

Pediatric Clerkship

Department of Pediatrics

MS 313

2023-2024

Clerkship Director: Julia Aquino, MD

Clerkship Coordinator: Jordan Puskas-Sullivan





Pediatric Syllabus

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Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:

INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear and focused oral presentation.
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR.8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR.9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one's knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	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.
	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

Third Year Learning Objectives

During the third-year clerkships, students will

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

Pediatric Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

- Communication Skills:
 - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g., ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families (C.1, C.2, C.3, C.7, C.8, PCC.1, PCC.2)
- History & Interview:

- Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health (CSDR.1, PCC.3)
- 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 (HS.8)
- Physical Exam
 - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (CSDR.2)
- Data Synthesis
 - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence (MK.4, MK.5, MK.6, CSDR.3, CSDR.4, LL.5, LL.6)
- Oral Presentations
 - Perform effective **oral** presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient (CSDR.5)
- Patient Education
 - Discuss strategies for health promotion as well as disease and injury prevention (e.g., screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence) (HS.6, HS.8)
- Written Documentation
 - Demonstrate skills of **written** documentation that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient (CSDR.6)
- Medical Knowledge
 - Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia (MK.2, MK.3)
 - 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) (MK.1, MK.3, MK.8, HE.2)
- Self-Directed Learning
 - Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback (LL.1-LL.4, PPD.1)
- Professional Responsibility
 - Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility (C.9, PCC.4, PPD.1-PPD.3)
- Teamwork

- 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 (C.4, C.5, HS.3, HS.4, HE.3)

Contact Information



Clerkship Director

Julia Aquino, MD

Director of Medical Student Education in Pediatrics

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Clerkship Coordinator

Jordan Puskas-Sullivan

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Email: jpsulli@bu.edu

Office: 801 Albany Street, 3rd floor

Clerkship Description

Focus of clerkship

The goal of the pediatric clerkship is to develop your ability to care for patients aged birth to 22, increasing your competence addressing the unique needs of young patients using developmentally appropriate, family centered and biopsychosocial frameworks. 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 your patients. 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 clerkship 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 success.

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

- The residents and pediatric faculty are wonderful resources for questions you may have, and can also direct you to online and printed resources.
 - Please see the syllabus “Learning Strategies and Tools” section for commonly referenced pediatric resources
 - References to commonly used point of care websites are linked from the Pediatric Clerkship Blackboard homepage and organized by the clinical settings where you will work
- Opportunities for interprofessional experiences will occur throughout the clerkship and are an important component of pediatric care. During the clerkship you will likely be working with nursing students along with nursing staff, nurse practitioners, child life specialists, social workers, respiratory therapists, and likely many other disciplines as well. Please capitalize on these experiences by asking questions to learn about their role and unique skills sets that are key in the care of pediatric patients.
- The Department of Pediatrics along with Boston Medical Center (BMC) and Boston University Chobanian & Avedisian School of Medicine are committed to equity, diversity and inclusion across the tripartite mission of patient care, research and education. We strive to maintain and advance a work community and learning environment that supports our core principles of respect, empathy and a commitment to health equity. We hope students join us in this mission, we aim to be inclusive in our education, and we invite feedback for areas where we can continue to improve toward meeting this goal.
- Current curriculum changes for this year include a revision of the core didactic curriculum from an online format to in-person didactic days, focusing on small group, case based learning that will hone your clinical reasoning skills while exposing you to the differential diagnoses and management of common issues in pediatric medicine (please see the syllabus “Core Educational Curriculum” for details)

Pre-requisite knowledge and skills

Students must have completed their second-year curriculum and the Transitional Clerkship and have taken the Step-I exam prior to taking this clerkship.

Clerkship Changes Made Based on Feedback

- Reorganized clerkship Blackboard site based on student feedback that it was difficult to navigate. Site was edited for clarity, easier access to assignments forms and elimination of redundancy. Effort was made to organize our site for consistency with other clerkships.
- Return to a weekly didactic day, allowing us to replace content of previously required online cases with in-person case-based learning thus decreasing the workload outside of clinical time and responding to student feedback that more time for shelf study was needed.
- Allocating time for didactic pre-reading/pre-work on the didactic day, allowing students time to prepare without interrupting clinical, personal, or shelf preparation time.
- In recognition of the importance of student well being, all students will have a wellness afternoon of unscheduled time incorporated into their schedule on a one of the weekly didactic days.

Diversity, Equity, and Inclusion Initiatives

- Content of didactics is continuously examined for biased content.
- Continued to update resources to ensure gender-inclusive language in lectures and presentations
- Cases for didactic days developed that reflect the diversity of patients seen in practice, highlight historic areas where bias has impacted care leading to inequality in treatment or health outcomes, and inclusive of information around cultural differences that should be incorporated in partnering with patients or guardians.
- Incorporated lecture by ARC of MA on the impact of ID/DD on health outcomes, and the intersectionality of race and ID/DD as it impacts health outcomes.
- Developing a case based workshop focused on LGBTQ health.

Other Recent Changes to the Clerkship

- Addition of urgent care opportunities at PM Pediatrics at Braintree & Woburn for students at SSH and Winchester
- Updated the scoring for the oral exam (OCRA) to mirror the way clinical grades are done for the clerkship.
- Developed new presentation on preparation for the shelf with input from successful M4 students

Site Information

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at

<http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo>.

Alan Bulotsky and Associates (Mark Hausman, MD)

201 Quincy Street, Brockton MA 02302

Site Director: Mark Hausman MD, (508) 584-1890, hausman_m@yahoo.com

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. Free parking is available in the office lot. Students should reach out to Dr. Hausman via email at least one week before beginning at the site to coordinate details for the first day. The start time will be either 8:00 am or 8:30 am depending on Dr. Hausman's schedule.

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 day of rotation

Time: 7:45 AM Sharp

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

SITE DESCRIPTION

Beverly Hospital is a 227-bed facility that serves the healthcare needs of residents of Beverly and its surrounding communities. Through collaboration with Children's Hospital Boston, Children's physicians located on site at Beverly Hospital coordinate both inpatient care and outpatient emergency services for pediatric patients. Children's physicians work in conjunction with Beverly Hospital's primary care physicians to care for children who need emergency services or inpatient hospitalization. Should a patient require hospitalization, we have a bright and sunny 11 bed inpatient pediatric unit. The Pediatric team also cares for Newborn Nursery infants whose future care will be provided by those physicians who do not round in the nursery at Beverly Hospital. Special features of the newborn service include Beautiful Beginnings, the North Shore Birth Center, a 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 several half-day sessions at Beverly-affiliated pediatrician's offices. The hospital-based portion of the rotation will integrate nursery, inpatient, and Emergency Room experiences. There is opportunity for pediatric subspecialty exposure as well. Students need a car for this rotation. During the pediatric clerkship, two students can rotate at Beverly Hospital.

DIRECTIONS & PARKING

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

Beverly Hospital to Cape Ann Pediatricians: (Drs. Orr, Carbone, Stockman)

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

Beverly Hospital to North Shore Pediatrics (Danvers): (Drs. Garg, Matthews)

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

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

Boston Medical Center

Site Director: Julia Aquino MD, Julia.aquino@bmc.org
Site Administrator: Jordan Puskas-Sullivan, jpsulli@bu.edu

SITE DESCRIPTION

The clinical experiences at BMC may include the inpatient wards, newborn nursery, outpatient primary and specialty care clinics, pediatrics Emergency Department. In addition, students may be scheduled to rotate through the NICU and/or PICU. The inpatient experience will involve working on the inpatient pediatric ward at Boston Medical Center on both day and evening shifts. You will be working with the house officers from the Boston Combined Residency Program (BCRP) and BMC faculty. The outpatient experience may include shifts in the pediatric emergency department, primary care and sub-specialty clinics at BMC or at an outside clinic. The nursery experience is rotating on the general newborn nursery at BMC, Salem Hospital or St. Elizabeth's Hospital.

PARKING

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

Greater Roslindale Medical and Dental Center

4199 Washington St, Roslindale, MA 02131

Site Director: Brenda Levy MD, brenda.levy@bmc.org
Jennifer Trieu MD, Jennifer.Trieu@bmc.org

DAY 1: Students should plan to arrive no later than 8:30 am (clinic starts at 8:30 for AM sessions). Students can use the commuter rail parking lot (\$4/day) or may use street parking. Alternatively, students can take the Commuter rail to Roslindale Village or the Orange Line to Forrest Hills (and then numerous buses run from Forrest Hills to Roslindale Village). Upon arrival, students should enter through the main entrance, show their ID, and then go to the front desk and tell them they are here to work with Dr. Levy, the pediatrician. The front desk will be able to direct them to the clinic.

Codman Square Community Health Center

637 Washington Street

Boston, MA 02124

Site Director: Fuchsia Mitchell MD, Fuchsia.Mitchell@codman.org

Administrative contact: Sheila Bailey, Sheila.Bailey@codman.org

DAY 1: Students should reach out to Sheila Bailey and Dr. Mitchell as early as possible prior to beginning your time at the center. Sheila will need the student's vaccination record and other documents to set up EPIC access.

SITE DESCRIPTION

Codman Square Community Health Center is a community-based outpatient center serving the population in Dorchester. We offer comprehensive care for the whole family, including primary, [eye](#), [dental](#), [urgent](#), and [behavioral](#) health care, as well as many medical specialties. In addition, we are a community organization that provides financial and wellness programming.

DIRECTIONS & PARKING

Public Transit: CSCHC is a 10 minute walk from the Shawmut red line stop. Parking is also available at the center.

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

Jacqueline Chak MD, Jacqueline.s.chak@kp.org

DAY 1: ALL students will attend the clerkship-wide orientation session on the first day of the clerkship. This orientation will take place over Zoom, and **students in CA will attend starting at around 6AM PST**. Students should watch the recording of portion of the orientation which starts at 7:30am EST Please come directly to Dr. MacMahon's office, Pediatrics, Dept 190. Students will have a scheduled time to listen to a recorded version of the clerkship orientation that takes place in Boston on day 1 of the clerkship, and a separate Q&A session with the clerkship director(s) will be set up after students have viewed the orientation.

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

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

SITE DESCRIPTION

Welcome to the pediatrics department at the Kaiser Permanente Santa Clara Medical Center. Located in the heart of Silicon Valley, South of the Bay, we offer quality and personal pediatric care from infancy through young adulthood. We have 26 pediatric beds, 8 pediatric intensive care unit 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.

Mattapan Community Health Center

1575 Blue Hill Avenue, Mattapan, MA 02126

Site Director: Laura Livaditis, MD, (717) 589-3009, livaditisl@matchc.org

DAY 1: Please email Dr. Livaditis in advance of the first day, providing a CV and immunization list. Students will also need to complete Med Trainer modules and set up an EPIC Ochin account with IT. On the first day, students should use the main entrance to enter the building. Stop at the security desk and ask for “Elizabeth Thomas” or “Human Resources” (if neither are available, please ask for Dr. Livaditis). You will receive a badge from HR that will need to be returned on your last day. Ms. Thomas will provide a tour of the center. Dr. Livaditis or another assigned delegate will review all expectations for your time at Mattapan Community Health Center on the first day. Students can either wear scrubs or business casual attire.

SITE DESCRIPTION

Mattapan Community Health Center is responsible for serving approximately 3,000 pediatric patients in the greater Mattapan area. The health center is comprised of 5 exclusively-pediatric providers with the addition of 5 family providers (both MDs and NPs) who all serve this population. In addition to pediatric services, the center also provides OB-GYN, family medicine, internal medicine, and behavioral and population healthcare.

DIRECTIONS & PARKING

Public Transit: Students can utilize the MBTA red line to access the Mattapan trolley. There are also buses that run from the Forest Hills station (29 bus) or from Ashmont station (24 bus). Finally, students who choose to drive have the option to utilize the parking lot up the street from the health center.

Neponset Health Center

398 Neponset Avenue Boston, MA 02122

Site Director: Ann Nutt MD, (617) 282-3200, anutt@hhsi.us

The Daniel Driscoll – Neponset Health Center provides comprehensive outpatient medical services to residents in Dorchester and the surrounding communities. Their department of pediatrics cares for children from birth to 21 years of age and the health center serves as a full “medical home” for their patients. In addition to pediatric medicine, the health center has a WIC office, a behavioral health department with an embedded LICSW for pediatric patients, and a community health worker.

The office has free parking and is available by MBTA Bus (the 201 stops out front).

Salem Hospital

81 Highland Avenue Salem, MA 01970

Site Director: Cara O’Connor MD, COCONNOR24@PARTNERS.ORG
Katheryn Nathe MD, knathe@partners.org

Site Administrator: Kara McKiernan, KMCKIERNAN@PARTNERS.ORG

DAY 1: Students will have an on-site orientation, typically on the first day of the clerkship.

Time: 9:00 am to 6:00 pm for the first day only

Report to: The main entrance of Salem Hospital. You will be greeted by Kara McKiernan, who will then take you to get your badge, parking sticker and give you a general tour of the hospital. Dr. Sanders or one of his colleagues, will then orient the students to the Pediatric Emergency Department.

SITE DESCRIPTION

The Department of Pediatrics at MassGeneral for Children at Salem Hospital 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 Salem 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. Salem Hospital is also home to a Level II Special Care Nursery for ill and premature infants.

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

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

DIRECTIONS

By Car: From BUMC to Salem Hospital is an approximately 16-mile drive. With traffic, please be aware it may take 45 minutes to 1 hour to drive. Use any mapping program to find the most efficient directions to 81 Highland Avenue, Salem, MA. Once you get on MA-107N you will see signs along the way for the hospital when you get closer.

By MBTA: Stop at 80 Highland Avenue and walk about 5 minutes. The Main Entrance is clearly marked.

South Boston Community Health Center

409 W Broadway, Boston, MA 02127

Site Director: Jocelyn Guggenheim, NP joguggen@sbchc.org

Site Administrator: Kelsey Hennessy, kehennes@sbchc.org

Day 1: Kelsey Hennessy will reach out to students prior to beginning the rotation. She will need vaccination records and other documents to set up EPIC access. She will also provide students with information about where to go on the first day.

SITE DESCRIPTION

South Boston Community Health Center provides comprehensive outpatient medical services to residents in South Boston and the surrounding communities. Services offered include Adult Medicine, Family Medicine, Pediatrics, Behavioral Health, Dental, Eye, Radiology, Mammography, Pharmacy and specialty services that include Podiatry, Dermatology, Cardiology and Pulmonology.

DIRECTIONS & PARKING

Public Transit: Students can utilize the MBTA 9 bus, which has a stop right outside of the center. Students could also take the red line to Broadway and walk 13 minutes to get to the site. There is also limited parking behind the building, accessible from Silver Street.

South Shore Hospital

55 Fogg Road, Weymouth, MA 02190

Site Director: Katherine Niro, MD, (508) 330-1494, Kathryn.Niro@childrens.harvard.edu

Site Administrator: Laurie Regan, (781) 624-8528, LRegan@southshorehealth.org

PRIOR TO DAY 1: Prior to starting at the SSH site, students should review the orientation video provided by Dr. Chelsea Hastings around how to orient to your role in the pediatric emergency department. All students who will rotate at SSH during the clerkship must complete all onboarding materials for SSH at least 4 weeks prior to their start date in order to have their credentialing approved at one of the monthly meetings. SSH prior to starting their rotation. You will be emailed with instructions about where and when to arrive for on-boarding and orientation prior to the start of the rotation. Once you have completed your onboarding, you will get IDs and computer access.

Schedule: Students at the South Shore hospital site will rotate through the newborn nursery, inpatient ward and the pediatric emergency department. You may have an opportunity to rotate through the special care nursery for ill or premature infants and attend deliveries when a pediatrician is called to assist. The ED schedule will vary from week to week, but will give students exposure to both the day and evening shift schedule. There are no overnight shifts and only occasionally a weekend shift if needed to provide adequate clinical exposure. Students will additionally have a week in the ward and newborn nursery and depending upon volume and patient flow may move between these two settings to maximize their patient care exposure. At South Shore Hospital, the same team of hospitalists cover both of these units.

Time:

- PED: Your hours will be provided by Dr. Niro on a schedule at the beginning of your rotation. If you have schedule conflicts and/or need to reschedule a shift, please contact Dr. Herold so that she can facilitate an alternate day/date (often a weekend).

SITE DESCRIPTION

Pediatric ED: Our pediatric emergency service is the only one of its kind in the region, staffed by board-certified pediatric emergency physicians affiliated with both South Shore Hospital and Boston Children's. We are Boston Children's faculty and are staffed 24-7. There are technically 11 rooms and we have a potential of

an extra 8 hallway/waiting room beds during the busy season. All RNs in the SSH ED are expected to rotate through the pedi ED but we also have a core group of specifically pedi ED nurses who keep the place running. When needed, specialty consultations are usually done on the phone with BCH docs, although some services at SSH will happily see patients under 21 (orthopedics, surgery, ENT, plastics; all usually over the age of 6-7). The first and only community-based Level III NICU and its physicians and NPs are a huge help with babies. We have an inpatient pediatric floor with about 16 beds available to us for non-critical admissions staffed by pediatric hospitalists 24-7. We can then transfer those patients that need either more acute care (SSH ICU takes only 16 yo and older) or further specialty care on-site to BCH.

- PLEASE review the video of the site orientation for expectations and additional details. This is located on Blackboard
- No overnight shifts.
- Last 2 days of the rotation are reserved for study and shelf exam.
- There may be weekend shifts.

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

INPATIENT WARD: The South Shore hospital nursery is a busy place with around 3,000 deliveries per year. We also have a robust inpatient pediatric service where we care for children with a range of disorders such as asthma exacerbations, pneumonia, bronchiolitis, dehydration, and neonatal abstinence syndrome. As a part of your week, you spend one shift in the newborn nursery/mother infant unit (MIU) and 4 days on the pediatric floor.

DIRECTIONS & PARKING

From I-93 (South)

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

Parking: There is a raised parking garage off Columbian street about a 5 min walk away; your ID will get you in and out of it.

Please refer to the website and park in the cancer center parking lot (this is free parking).

<http://www.southshorehospital.org/directions-parking>

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

St. Elizabeth’s Medical Center - Newborn Nursery

736 Cambridge Street, Brighton, MA 02135

Site Director: Lisa Capra MD, Lisa.Capra@steward.org

Site Administrator: Mackenzie Young, 617-789-3382, mackenzie.young@steward.org

DAY 1:

Time: Arrive at 8:00 am

Report to: Meet Mackenzie Young in the Seton Main Lobby with a printed copy of the ID badge form. She will then help the students get their scrubs, and take them to the NICU. The days for their rotation are scheduled to be between 8-5pm.

Students will be required to complete onboarding paperwork and training prior to beginning at the site. They will also need to provide flu and COVID vaccine documentation to Ms. Young. Ms. Young will then reach out to students via email to provide Badge ID forms, which will need to be brought to the hospital on the first day.

DIRECTIONS:

Public Transit Access: The green line is approximately a mile away on Commonwealth Avenue, down Warren Street.

Parking: There are a few options for parking. Valet parking is available for \$12 for the day and is located at the main entrance of the hospital. Parking is also available in Parking Garage B for \$24 for the full day. However, there is free street parking outside the hospital on the surrounding streets, which we always encourage. If you live in Brighton/Allston with a sticker, you will have no problem parking in the designated resident only streets. If you don't have a sticker, there are multiple streets you can park on:

- Market St: All day parking for non-residents, except for Tuesday. This is a street cleaning day and you will get your car towed if you park there before 12pm.
- Sparhawk Rd: Parking is free during the day until 4pm, then there is a no parking rule for commuting traffic– if you end up parking on this street my suggestion would be to move your car around 3-3:30 to a 2 hour parking spot right outside the front entrance to the ED on Cambridge Street.
- There is also all day free nonresidential parking on Arlington and the surrounding neighborhood streets, with a 5-minute walk.
- However, there are about 6 all day spots on the opposite side of Cambridge Street, if you are lucky enough to snag one!

West Cambridge Pediatric & Adolescent Medicine

575 Mount Auburn Street, Suite 101, Cambridge, MA 02138

Site Director: Jonathan (Yoni) Gall, MD, (617) 547-1995 yonigall@wcpam.com

Site Administrator/Practice Manager: Tricia Connors triciaconnors@wcpam.com

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

Students should reach out to Ms. Connors at least one full week in advance of the start of their rotation to get their EPIC access and clearance set up.

Winchester Hospital

41 Highland Avenue, Winchester, MA 01870

Site Director: Nadine Aprahamian MD, (781) 756-2561, nadine.aprahamian@childrens.harvard.edu
Site Administrator: Laura Rondeau, (781) 756-2561, laura.rondeau@lahey.org

DAY 1: First day of rotation, please see orientation email from your site for meeting place and time.

SITE DESCRIPTION

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

DIRECTIONS & PARKING

From Route 93 (South)

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

From Route 93 (North)

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

From Route 128 (North)

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

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

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

Clerkship Schedules

Block Schedule

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

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

Didactic Schedule

CORE EDUCATIONAL CURRICULUM:

The core curriculum will be delivered to students on a weekly didactic day in weeks 1-5 of the clerkship. The didactic day will be Monday with a few exceptions for holidays. Sessions will typically run between 8am-3pm and students will not return to clinical rotations that day. Each didactic day will have 2-3 case based, faculty precepted sessions that are grounded in common pediatric presentations and diagnoses. An emphasis is placed on generation of informed differential diagnoses and clinical reasoning. The cases cover the majority of the required clinical encounters for the pediatric clerkship. Students will have time allocated on each didactic day for faculty designated pre-reading/pre-work, creating a knowledge base that will facilitate engagement during the session. Students are expected to have their laptops with them at all sessions. Kaiser students will participate via zoom.

BCRP TEACH Sessions: students assigned to BMC will have teaching sessions/chalk talks scheduled sporadically during the block. These will be listed with links/room meeting places on the Pediatric Clerkship Google Calendar

SITE SPECIFIC DIDACTICS: other clerkship sites have their own didactic sessions scheduled at various times during the block as noted by your site director during your site-specific orientation.

DEPARTMENT EDUCATIONAL SESSIONS:

Students are strongly encouraged to attend Case of the Week and Grand Rounds at BMC – we anticipate virtual attendance will remain possible in the 2023-24 academic year. Typically, Grand Rounds occurs 8am-9am on Thursday mornings, but is not given for several weeks in the summer. Case of the Week is an interactive resident-led case-based session typically given to the entire department of pediatrics on Fridays from 8am-9am (except in the summer when it moves to Thursday 8am-9am).

- Students at BMC are required to attend these sessions.
- Students at other sites are encouraged but not required to attend. Specifics of each session will be posted on the clerkship Google Calendar.
- Students on their non-clinical week are required to attend these sessions unless scheduled for a different small group during this period.

Holidays

Juneteenth: Monday, June 19, 2023

Thanksgiving: Wednesday, November 22, 2023 at 12PM – Sunday, November 26, 2023

Intersession: Sunday, December 24, 2023 – Monday, January 1, 2024

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

Holidays by Clerkship can be viewed on the Medical Education website at:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols>

Assessment and Grading

Clerkship Grading Policy

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	68%
Shelf/Exam Percentage	25%
OCRA (Observed Clinic Reasoning Assessment)	7%
“Other” Components Percentage	0%
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	≥ 88
High Pass	≥76 to <88
Pass	≥ 41.75 to <76 or between 1.5-2.49 in any domain on the final CSEF
Fail	<41.75 or <1.5 on any domain on the final CSEF or < 2 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	62%
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
Physical Exam Competencies: HEENT & newborn exams	
Mid-Rotation Feedback	
Standard Clerkship Clinical Grade Procedures/Policies	
<ul style="list-style-type: none"> Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator. CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number. Any average of <1.5 in any domain = an automatic fail for the clerkship Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching >2.5 in all domains, standard rounding will be used <ul style="list-style-type: none"> <2.00 = Clinical fail which will = a fail for the clerkship 2.00-3.44 = Clinical pass 3.45-4.44= Clinical high pass 	

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

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

Clerkship Specific Clinical Grade Procedures/Policies

- The clinical grade will be worth 68% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.
- The Oral Clinical Reasoning Assessment (OCRA) is worth 7% of your final grade.

Professional Conduct and Expectations

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. Student expectations include those listed below in [professional compartment sections](#). If there are multiple professionalism concerns through a clerkship the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students:

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

AME/Kaiser Core Faculty Direct Observation

During the third year, students will be directly observed by their core AME (or Kaiser) faculty three times throughout the year. They will also submit one write up in their core AME/Kaiser faculty's discipline, and one video of a session with an SP for review and feedback. At the end of the year, the core AME/Kaiser faculty will write a narrative summary describing the student's growth trajectory and competency development in the observed domains. This narrative will be included as part of the End of Third Year Assessment (in addition to the EOTYA 6 station OSCE).

Formative Assessments

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

Formative Assessment and Feedback Policy

Boston University Chobanian & Avedisian School of Medicine 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.

Full Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/>

Mid-Clerkship Review

You and your clerkship director, site director or primary faculty/preceptor will complete the Mid-clerkship Evaluation form at the mid clerkship point.

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

1. Student completes their portion of the form, including updating which of the assignments are complete and/or plan for completion.
2. Obtain feedback about areas of strength and areas for improvement with an attending preceptor, supervising resident, or site director and complete the Pediatrics Mid-Clerkship Evaluation form (our clerkship-specific form is available both on Blackboard and on the Faculty [& Resident Resources Website](#) under pediatrics clerkship).

Please upload your completed mid-clerkship form to Blackboard in the correct folder. Students who rotate through BMC should additionally schedule a meeting with the clerkship director. Non-BMC site students are also encouraged to check-in with the clerkship director but this is not required.

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 final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other

assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

NBME Subject Examination

Students will take the Pediatric NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam. Shelf exam dates can be found in the [3rd year google calendar](#).

Remotely administered assessments

Students are responsible for ensuring that they meet any technical needs required for remotely administered assessments (e.g., NBME Shelf Exams, OCRAs). This includes, but is not limited to, ensuring:

- computer specifications meet requirements outlined on the Alumni Medical Library website: <https://www.bumc.bu.edu/medlib/computing/busmrequirements/>
- for NBME shelf exams, the student runs the laptop certification process noted below
- a consistent and stable internet connection
- a quiet testing space where the student will not be disturbed during assessment administration

Clerkships will reserve BUMC space as an onsite testing space for any remotely administered assessments. Students who do not have an appropriate testing space or prefer to test on campus should reach out to their clerkship coordinator at least two weeks prior to the assessment to make arrangements to test on campus.

Students with technical difficulties during a remotely administered assessment who do not take their assessment at a designated campus location will not be able to submit a grade reconsideration request solely for this reason.

Shelf Exam Laptop Certification Process

Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at:

<http://www.bumc.bu.edu/medlib/services/computing/nbme/>

If a student has technical difficulties during a shelf exam, they must report this to the clerkship coordinator. The clerkship coordinator must inform the Medical Education Office, and the student is required to have their laptop evaluated by BUMC IT before their next shelf exam.

<https://www.bumc.bu.edu/it/support/bumc-it/request/>

Exam Policies

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

Testing Center Policies

<http://www.bumc.bu.edu/busm/education/medical-education/policies/l-11-testing-center/>

Make-Up Exams

Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or**

remediation exam during any block they currently have a scheduled rotation. Make-up and remediation exams will typically be scheduled at the end of the third-year blocks between mid-May and early June.

Roles and Responsibilities

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical faculty that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

School's Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (i.e., required diagnoses and procedures, direct observations, forms, feedback), grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provides faculty development across sites specific to clerkship needs
- Evaluate and grade students
 - Develops and monitors assessment materials
 - Uses required methods for evaluation and grading
 - Assures timely mid-clerkship meetings at all sites with students
 - Ensures students receive timely and specific feedback on their performance
 - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Address any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the school's clerkship Educational Quality Improvement and peer review processes with completion of action items
- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules

- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns
- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
 - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
 - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
 - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet school's grading deadlines
 - Ensures that narrative data are consistent with and support numerical data
 - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data

- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
 - Student schedules to students, faculty, and staff before clerkship start date
 - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

Primary Clinical Faculty/Preceptors/Trainees

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students

- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

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. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.

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 they are being asked to perform beyond their 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 without 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.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination.

If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary, the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

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

Third Year Student

THIRD-YEAR STUDENT: ROLES, RESPONSIBILITIES & EXPECTATIONS

- Learns through meaningful involvement in patient care and learning/teaching through graduated responsibility.
- Is engaged in patient care, timely and has mature, professional interactions.
- Is a proactive, self-directed learner who embraces opportunities to teach peers and supervising residents.
- Is available to help the team with patient care tasks, but supervising team should recognize 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 and in the ambulatory setting.
- Seeing patients within an appropriate time frame – this can be determined in consultation with your team or preceptor.
- Pre-rounding and initiating discussions with assigned patients on work rounds/family centered rounds.
- **Formally presenting assigned patients each day on rounds (ward & nursery) in an organized and consistent fashion.**
- **Entering patient orders under the supervision of physicians.**
- Following up on labs, imaging, consults and reporting concerns to the team.
- Updating intern and team with new information, and being entrusted to convey this information to their patient (after checking in with senior team members to ensure that the patient receives a coherent message).
- Speaking with consultants.
- 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 clerkship assignments or other online learning such as PedsCases, PodCasts, etc.

Call, nights, and days off

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

The 3rd year student is a proactive, self-directed learner who

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

Professional Comportment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under "Academic Policies and Information"

(<http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf>)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

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

Professional conduct will be reviewed at the mid-clerkship feedback session. Additionally, students will be given feedback prior to receiving their final grade when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed may result in failure of the examination.
- 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 the School of Medicine's evaluation system, MedHub (<https://bu.medhub.com/>), for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Blackboard

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

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

Blackboard Learn: <https://learn.bu.edu/>

Assignments

An electronic version of the assignments list for the clerkship is located on Blackboard under "Assignments" tab. This is also where students will turn in all forms except for FoCUS forms (which are uploaded to e*value)

Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism. Conversely, simply completing your assignments on time is rewarded as a percentage of your final grade.

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) to the clerkship coordinator. 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 Form.

Prior to completing this competency, you must:

- a. Review the newborn physical exam slide set from the Stanford School of Medicine:
<http://newborns.stanford.edu/Residents/Exam.html>
 - b. View the newborn examination video from MedEd portal, located on the Blackboard site passport section (in the folder on newborn competency)
2. **HEENT Exam** – complete modules for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off.
- a. The exam does not need to be completed all on one patient – but can be observed in a piecemeal fashion as appropriate for the clinical need of the patient.
 - b. In the event that you do not see a patient who “needs” a given portion of the HEENT exam, please ask permission from a patient to do that portion of the exam so that you can be observed and given feedback.
3. **FOCuS forms: (1) Interview and (2) Physical** Perform **at least** one history and one physical exam observed by an **attending physician**. You can request this of an attending while on any part of your pediatrics rotation, but please be conscious of the time this requires. You can have the history and physical observed on different patients if this is easier.
- TIPS:** In the ambulatory clinic, it is best to ask your attending for the first patient of the day (best if it’s urgent care), or while in the emergency department during a lower volume time. While on the wards, it may be best to “schedule” this with your attending in advance. You should plan to take **NO MORE THAN 15 MINUTES** for your history & PE as this is the time you will be allotted when you complete your end of third year assessment (EOTYA) in April.
4. **Required Patient Encounters:** There are twelve required clinical experiences in pediatrics. Please see the “Required Patient Encounters” section of the syllabus. The majority of these encountered are covered in case based didactic day sessions which “count” as RPE and can be logged. Any exceptions will have a designated alternate clinical experience/module on Blackboard.

Late assignments and make-ups

All assignments are due the last day of the rotation prior to the start of the NBME Shelf Exam. Any student who is missing assignments on the last day will receive an INCOMPLETE grade until all assignments have been completed and final grade will be impacted.

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.

Oral Clinical Reasoning Assessment

In week 5 or 6 of the block, students will be assigned a time slot in which to complete an oral clinical reasoning assessment exam or OCRA. The case scenarios used in the OCRA are drawn from among the required patient encounters that are core to the clerkship (see the next section for the list). The exam is designed to assess elements as outlined in the clinical student evaluation form, specifically students will be asked to demonstrate the:

- Ability to develop a differential diagnosis for the chief concern
- Ability to obtain a focused history which results in a prioritization of the differential diagnosis
- Understanding of how to gather data from a physical exam that further elucidates pertinent positive and negative findings that allow for a prioritized differential diagnosis
- Clinical reasoning to synthesize data into an assessment of the patient and a problem list
- Knowledge of an appropriate initial management for the common presentation
- Ability to capably answer some general medical knowledge questions about the chief concern and how their assessment might evolve under different clinical scenarios.

Preparation for the session will involve completion of the clerkship's educational cases and studying of the clinical reasoning grids for approaching the relevant chief concern/required patient encounter. Additional details about the OCRA can be found on Blackboard.

These sessions will be recorded for the purposes of review of grading as needed.

It is a breach of the professionalism policy of the clerkship for students to discuss any aspect of their OCRA with other students at any time – whether before or after they have participated in their OCRA session

Required Patient Encounters (The Core)

<http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/>

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

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

- jaundice in a newborn
- fever in a pediatric patient (note we encourage you to see infants though adolescents before feeling comfortable with this RPE)
- well child visit
- weight changes in a pediatric patient
- upper respiratory illness
- eye pain or redness
- shortness of breath
- vomiting in a pediatric patient
- abdominal pain in a child
- diarrhea in a pediatric patient
- extremity pain
- patient with developmental delay or disability

The level of student responsibility required to document the clinical encounter in the case log in MedHub is listed in the following table.

The Core & Required Diagnoses:

PEDIATRICS

Patient Type	Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
Newborn (< 1mo)	Jaundice	Patient evaluation	Any clerkship setting: ED, Ambulatory, inpatient, nursery	<p>ALL facets of patient evaluation: Take a history, conduct a PE, provide an assessment & treatment plan inclusive of anticipatory guidance and counseling where appropriate.</p> <p>Alternative Experience: Participate in a required clerkship didactics or online module</p>
Encouraged to see/understand care of range of ages, ie. neonate through Child/Adolescent	Fever			
Child	Well child visit	Patient evaluation with developmental assessment, anticipatory guidance		
Child	Abdominal pain in a child	Patient evaluation		
infant/child/adolescent	Weight changes in a pediatric patient (including Failure to Thrive)	Patient evaluation		
	Upper respiratory illness			
	Eye pain/redness			
	Shortness of breath			
	Vomiting in a pediatric patient			
	Diarrhea in a pediatric patient			
	Extremity pain (e.g. sprains, fracture, abuse, infectious)			
	Patient with developmental delay and/or disability	Patient evaluation and/or observation (e.g. operation house call)	Any clerkship setting or Operation House Call	OP, written documentation or OHC blog post

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 majority of the RPE are covered in the core didactic curriculum. Any exceptions will be noted on Orientation Day. Current RPE that are not covered in the core didactic curriculum and require alternative experiences on Blackboard include:

- jaundice in a newborn: self-directed case available on Blackboard
- eye pain or redness: self-directed module with 2 review articles available on Blackboard
- abdominal pain in a child: self-directed power point case available on Blackboard

Patient Encounter Log

Students are expected to log their patient encounters in [MedHub \(https://bu.medhub.com/\)](https://bu.medhub.com/). 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. 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 Chobanian & Avedisian School of Medicine MD Students

<http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

Collaborative Student Assessment System

<http://www.bumc.bu.edu/busm/education/medical-education/policies/collaborative-student-assessment-system/>

Student Disciplinary Code of Academic and Professional Conduct

<http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/>

Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.

Time off requests must comply with the Attendance & Time Off Policy.

- Attendance & Time Off Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>
 - 3rd Year Excused Absence Form: <https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>
- Work Hours: <http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/>
- Jury Service: <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- Religious Observance: <https://www.bu.edu/chapel/religion/religiouslifepolicies/>

- Weather Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/weather-policy/>

Clerkship Specific Restricted Dates

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

Specific Restricted dates include:

- Clerkship/site orientations (day 1 of the clerkship and day 2 of the clerkship if that is your site orientation)
- Didactic days (typically on Monday of weeks 2-5 of clerkship, will be moved to Tuesday after Monday holidays)
- NBME SHELF exam
- Anytime you have 3 days or less on a service such as wards or nursery (except for ED) – i.e., you must have a minimum of 3d on that service for assessment.
- BMC Ambulatory continuity clinic sessions. We do not have flexibility in rescheduling these clinics. Students may take a personal day if they have only a subspecialty session scheduled for that day.

Scrubs Policy

<http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-policy/>

School of Medicine Policies

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine and Boston University policies.

<http://www.bumc.bu.edu/busm/education/medical-education/policies/>

BU Policies and Student Support Services

Appropriate Treatment in Medicine

Boston University Chobanian & Avedisian School of Medicine 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 School's 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.

Chobanian & Avedisian SOM has a **ZERO** tolerance policy for medical student mistreatment.

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

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)

- Submit an online Incident Report Form through the online reporting system
<https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/>

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

Appropriate Treatment in Medicine website: <http://www.bumc.bu.edu/busm/student-affairs/atm/>

Needle Sticks and Exposure Procedure

<http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure/>

Boston University Sexual Misconduct/Title IX Policy

<http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

Boston University Social Media Guidelines

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

Using Generative AI in Coursework Guidelines

With the increased use of Generative AI, Boston University's Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

Learning Strategies and Tools

Recommended Texts

There are no required textbooks in the pediatric clerkship for purchase. The Alumni Medical Library provides free access to a wide variety of pediatric shelf study guides and USMLE step 2 study guides.

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

Online Resources

- **PEDscripts:** Illness Scripts for Pediatric Clinical reasoning. This is an excellent tool, developed by pediatric clerkship medical educators to help medical students develop clinical reasoning skills in their pediatrics clerkship. It is designed as a reference tool to be used *before* taking a history or performing an exam on a patient to provide the student with a differential diagnosis and key historical features/examination findings that the student should pursue during the H&P for a given chief complaint. Download the PedsScripts app for iOS; passcode 7337 (PEDS on the number pad)
- **TheBCRP.com** (*password on blackboard*): this is the internal website resource for the residents in the Boston Combined Residency Program in Pediatrics. Under the "virtual white coat" tab you will find evidence-based guidelines, quick cards with resources for pediatric care, and (maybe most helpful) **the House Staff Manual** which has sections for each of the subspecialties and guidelines on infectious disease/antibiotic choice in pediatrics. STRONGLY encouraged for students @ Boston Children's for their Site. <http://thebcrp.com>
- **Bright Futures** is an online resource from the American Academy of Pediatrics which provided guidelines, anticipatory guidance, and outlines for ambulatory pediatric visits by age. In addition, they have

resources on pediatric nutrition and managing common problems in the outpatient setting <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

- **OPENPediatrics:** This is a phenomenal library of free high quality pediatric educational videos developed by Boston Children’s Hospital targeted at various levels of pediatric learners (including medical students). We may use some of these in our curriculum, but students can find this helpful to illustrate other concepts with which they are not familiar in kids. <https://www.openpediatrics.org>
 - Check out their collection of medical calculators: <https://www.openpediatrics.org/collection/view/419>
 - Other videos you might like:
 - Pediatric Fever: <https://www.openpediatrics.org/assets/video/approach-fever>
 - Pediatric Asthma: <https://www.openpediatrics.org/assets/video/asthma-1>
 - Assessment of abnormal breathing: <https://www.openpediatrics.org/assets/video/initial-assessment-abnormal-breathing>
 - Newborn hip dysplasia: <https://www.openpediatrics.org/assets/video/how-test-newborn-hip-dysplasia>
 - Newborn primitive reflexes: <https://www.openpediatrics.org/assets/video/assessing-newborn-primitive-reflexes>
 - Bronchiolitis: <https://www.openpediatrics.org/assets/video/bronchiolitis>
 - Respiratory distress in the newborn: <https://www.openpediatrics.org/assets/video/respiratory-distress-newborn>
 - And MANY others!!!
- **UpToDate** can help you survive your clerkship, sub-I, as well as residency, by supplementing your clinical knowledge. It is an excellent on-line source for algorithms, descriptions, pictures and treatment options for common pediatric conditions. An electronic link is located on the BMC homepage under “Clinical resources.” <http://www.uptodate.com/contents/search>
- **The Children’s Hospital of Philadelphia** has provided online clinical pathways based on best recent evidence for pediatric care. You can use these resources for both inpatient, outpatient and emergency department care. <http://www.chop.edu/pathways>
- **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).
 - Test your speed and your accuracy with visual diagnosis with this fun game! http://pedsed.pitt.edu/34_viewPage.asp?pageID=1445510805

- Interactive learning environment with explanations of the diagnosis and visual diagnosis
http://pedsed.pitt.edu/34_viewPage.asp?pageID=598040004#

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

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

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

Additional Websites you may find helpful

- Newborn Exam Sites:
 - <http://newborns.stanford.edu/Residents/Exam.html>
 - <http://newborns.stanford.edu/Residents/ExamEnd.html>
 - http://www.med.umich.edu/medstudents/curRes/M3/peds/c_physical.html
- Oral Presentations & Documentation:
 - http://www.columbia.edu/itc/hs/medical/clerkships/peds/Student_Information/Reference_Materials/Presentation_Tips.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
- Pediatric Physical Exam Movie (COMSEP)
 - <http://www.comsep.org/educationalresources/currsupportservices.cfm>
- Pediatrics Image Database and good basic cases and pediatric information
 - <http://www.pediatricsconsultant360.com/>
- Pediatric Neurologic Exam
 - http://library.med.utah.edu/pedineurologicexam/html/home_exam.html
- Guidelines to National Clerkship Curriculum (COMSEP)
 - <http://www.comsep.org/educationalresources/currthirdyear.cfm>

Textbooks & Handbooks

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

- The Harriet Lane Handbook by Johns Hopkins Hospital. This book contains a lot of diagnostic and therapeutic information on a variety of topics (e.g., code cards, reading ECGs, weight conversions, etc.). Copies are often available to reference in the Pediatric Chief's office.
- *Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine (7th Edition) Editors. Kathy Shaw & Richard Bachur. Available online from Alumni Medical Library
- **Pediatrics In Review* a journal published by the American Academy of Pediatrics with great review articles about many core pediatrics topics. A "go to" resource for pediatric residents preparing for their board exams.
- Pediatric Dosage Handbook by Carol K. Taketomo. It provides age- and weight-specific information on dosing medications in the treatment of children for different conditions. It gets updated annually.
- Sanford Guide to Antimicrobial Therapy by David N., M.D. Gilbert. This provides information on what organisms' sensitivity to various anti-infective medications (e.g. antibiotics, etc.), so can be very helpful when deciding what medications to treat infections
- *Textbook of Clinical Pediatrics (edited by Elzouki)
- *Red Book published by the American Academy of Pediatrics, the primary reference for treatment of pediatric infectious disease

Additional Reading Resources

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

Some commonly referenced journals for general pediatrics include:

- **JAMA Pediatrics**
- **Pediatrics (published by the American Academy of Pediatrics)**
- **Pediatrics in Review**
- **Journal of Pediatrics**
- **Pediatric Emergency Care**
- **Academic Pediatrics**

In addition, there are frequently pediatric-related articles in the larger journals that are not dedicated to pediatric medicine, including New England Journal of Medicine, JAMA, Lancet, BMJ, etc.

Study Guides and Shelf Preparation

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

When preparing for the Pediatric SHELF exam consider reading the following article published online on MedScape Today from WebMD <http://www.medscape.com/viewarticle/583463>

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

[Blueprints Pediatrics](#), Textbook with a lot of subject-specific information and few questions (100 Q)

[Case Files Pediatrics](#), 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](#): 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](#)

[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.

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.

MedHub

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the "Help" tab once logged in. Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/evaluate/medhub-support-tickets/>

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. M3). Always include link(s) to or screen shots of where the issue is occurring.

School's Policy on Recordings: <https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/>

Tutoring

Peer tutors may be requested via the Office of Academic Enhancement's Peer Tutoring Program at: <http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

Disability & Access Services

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

<https://www.bu.edu/disability/accommodations/>