Pediatric Clerkship

Pediatrics
MS 313
2018-2019

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

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Roles and Responsibilities

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| **B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)** | **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)  
**B.2** - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
**B.3** - Demonstrate compassion, integrity, and respect for others. (5.1)  
**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) |
| **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)** | **U.1** - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
**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)  
**U.3** - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
**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)  
**U.5** - Develop and carry out patient management plans. (1.6)  
**U.6** - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
**U.7** - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
**U.8** - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
**U.9** - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
**U.10** Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care) | 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) |
| | C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7) |
| | C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8) |
| | C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1) |
| | 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) |
| | C.6 - Maintain comprehensive, timely, and legible medical records. (4.5) |
| | 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) |
| | 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) |

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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
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<tr>
<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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<p>| R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4) |
| | R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6) |
| | R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |</p>
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<tr>
<th>E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)</th>
<th>S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)</th>
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<tr>
<td>E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)</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>E.2 - Set learning and improvement goals. (3.2)</td>
<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>E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)</td>
<td>S.3 - Use information technology to optimize learning. (3.7)</td>
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<td>E.4 - Incorporate feedback into daily practice. (3.5)</td>
<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>
</tr>
<tr>
<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>
<td>S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)</td>
</tr>
<tr>
<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>
<td>S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)</td>
</tr>
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<td>E.7 - Manage conflict between personal and professional responsibilities. (8.3)</td>
<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>
<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 (Pediatric Course Learning Objectives sub bulleted)

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
  - Develop compassionate and respectful communication skills facilitating age-appropriate and culturally sensitive clinical interaction with children, adolescents and their families to ensure that complete, accurate data are obtained (B4, U2, C4, C7)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
  - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (U1, U2, C1)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
  - 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 (U4, U7, R1, R2)
- 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)
  - 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. (U7, C5, C8)
- Counsel and educate patients and families (C.3)
  - Perform 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) (B1, B4, C2, C3, C4, R1)
- Demonstrate timely, comprehensive and organized documentation (C.6)
  - Perform 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. (C5, C6, C8)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
  - 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 (U3, U4, U7)
• 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) (U4, U8, U9)

• Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)

• Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback. (B2, A5, A6, E3, E4, E6)

• 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)

• Communicates effectively with the interprofessional team (S.9)

• 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 (B3, C3, C5, C8, A5, S4, S5, S6, S9, S10)

**Additional Pediatric Clerkship Learning Objectives**
*(Linked to Medical Education Program Objectives in parentheses)*

• 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. (B1, B4, C4, C7, S1)

• Practice narrative Medicine as a tool for personal and professional wellness and resiliency. (B2, E7)
Contact Information

Clerkship Director

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

Associate Clerkship Director

Elizabeth Yellen MD  
Associate Director of Medical Student Education in Pediatrics  
Telephone: (617) 414-4841  
Email: Elizabeth.Yellen@bmc.org  
Pager: 617-638-5795 Beeper #2845  
Office: Office of Academic Affairs, A Building, 3rd floor  
Office Hours: Please email Dr. Yellen to set up meetings

Clerkship Coordinator

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

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

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

- The residents and pediatric faculty are wonderful resources for questions you may have, and can also direct you to online and printed resources.
  o Please see the syllabus “learning materials” section for commonly referenced pediatric resources.
- The clerkship core lecture series occurs weekly on Tuesday afternoons. These didactics have varied format (case-based, small group and team based sessions) with required participation. Some lectures will require preparation prior to class, and you will receive guidance as to when this is the case via email and during orientation. During these sessions, we aim to cover core knowledge areas that are tested on the shelf and/or fundamental to the practice of medicine.
  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. These cases can be accessed 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.
- 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 the whole pediatric patient.

Pre-requisite knowledge and skills
Students must have completed their second-year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.
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) 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.

Site Information

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

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

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

DAY 1: First Tuesday of rotation (or day after orientation if orientation not on a Monday).
Time: 7:45 AM Sharp
Report to: When you enter the hospital, you will be greeted by our access services representatives who will direct you to our pediatric office located on the 5th floor of the Johnson building conference room. Report to the J5 Conference Room (5th floor, Johnson Building, by the nurses’ station) and ask for Carmen Cuascut’s office. You may park anywhere, but it is recommended that you park in the Garage.

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

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

**DIRECTIONS & PARKING:**

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

**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.

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

[Boston Children’s Hospital]
300 Longwood Avenue, Boston, MA 02115
Site Director: Liza Pingree MD, 617-355-6000, Elizabeth.Pingree@childrens.harvard.edu
DAY 1: Monday (after general pediatric clerkship orientation) → Meet Drs Pingree or Stoeck in the 9-South conference room in the Main (inpatient care) building.

DAY 2: Report at 7:15 am to 9-south on the following morning if assigned to BCH, or on the 4th Monday if rotating in the second half of the clerkship.

Please note, students are NOT required to go to BCH on Tuesday morning, before didactics.

SITE DESCRIPTION:
The clinical experience will include rotating at BCH on an inpatient pulmonary &/or GI ward for two to three weeks. The inpatient experience will involve rotating on sub-specialty pediatric wards at BCH 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 10 pm).

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

Via 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 9:00 am-7:00 pm. 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 5:00 am-11:40 pm 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, 7:00 am-4:30 pm. 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.
SITE DESCRIPTION:
The clinical experiences at BMC may include the inpatient wards, newborn nursery, outpatient primary and specialty care clinics, pediatrics Emergency Department. In addition, students may be scheduled to rotate through the NICU and/or PICU. The inpatient experience will involve working very closely with the house officers and faculty team; the students’ clinical experience may include periodically taking late “call” (e.g. caring for patients until 10pm). The outpatient experience may include shifts in the pediatric emergency department, primary care and sub-specialty clinics at BMC or at an outside clinic (such as a neighborhood health center). Students in the CCHERS Community Partnership Program do the ambulatory component of the clerkship at their CCHERS site and the inpatient and nursery components at Boston Medical Center. The nursery experience is rotating on the general newborn nursery at BMC, which may include a brief introduction to the newborn intensive care unit.

Codman Square Health Center provides community based, community focused outpatient care through a wide range of services in the heart of Dorchester. Codman’s Square pediatrics practice

Directions To Codman Square Health Center

By Public Transportation (The “T”)
Take the “Ashmont” Red Line train outbound to the Shawmut stop. Exit the station through the ticket gate, and walk straight ahead to Centre Street. Turn right on Centre Street, and follow to the end. Turn right onto Talbot Street and then turn left at the next intersection onto Washington Street. The Health Center will be the second building on your right.

If you wish to take a bus, take the Red Line train one more stop to the Ashmont Station. Buses numbered 22, 23 and 26 will stop by a large yellow brick building on Talbot Street. Walk one block to the intersection of Talbot and Washington Street and turn left. The Health Center will be the second building on your right.

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

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

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

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

DotHouse Health (formerly known as Dorchester House Multiservice Center) is an outpatient multiservice community-focused and federally qualified health center in the heart of Dorchester.

[Emerson Hospital]
133 Old Road to Nine Acre Corner
Concord MA 01742
Site Director:  Michael Picciolli MD, MPiccioli@emersonhosp.org
           Inger Marie Pu MD, IPu@emersonhosp.org
Site Administrator:  Karen Roy, KRoy@emersonhosp.org, 978-287-3018

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

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

Franciscan Hospital for Children is a remarkable facility which provides pediatric rehabilitation and comprehensive support services for children with complex medical problems. Students at this site will care for patients with rarer pediatric genetic disease, cardiac disease, complications of prematurity, etc. or recovering from catastrophic illness. This is a relatively high acuity center where many patients are technology dependent and so students looking to learn more about critical care or interested in learning more about pediatric patients with more complex illnesses will thrive here.

[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
Time: orientation will be from 8:30am-4pm on day 1 of the rotation
Schedule: Schedule varies by student. Please see your schedule for details of hours and location.

SITE DESCRIPTION:
Welcome to the pediatrics department at the Kaiser Permanente Santa Clara Medical Center. Located in the heart of Silicon Valley, South of the Bay, we offer quality and personal pediatric care from infancy through young adulthood. We have 26 pediatric beds, 8 pediatric intensive care units beds, a level III NICU and a very busy delivery service. During your pediatrics clerkship at KPSC, you will have the opportunity to care for patients on the inpatient ward, newborn nursery, NICU, outpatient primary care clinic, as well as participate in subspecialty clinic sessions.
Numerous pediatric sub-specialty services are available for consultation and referral, including: cardiology, hematology/oncology, physical medicine and rehabilitation, developmental medicine, pulmonary, gastroenterology, neurology, endocrinology, nephrology, and neurosurgery.
DAY 1: On the students’ first day they should stop at the security office on the first floor, located to the left of the Welcome Desk, at the bottom of the ramp. Security will take the student’s photo for their badge. The student should continue to the 6th floor for EMR training (should training be scheduled on day 1). Training is located to the left of the elevator in the administrative suite (will need to use badge to access). Training is located in the “team room.”

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

Health Center patients may choose a primary care physician, nurse practitioner or certified nurse midwife from our team of more than 40 board certified medical providers. Behavioral health services are integrated into the care provided at the Health Center. Patients are able to schedule visits with certified mental health professionals working at the Health Center. Our employees speak 28 different languages, and at least 40 staff are trained medical interpreters.

Lowell Community Health Center is committed to delivering exceptional care that improves the health of the patients it serves through prevention, treatment and education.

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

- physical exams with vision and hearing assessments
- school, sports and camp physicals
- sick visits
- lead screenings
- asthma management
- immunizations
- nutrition services
- routine lab work
- health education
- behavioral health services

DIRECTIONS & PARKING: There is metered parking in the Edward J Early Garage adjacent to the Health Center. Students can purchase a parking pass at the student rate for $30 plus a $10 activation fee.

Closest train station is located at 101 Thorndike St, Lowell, MA 01852 (less than a mile from the Health Center)
MACONY 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

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

MIT Medical is a multispecialty group practice and community health center that has served the MIT community for more than 100 years. Our clinical services range from pediatrics to geriatrics, and we also offer community-focused support and wellness programs to enhance the health of students, faculty, staff, retirees, and their families. We pride ourselves on our patient-centered approach to care and our ability to meet the healthcare needs of our diverse community.

MIT Pediatrics is a service within the Medical Department that treats the children of MIT faculty, staff and students. We provide comprehensive pediatric primary care and also have on site child psychiatry in the office once weekly.
Schedule: Monday, Wednesday and Thursday working clinic sessions with the pediatrician. Fridays will be spent with the Pediatric nurses doing triage, vaccines, and patient education. The rotation will also include a clinic session spent in ancillary departments including pharmacy and referrals.

Directions & parking:
Public transportation (recommended)
MIT Medical/Cambridge is located at 25 Carleton Street, Cambridge, MA 02142. to MIT Medical/Cambridge
By subway or bus
By subway, take the Red Line to the Kendall/MIT stop. MIT Medical (Building E23, street address 25 Carleton) is a half block from the stop.
During Kendall Square construction, direct access to Carleton Street may be blocked. In that case, you will need to access Building E23 by walking down Main Street, making a left turn on Ames Street, walking a half-block on Ames, and then walking to MIT Medical through the courtyard on the left.
Several buses also stop at the Kendall/MIT subway stop. For subway and bus schedule information, visit the MBTA.
Pediatrics is on the first floor of the MIT Medical Building. Enter the main entrance and Pediatrics will be to the right of the centrally located Urgent Care desk.
Driving
On campus parking is not available. The Marriot in Kendall Square has a parking garage for a daily fee.

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

Daniel Driscoll – Neponset Health Center provides comprehensive outpatient medical services to residents in Dorchester and the surrounding communities.

North Shore Medical Center
81 Highland Avenue
Salem, MA 01970
Site Director: Katheryn Nathe MD, knathe@partners.org
Phillip Devadan MD, phildev9@hotmail.com
Site Administrator: Melissa Pierce, MPierce9@partners.org

DAY 1: We will plan to meet you for orientation at the site on the first Tuesday of rotation on the blocks when the clerkship starts with orientation at BMC on a Monday. For blocks with delayed start due to holidays, please check with the site administrator/director for the Day 1 plan.
Time: 12:00p (first round of students only) and subsequently 8:00a
Report to: Mass General for Children at North Shore Medical Center’s main lobby. You will be greeted by Melissa Pierce who will then take you to get your badge, parking sticker and give you a general tour of the hospital. Dr. Sanders will then orient the students to the Pediatric Emergency Department.

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

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

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

By Car –

From BUSM to North Shore Medical Center is an approximately 16-mile drive. With traffic, please be aware the may take 45minutes to 1 hour to drive. Use any mapping program to find the most efficient directions and once you get on MA-107N you will see signs along the way for the hospital when you get closer.

MBTA –
Stop at 80 highland avenue and walk about 5 minutes. The Mass General for Children’s entrance is on the right.
[Pediatric Associates of Greater Salem]
84 Highland Avenue
Salem MA 01970
Site Director: Mazda Jalali MD MPH, (978) 745-3050 mjalali@pags.com

At this site, you will work primarily with Dr. Jalali for 1-3 week in a busy general outpatient pediatrics practice seeing a variety of patients for well child checkups as well as sick visits.

[South Boston Community Health Center]
409 West Broadway
South Boston MA 02127
Site Director: Virginia Fitzgerald, MD vifitzge@sbcnch.org
Site Administrator: Jocelyn Guggenheim NP, JoGuggen@sbcnch.org (617) 464-7434

At this site you will practice general outpatient Pediatric Care focused on the South Boston Community.

[South Shore Hospital]
55 Fogg Road, Weymouth MA 02190
Site Director: Sixtine Herold MD, 434-227-6666, sixtinepacifique.herold@childrens.harvard.edu
Lara Batey MD, lara.batey@childrens.harvard.edu
Tracy Seimears MD, tracy.seimears@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 on the first day of the clerkship. Please leave BMC at 2pm immediately after your last lecture; orientation will start as soon as you arrive. You will get IDs and computer access at that time. When you come in the main hospital lobby, please ask the concierge to contact Lorraine Leitch in the medical staff office and someone will come down to meet you.

**Schedule:** Students from the BMC site will rotate through the pediatric emergency department (PED) every 2 weeks. Please see your schedule for details. A portion of the students rotating through the ED will complete their one-week nursery rotation in the busy SSH newborn nursery.

**Time:**
- PED: You will have approximately 7-8 shifts over 2 weeks, your hours will be provided by Dr. Herold on a schedule at the beginning of your rotation.
- Nursery: You will have one week in the newborn nursery and, schedule permitting, may have ½ day sessions in a local primary care practice and/or NICU during this interval as well.
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.

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 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 may be available but not during all hours of the PED shifts.

[Virginia Pediatric and Adolescent Center]
3700 Joseph Siewick Drive, Suite 300
Fairfax, VA 22033

Site Director: Catherine Cross MD, (703) 569-8400, Catherine@vpacmd.com

At this site, you will work primarily with Dr. Cross and Dr. Jarvandi in the outpatient clinic for the entirety of the 6 week clerkship. You will see a wide variety of sick and well visits.
Founded in 1963, the providers of Virginia Pediatric and Adolescent Center have been caring for the children of northern Virginia through multiple generations. Our goal is to foster the growth, health, and happiness of your child. We care for children from infancy through college, and we take pride in treating them with compassion in a non-hurried and nurturing environment. We care for the whole child--meaning that we give both illness-related and preventative care--while tending to the physical, emotional and social developmental needs of each child in the context of self, family, and the broader community.

[Winchester Hospital]
41 Highland Avenue, Winchester MA 01870
Site Director: Nadine Aprahamian MD, 781-756-2561
    nadine.aprahamian@childrens.harvard.edu
Site Administrator: Michelle Ferullo, 781-756-2561, mferullo@winhosp.org

DAY 1: First Tuesday of rotation (or day after general pediatric clerkship orientation if orientation not on a Monday).
Time: 10:00 AM (For Monday PM orientations, start time is 3pm)
Report to: Front lobby of the hospital. Chris McCular or her replacement (after June 30th 2016) will meet you there at 10:00 AM.

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 selected rotations.

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.

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 Office of Academic Affairs website: 
[http://www.bumc.bu.edu/busm/education/academic-affairs/academic-calendars/](http://www.bumc.bu.edu/busm/education/academic-affairs/academic-calendars/)

Didactic Schedule
The core lectures for pediatrics occur on Tuesday afternoons, starting on the second Tuesday of the 6 week block. Additionally, you will often be scheduled for workshops of other small group meetings on Tuesday mornings, so please protect these days from other scheduling. The scheduling of the individual lectures and other sessions varies by block, and students will be provided with a lecture schedule at the start of each block. Students at Kaiser, MACONY Pediatrics, and Virginia Pediatric and Adolescent Center will receive instructions on how to remotely participate in didactic and small group sessions.

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 absence and time off policies for information for BUSM-wide information about allowed/permitted requests for schedule changes as defined by the school policy.

Holidays
Thanksgiving: Wed, Nov 21, 2018 at 12PM – Sun, Nov 25, 2018
Intercession: Fri, Dec 21, 2018 at 5PM – Tue, Jan 1, 2019

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

Clerkship Grading Policy

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>70%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
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<tbody>
<tr>
<td>Honors</td>
<td>&gt; 87</td>
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<tr>
<td>High Pass</td>
<td>74 - 87</td>
</tr>
<tr>
<td>Pass</td>
<td>53 to &lt; 74</td>
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<tr>
<td>Fail</td>
<td>&lt;53</td>
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<table>
<thead>
<tr>
<th>SHELF/EXAM GRADING</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Exam minimum passing (percentile/2 digit score)</td>
<td>5th %-ile / 61</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What is “Other” and what percentage is it worth?</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Item</td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
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<thead>
<tr>
<th>Other components that need to be completed in order to pass the clerkship</th>
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<tbody>
<tr>
<td>HEENT exam</td>
<td></td>
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<tr>
<td>Participation in Oral Presentation Workshop</td>
<td></td>
</tr>
<tr>
<td>FOCuS Forms (4)</td>
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<tr>
<td>Newborn Exam form</td>
<td></td>
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<tr>
<td>Patient log</td>
<td></td>
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<tr>
<td>Duty Hour logs</td>
<td></td>
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<tr>
<td>Clerkship Documentation (minimum of 8 reviewed notes)</td>
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<tr>
<td>------------------------------------------------------</td>
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<tr>
<td>Participation in Operation House Call and written reflection</td>
<td></td>
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<tr>
<td>Attendance at all didactic and mandatory small group sessions</td>
<td></td>
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<tr>
<td>Completion of CLIPP on-line cases</td>
<td></td>
</tr>
<tr>
<td>Preceptor Log</td>
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</tbody>
</table>

**Clerkship Specific Clinical Grade Procedures/Policies**

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

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

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

**Professionalism**

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

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

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

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: http://www.bumc.bu.edu/busm/faculty/faculty-handbook-and-school-bylaws/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 Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

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

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

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


Mid-Clerkship Review
The Mid clerkship review is a 2-step process:

Step 1. Complete the mid rotation CSEF with your attending preceptor or site director.

Step 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.

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

**NBME Subject Examination**
Students will take the Pediatrics NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Office of Academic Affairs). 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 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://medlib.bu.edu/computing/nbmelaptopcertification.php](http://medlib.bu.edu/computing/nbmelaptopcertification.php)

**Exam Policies**
[http://www.bumc.bu.edu/bsm/education/academic-affairs/policies/exam-policies-for-medical-students/](http://www.bumc.bu.edu/bsm/education/academic-affairs/policies/exam-policies-for-medical-students/)

**Testing Center Policies**

**Make-Up Exams**
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**Roles and Responsibilities**

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

**Clerkship Coordinator**

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

**Site Directors**

- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- 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.

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

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

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

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

Call, nights, and days off
- Most admissions happen in the evenings, and therefore taking long call will provide students with the best opportunity to be present from admission to discharge on one of their patients.
- Call schedules vary by site, but are a consistent responsibility of the student.
- Can also take admissions on other days (as applicable) but should be out of the hospital on non-long days by 5-5:30 pm.
- 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 Clinical Student Time Off Policy.

Further, below are expectations for student professionalism in the core clerkship curriculum. These include, but are not limited to:
- Treating the clerkship team in a professional and respectful manner
• Engaging in the core curriculum and participating respectfully at all times
• Arriving at clerkship didactic sessions on time
• Requesting faculty and resident evaluations in a timely manner
• Reviewing and responding to e-mail requests in a timely manner.
• Returning borrowed clerkship materials on time
• Handing in all assignments on time
• Completing all logs and FOCuS forms by the clerkship specific deadline
• Inform clerkship leadership and supervising faculty/residents of absences

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

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

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

Student Evaluation of the Clerkship
Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via E*Value (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.
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 in the assignments section.

2. **HEENT Exam**

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

   **TIPS:** In the ambulatory clinic, it is best to ask your attending for the first patient of the day (best if it’s urgent care), or while in the emergency department during a lower volume time. While on the wards, it may be best to “schedule” this with your attending in advance. You should plan to take NO MORE THAN 15 MINUTES for your history
& PE as this is the time you will be allotted when you complete your end of third year assessment (EOTYA) in April.

3. **Oral Case Presentation Workshop:** During the rotation, students will present and receive formative feedback on at least one oral case presentation. The oral presentation will either be scheduled during the designated core conferences or on a Tuesday prior to conference. These presentations will be evaluated on a 10-point scale. These scores will not be included in determining the student’s final grade. *An online CLIPP module is available for those interested in self-directed learning on this clinical skill*

4. **Review of Documentation:** Students should have review of their written documentation at least 8 times over the course of the clerkship, ideally twice weekly. This includes admission notes, progress notes and ambulatory clinic visits. Residents and staff are encouraged to provide this feedback whenever possible and students are encouraged to request feedback on a regular basis.

5. **The Home Visit Program:** All students will visit a family with a child with intellectual or developmental disability. This visit is arranged by the Association for Retarded Citizens of Massachusetts (Arc of Massachusetts). Parents of the child visited by the students will evaluate the visit, and rate how the students engaged with the child during the visit. Students are required to post a reflection on the experience on the OHC chat room board for full credit.

6. **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.

7. **Required Patient Encounters:** There are thirteen required clinical experiences in pediatrics. Please see the “Required Patient Encounters” section of the syllabus.

**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*
[http://www.bumc.bu.edu/busc/education/academic-affairs/faculty-resources/]
In the Pediatrics clerkship students are required to see log the following clinical conditions: Jaundice in a newborn, fever in an infant, fever in an older child or adolescent, well child visit, weight changes in a pediatric patient, upper respiratory illness, eye pain or redness, shortness of breath, vomiting, constipation, diarrhea, extremity pain, patient with developmental delay or disability. The level of student responsibility required to document the clinical encounter in the case log in E*Value is listed in the table below.

<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. Alternative Experience: Participate in a clerkship approved case-based session or online module.</td>
</tr>
<tr>
<td>Infant (0-6mo)</td>
<td>Fever</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>Fever</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>infant/child/adolescent</td>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Upper respiratory illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye pain/redness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Shortness of breath</td>
<td></td>
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<tr>
<td></td>
<td>Vomiting</td>
<td>Patient evaluation</td>
<td></td>
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<tr>
<td></td>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient with developmental delay and/or disability</td>
<td>Patient evaluation and/or observation (e.g. operation house call)</td>
<td>Any clerkship setting or operation house call</td>
<td>OP, written documentation or OHC blog post.</td>
</tr>
</tbody>
</table>
Alternative Patient Encounters
If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences provided virtual patient encounters using online CLIPP cases (http://www.med-u.org/clipp) and learning modules for the required encounter for assessment of red eye and constipation. Please see Blackboard section on “Required Patient Encounters” for details on CLIPP case and other required encounter alternative experiences.

Patient Encounter Log
Students are expected to log their patient encounters in E*Value (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evaluate/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

Collaborative Student Assessment System
http://www.bumc.bu.edu/busm/files/2016/03/OAA_Collaborative_Student_Assessment_System.pdf

Student Disciplinary Code of Academic and Professional Conduct

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 (Academic Affairs or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

  - Time Off Request Form: www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/
• Jury Service: http://www.bu.edu/dos/policies/lifebook/jury-service/


• Weather Policy: http://www.bumc.bu.edu/busm/education/academic-affairs/policies/weather-policy/

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

Clerkship Specific Blackout Dates  
Personal day requests will not be granted for days the clerkship directors feel are critical to student learning, assessment or the administration of the clerkship. These include orientation (clerkship or site), mandatory didactic sessions, protected study day prior to the NBME exam, and NBME exam. Personal days may not be granted if missing a day will mean that a student misses a significant portion of a clinical experience, for example missing one of a four day nursery rotation. In such situations, students may be asked to make up the clinical time missed to allow for appropriate learning and fair evaluation.

Scrubs Policy  
http://www.bumc.bu.edu/busm/education/academic-affairs/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/academic-affairs/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

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
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Recent Changes to the Clerkship
Notable updates and improvements to the clerkship in response to student feedback:

I Curriculum
• Implementation of a flipped classroom style interprofessional workshop on genetics and dysmorphology
• Addition of wellness curriculum consisting of a narrative medicine didactic session and two 90-minute small group narrative medicine sessions.
• Students focus group that meets with students twice per block to collect real time student feedback and anonymously relay it to clerkship director and coordinator. This allows for real time changes. Student raised concerns and director feedback is immediately visible to students.
• Implemented structure for completion of CLIPP cases and documentation requirement completion to assist students in managing clerkship requirements.

II Structure
• Streamlined course materials (online) and Passport (paper copy and online)
• Blackboard site reorganized and with multiple new links and supplemental learning materials added.
• Streamlined and clarified “Weekly Bulletin” to students

III Site Development
• Added new clerkship sites at North Shore Medical Center, Emerson Hospital, Franciscan Hospital, Virginia Pediatric and Adolescent Center, MIT medical, Alan Bulotsky and Associates, and Pediatric Associates of Greater Salem.

IV Policy
• Revised grading policy and grading form in consultation with the other clerkships to make for more uniform process of grading across the third year clerkships.

Learning Strategies and Tools

Recommended Texts
There are no required textbooks nor required readings in the pediatric clerkship (other than the required CLIPP cases). Students should feel free to consider supplementing their clinical knowledge using the following sources of clinical information. All of these resources are also reviewed on Blackboard Learn.

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

• UpToDate can help you survive your clerkship, sub-I, as well as residency, by supplementing your clinical knowledge. It is an excellent on-line source for algorithms, descriptions, pictures and treatment options for common pediatric conditions. An electronic link is located on the BMC homepage under “Clinical resources.” http://www.uptodate.com/contents/search

• The Children’s Hospital of Philadelphia has provided online clinical pathways based on best recent evidence for pediatric care. You can use these resources for both inpatient, outpatient and emergency department care. http://www.chop.edu/pathways

• 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/

• 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
• **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.

**Additional Websites you may find helpful**

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

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

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

- Pediatric Physical Exam Movie (COMSEP)
  - [http://www.comsep.org/educationalresources/currsupportservices.cfm](http://www.comsep.org/educationalresources/currsupportservices.cfm)

- Pediatrics Image Database and good basic cases and pediatric information

- Pediatric Neurologic Exam
  - [http://library.med.utah.edu/pedineurologiceexam/html/home_exam.html](http://library.med.utah.edu/pedineurologiceexam/html/home_exam.html)

- Guidelines to National Clerkship Curriculum (COMSEP)
  - [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. 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
- *Current Diagnosis & Treatment: Pediatrics, 21st edition (pub Lange, au. Hay)

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://med-libwww.bu.edu/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

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.

When preparing for the Pediatric SHELF exam consider reading the following article published online on Medscape Today from WebMD
and/or the following Review Books:

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.

Lange Q & A Pediatrics, 7th ed. (987 Q) – Jackson & Viessman, 2010

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: http://dccweb.bumc.bu.edu/tutors/

PRACTICE SHELF EXAMS & QUESTIONS
Practice exams are available for a small fee through the NBME. It is recommended that you take at least one of these exams in a timed setting (occasionally with a colleague) to gauge your studying. If you take the exam at least 1 week prior to the test date, it may help to focus you on the areas you need to review in the last week before the test.
Additionally, practice questions are provided weekly with the bulletins from Ms. D’Agostino, with the answers provided the following week.

**E*Value Student Resources**
http://www.bumc.bu.edu/ev/evaluate/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: https://www.bumc.bu.edu/bshm/student-life/professional-development/academic-enhancement/peer-tutoring-program/

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

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

Asthma
Phuong Vo MD
By the end of the Asthma Lecture, students will be able to:
  - Know the definition of asthma
  - Review the pathogenesis of asthma
  - Recognize the health disparities of asthma
  - Evaluate and diagnose asthma
  - Discuss the management of asthma
  - List the components of the history used to assess a patient’s asthma control
  - Explain who needs to use a valved-holding device and why

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

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

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

Developmental Behavioral Pediatrics
By the end of the Developmental Behavioral Pediatrics Lecture, students will be able to:
• Identify developmental disabilities (ID, CP, Spina Bifida, ASD)
• Identify delayed development
• Learning disorders
• Identify attention and behavioral disorders (ADHD, ODD, anxiety, depression)
• Demonstrate understanding of the importance of developmental screening in Pediatrics

Dysmorphology (Most blocks this is replaced by the Clinical Genetics lecture)
Jodi Hoffman MD
By the end of the Clinical Genetics Lecture, students will be able to:
• Recognize that family/ethnic background affect facial characteristics
• Describe facial features and physical differences in a non-judgmental way
• Communicate physical findings clearly to other providers

Exam Review
Rachel Thompson MD
By the end of the Exam Review Session, students will be able to:
• Identify areas of knowledge gaps in order to prepare for the SHELF exam
• Utilize teach back approach to solidify pediatric medical knowledge
• Build relationships with classmates to encourage team-based learning

Failure to Thrive
Debbie Frank MD
By the end of the Failure to Thrive Lecture, students will be able to:
• Describe how failure to thrive is identified
• Identify 4 components of diagnosis and treatment of FTT
• Understand at least 3 reasons that children don’t get offered enough nutrients
• Understand at least 3 reasons children don’t take enough nutrients even if offered
• Understand at least 3 reasons children may not retain or utilize adequate nutrients for growth
• Identify rates of normal growth
• State the proper mixing of formula and know how to tell if it is over dilute or over concentrated
• Review the elements in taking a complete dietary history for an infant

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

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

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

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

**Neonatology**
**Mark Mirochnick MD**
By the end of Neonatology Lecture, students will be able to:
• Describe the development of neonatology
• Discuss current statistics for rates of prematurity and rates of survival/disability by birth weight and gestational age
• Discuss differential diagnosis for neonatal respiratory distress, including pathophysiology, X-ray findings, clinical presentation and treatment of common etiologies.
• Discuss resuscitation of newborn and management of extremely preterm infants

**Neurology**
**Mandeep Rana**
By the end of the Neurology Lectures, students will be able to:

- State the leading presenting issues related to pediatric neurology in the pediatric population
- Explain the general evaluation of pediatric neurology disease in the pediatric population
- Articulate the key elements to the pediatric neurologic examination
- State the initial evaluation, treatment and management of pediatric neurology disease

**Pediatric Cardiology**
Sepehr Sekhavat

By the end of the Pediatric Cardiology Lecture, students will be able to:

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

**Pediatric Oral Presentations**
Colin Sox MD, Rachel Thompson MD, Elizabeth Yellen MD

By the end of the Oral Presentation Session students will be able to:

- Provide the components and key strategies tied to giving an effective oral patient presentation
- Receive formative feedback in real time in a safe learning environment on an oral patient presentation

**Pediatric Respiratory Infections**
Rachel Thompson MD

By the end of the Respiratory Infections Lecture, students will be able to:

- Develop illness scripts for use in clinical reasoning around common presentations of pediatric respiratory illness
- Identify the key historical points for a focused history of respiratory infection
- Recognize the differences in auscultory findings in different respiratory presentations
- Increase familiarity with the radiographic presentations of respiratory illnesses
- Know the common management planning for respiratory presentations, including criteria for radiography and admission as well as medications

**Renal Cases**
Elizabeth Yellen MD

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

**Shock**

**Kate Madden MD**

By the end of the Shock, students will be able to identify:

- Physiologic Basis of Shock
- Clinical Manifestations of Shock
- Etiologies
- Management of Shock
- Recognize the different types of shock in children
- Describe the fundamental pathophysiology underlying organ dysfunction and mortality in shock
- Specify the important of early recognition in pediatric shock and the time-sensitive nature of therapies

**Urinary Tract Infections**

**Bob Vinci MD**

By the end of Urinary Tract Infections Lecture, students will be able to:

- Describe the epidemiology of UTI’s in neonates
- Discuss the role of urinalysis in making the diagnosis of UTI
- Discuss LR and its impact on pre-test probability
- Use risk factors and UA to determine likelihood of UTI
- Review prognosis and follow-up recommendations