets/video/bronchiolitis)
    
    ▪ Respiratory distress in the newborn: [https://www.openpediatrics.org/assets/video/respiratory-distress-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](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.

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:

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

• Routine Health Maintenance Visits: see the visit documentation forms!
  1. [http://brightfutures.aap.org/tool_and_resource_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html)

• Pediatric Physical Exam Movie (COMSEP)
  1. [http://www.comsep.org/educationalresources/cursupportservices.cfm](http://www.comsep.org/educationalresources/cursupportservices.cfm)
• Pediatrics Image Database and good basic cases and pediatric information

• Pediatric Neurologic Exam

• Guidelines to National Clerkship Curriculum (COMSEP)
  o [http://www.comsep.org/educationalresources/currthirdyear.cfm](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/busm/](http://www.bumc.bu.edu/medlib/portals/busm/)). 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)
• Pediatrics in Review
• Journal of Pediatrics
• Pediatric Emergency Care
• Academic 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.


- **BRS Pediatrics** (Board Review Series) -- This offers an excellent general review with pertinent questions at the end of each chapter, plus a full practice exam at the end of the book. It is an excellent book to read before you begin questions. This is a standout text in the BRS series and a superior alternative to Blueprints or First-Aid.

**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.

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/): 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/

- **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
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/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/