

Pediatric Clerkship

Academic Year 2025-2026

Department of Pediatrics

MEDMD 305

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Clerkship Director: Julia Aquino, MD

Clerkship Coordinator: Carly Werner





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Clerkship Learning Objectives

- 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
- 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
 - 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
- Physical Exam
 - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings
- 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
- 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
- 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)
- 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
- 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
 - 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)
- 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
- 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
- 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

Contact Information

Clerkship Director
Julia Aquino, MD



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Assistant/Associate Clerkship Director
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Clerkship Coordinator



Carly Werner, MPH
 Medical Education Coordinator
 Email: carly.werner@bmc.org
 Office: 801 Albany Street, 3rd floor
 Office Hours: 8:30am-4:30pm

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 work with nursing students, nursing staff, nurse practitioners, child life specialists, social workers, respiratory therapists, and many other disciplines. 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 diversifying the instructional methods in the core clerkship curriculum to include team-based learning, simulation and gamified shelf review 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)

Clerkship Changes Made Based on Feedback

- Successfully switched BMC schedule to allow students to preference 2 weeks in ED or primary care rather than 1 week in each. Change has been well received by students, prioritizing depth and continuity in clinical experience.
- Created regular education day schedule with 2 hours (8-10am) for self-directed learning.
- South Shore students currently doing outpatient primary care week at BMC—leading to change in making SSH a combined site with BMC rather than stand-alone this academic year.

- Changed mid-rotation feedback form to promote student synthesis of feedback rather than faculty writing
- Send photo sheets and schedule to BMC inpatient, ED, nursery and outpatient faculty to promote student inclusion.

Diversity, Equity, and Inclusion Initiatives

- Operation House Call run by the ARC of Massachusetts exposes students to health inequities for patients with intellectual/ developmental disabilities, discusses the importance of person first language and minimizing ableism within medical practice
- Our CPT lecture discusses inequity and systemic racism within government child protection agencies.
- Our planned adolescent communication session will address LGBTQA+ health through a pediatric lens
Respiratory illness simulation will be piloted prior to next academic year

Other Recent Changes to the Clerkship

- Shortened education sessions from 90 to 75 minutes based on student feedback
- Incorporating shelf review into each education day
- Changes to core clerkship curriculum: additional of adolescent communication workshop and respiratory distress simulation, changes newborn respiratory distress session to be more encompassing of the approach to the ill neonate

Clerkship Sites

Beverly Hospital

85 Herrick Street
Beverly, MA 01915

Site Director: Allison Ste. Marie, MD: (978) 922-3000 x5437, allison.ste.marie@childrens.harvard.edu

Site Administrator: Isabella Isaac: (978) 922-3000 x5437, Isabella.E.Isaac@lahey.org

DAY 1: Orientation is on the first day of the rotation (Wednesday), Dr. Ste. Marie will touch base with timing.

Time: All clinical days start on J5 workroom at 8:00am.

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). You may park anywhere, but it is recommended that you park in the Garage.

SITE DESCRIPTION

Students rotating at Beverly hospital will work in inpatient, outpatient, ED, nursery and special care nursery. 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. 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. 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 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. Directions & parking will be included to you in your orientation email.

Note: This site is only offered in Block 2 in AY 25-26.

Boston Medical Center

Site Director: Julia Aquino, MD: julia.aquino@bmc.org

Site Administrator: Carly Werner: carly.werner@bmc.org

SITE DESCRIPTION

The clinical experiences at BMC may include the inpatient wards, newborn nursery, outpatient primary and specialty care clinics, and the Pediatric Emergency Department. 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 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

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

Prior to 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 Directors: Sarah 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 6:30AM PST. Please come directly to Dr. MacMahon's office, Pediatrics, Dept 190. Students will have access to a recoded version of the clerkship orientation that takes place in Boston on day 1 of the clerkship.

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

SITE DESCRIPTION

Kaiser Permanente Santa Clara Medical Center is 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
Margot Shuman, MD: shumanm@matchc.org

Prior to DAY 1: Dr. Livaditis or Dr. Shuman will email you in advance of the start of your time at Mattapan with onboarding steps you need to complete. 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 or Dr. Shuman). 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.

Salem Hospital

81 Highland Avenue

Salem, MA 01970

Site Directors: Bruce Weinstock, MD: coconnor24@partners.org

Site Administrator: Kara McKiernan: kmckiernan@mgb.org

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

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.

SITE DESCRIPTION

For pediatric clerkship students, the rotation at Salem Hospital will consist of a mixture of emergency department, well baby and special care nurseries (SCN). On average, students will have 2 weeks in the ED and 2 weeks in the nursery/SCN. 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. 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.

Schedules: Salem will provide you with your schedule prior to the start of the block.

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.

South Shore Hospital

55 Fogg Road

Weymouth, MA 02190

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

Site Administrator: Arianna Cash, ACash2@southshorehealth.org &
Dana Sarmento DSarmento@southshorehealth.org

PRIOR TO DAY 1: 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. You will be emailed with instructions about where and when to arrive for onboarding and orientation before the rotation starts. 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. Your hours will be provided by Dr. Niro on a schedule at the beginning of your rotation.

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 the potential of an extra 8 hallway/waiting room beds during the busy season. 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).

Inpatient floor: We have an inpatient pediatric floor with about 16 beds available to us for non-critical admissions staffed by pediatric hospitalists 24-7.

- No overnight shifts
- There may be weekend shifts.

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

DIRECTIONS & PARKING

From I-93 (South)

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

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

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 Directors: Lisa Capra, MD: Lisa.Capra@bmc.org

Meredith Bannigan, MD: Meredith.Banigan@bmc.org

Site Administrator: John A. Maclellan: 617-789-3382, John.Maclellan@bmc.org

DAY 1:

Time: Arrive at 8:00 am

Report to: Meet John Maclellan in the Seton Main Lobby with a printed copy of the ID badge form. He 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.

Directions & parking will be included to you in your orientation email.

West Cambridge Pediatric & Adolescent Medicine

575 Mount Auburn Street, Suite 101

Cambridge, MA 02138

Site Director: Rebecca Rossi, MD: (617) 547-1995, r.rossi.6@chppoc.org

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

At the West Cambridge Pediatric and Adolescent Medicine practice, students will work closely with Dr. Rebecca Rossi, 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.

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.

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

Core Clerkship Curriculum

The core curriculum will be delivered to students on education days free from clinical responsibilities on:

- Week 1: Monday and Tuesday
- Weeks 2, 4 and 5: Monday *Subject to change due to holidays

Each education day will have 3 sessions covering different core pediatric topics using varied instructional design and grounded in common pediatric presentations and diagnoses. An emphasis is placed on generation of informed differential diagnoses and clinical reasoning. The core curriculum content covers most of the required clinical encounters for the pediatric clerkship. Students will have time allocated on each education 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 (link available on Blackboard). *Note: schedule may change due to clerkship holidays.*

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. Schedule will be made available at the start of each block. Students at BMC are required to attend these sessions.

Clerkship Grading

| ASSESSMENT OF LEARNING | |
|--|---|
| Clinical Grade Percentage | 68% |
| Shelf/Exam Percentage | 25% |
| "Other" Components Percentage | 7% |
| CLINICAL GRADE | |
| Clinical Honors | >4.45 |
| Clinical High Pass | 3.45-4.44 |
| Clinical Pass | 2.00-3.44 |
| Clinical Fail | <2.00 |
| SHELF EXAM | |
| Minimum score to pass | 62 |
| OTHER | |
| Oral Clinical Reasoning Assessment (OCRA) | 7% |
| FINAL GRADE | |
| Honors | ≥ 89 |
| High Pass | ≥79 to <89 |
| Pass | ≥ 41.75 to <79 or between 1.50-2.49 in any domain on the final CSEF |
| Fail | <41.75 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail) |
| ASSESSMENT FOR LEARNING | These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below. |
| Completing patient encounter logs by the last Sunday of the clerkship block. | |
| Completing all FOCuS forms by the last Sunday of the clerkship block. | |
| Completing all clerkship assignments by last Sunday of the clerkship block. | |
| Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block | |
| Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block. | |
| ASSESSMENT OF PROFESSIONALISM | To meet professionalism expectations students must meet the following expectations listed below: |
| Arriving at clerkship didactic sessions on time. | |
| Evaluations are requested by the last Sunday of the clerkship block. | |
| Reviewing and responding to e-mail requests from clerkship administration within 2 business days | |
| Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block. | |
| Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances). | |
| The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance: | |
| Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff. | |
| Engaging in the core curriculum and participating respectfully with peers and colleagues at all times. | |
| 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 above in [professional comportment sections](#).

If there are no professionalism concerns, students will receive the following statement in their summative statement:
“This student MET the administrative and clinical professionalism expectations of the clerkship.”

A pattern of behavior as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:

1. This student did not meet the **administrative professionalism** expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.
2. This student did not meet the **clinical professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.
3. This student did not meet the **clinical and administrative professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.

If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, **the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail).** In addition, **a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors.** An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.

Sample Email Example

[illegible]

Standard Clerkship Clinical Grade Procedures/Policies

Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. 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. Preceptors DO NOT determine the final “word” grade.

1. 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 form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<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

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).
3. 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.

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 during the remediation dates.

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.
- Will still be eligible to receive a clinical honors.
- 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:

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

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. All assignments are due the last day of the rotation prior to the start of the NBME Shelf Exam. Failure to return the required assignments on time may result in the loss of professionalism points on your final grade.

1. **Newborn Exam Competency:** 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 or resident, 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. 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 review the newborn exam module (slides and brief video) on Blackboard.
2. **HEENT Exam Competency: 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 a supervisor (ideally an attending or fellow, but you can also do this with a supervising resident.) 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).

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 available upon request to the Clerkship Director.
5. **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 or OCRA. The case scenarios used in the OCRA are drawn from among the required patient encounters that are core to the clerkship. 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.

Additional details about the OCRA can be found on Blackboard. 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.

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. A continuously updated list of resources can be found on Blackboard under the Clinical Resources section.

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 PEDS
- **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>
- **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” and available through EPIC.

- **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/>

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.

- **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 (<https://www.bumc.bu.edu/medlib/>). 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.

Other published sources, *are available electronically through the alumni medical library with your Kerberos login and password:

- *Blueprints Pediatrics, 7th edition: Textbook with a lot of subject-specific information and few questions
- 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.
- Lange Q & A Pediatrics
- *BRS Pediatrics, 2nd edition (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 got the question right!) is a great way to prepare broader knowledge content areas. 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.

Session Learning Objectives and Notes

Vaccine Hesitancy Workshop

Ruby Bartolome, MD

By the end of the Vaccine Hesitancy Workshop, students will be able to:

- Explain the concept of vaccine hesitancy and distinguish it from anti-vaccination ideology.
- Describe the "5C" model of vaccine hesitancy and its components.
- Identify and describe key factors that influence vaccine hesitancy.
- Define principles of family-centered care and communication around vaccine hesitancy.
- Demonstrate the recommended strategies for communicating with vaccine-hesitant parents, the principles of motivational interviewing, and considerations if parents continue to refuse vaccination.
- Recognize common misconceptions about vaccines and articulate evidence-based responses.

- Develop strategies for engaging with families who remain hesitant after initial discussions while maintaining a respectful, non-judgmental dialogue to encourage ongoing communication.
- Describe potential anticipatory guidance and return precautions for unvaccinated children, ensuring their safety and implications on public health.

Pediatric Chest Pain

Elizabeth Yellen, MD

By the end of the Pediatric Chest Pain lecture, students will be able to:

- Create a differential diagnosis and initial care of pediatric chest pain
- Practice working through a pediatric case in the OCRA format
- Engage in shelf exam preparation for topics in pediatric cardiology

Common Respiratory Illness in Pediatrics

Julia Aquino, MD

By the end of the Common Respiratory Illness lecture, students will be able to:

- Create a differential for pediatric respiratory distress based on anatomy (upper vs. lower respiratory tract) and airway sounds
- Develop illness scripts and utilize clinical pathways to manage 3 common pediatric respiratory illnesses
- Recognize signs of respiratory distress and impending respiratory failure

Patient & Family Centered Rounding

Julia Aquino, MD

By the end of the Patient & Family Centered Rounding lecture, students will be able to:

- Practice bedside rounding that focuses on creating a shared mental model between patients, families and caregivers
- Learn how to activate and engage family in care and decision making

Emergency Medicine Case – Vomiting

Genevieve Preer, MD Taneequa Fields, SW Elizabeth Egan, SW

- Create an age-based differential for vomiting in the pediatric patient
- Engage in interprofessional collaboration in the care of pediatric patients
- (remainder of learning objectives to be revealed in the case)

Fever 101 Workshop

Rachel Thompson, MD

By the end of the Fever 101 Workshop, students will be able to:

- Define fever and create a broad differential of fever in the pediatric patient
- Identify important predisposing factors that increase risk of serious bacterial illness (SBI)
- Identify most common infectious organisms that cause febrile illness in: Neonates (0-28 days); Young infants (28-90 days); Young children (3 months-2 years)
- Compare and contrast diagnostic work up of fever for: Neonates (0-28 days); Young infants (28-90 days); Young children (3 months-24 months)

Pediatric Fever & Rash

Rachel Thompson, MD

By the end of the Fever & Rash lecture, students will be able to:

- Develop a differential diagnosis for acute pediatric rash and fever
- Practice for the oral clinical reasoning exam (OCRA) with a patient with fever and rash
- Recognize some common and “can’t miss” etiologies of fever and rash in the pediatric patients

Pediatric Fluid Management

Julia Aquino, MD

By the end of the Pediatric Fluid Management lecture, students will be able to:

- Understand the basics of fluid management why we care in pediatrics
- Learn how to assess hydration status in the pediatric patient
- Practice making fluid type, delivery route and rate calculation decisions

Newborn Medicine – Respiratory Distress

Ruby Bartolome, MD

By the end of the Newborn Medicine lecture, students will be able to:

- Develop a list of potential differential diagnosis for respiratory distress in full term neonates
- Develop a list of potential differential diagnosis for respiratory distress in preterm neonates
- Examine the presentation and pathophysiology of different causes of respiratory distress in neonates
- Formulate management strategies for respiratory distress including laboratory evaluation, diagnostic imaging, and therapeutic interventions
- Analyze pulmonary mechanics essential for effectively managing respiratory distress in preterm infants
- Explore the various respiratory support modalities for neonates

Pediatric Seizure

Patrick Mabray, MD

By the end of the Pediatric Seizure lecture, students will be able to:

- Recall the approach to fever in an infant
- List an age-appropriate differential diagnosis, and an initial diagnostic plan for pediatric patients presenting with a first episode of seizure.
- Categorize seizures as partial, generalized, simple febrile, or complex febrile according to typical clinical features
- List key features to include in the history and exam in determining the etiology of a new-onset seizure, including skin findings (café au lait macules, ash leaf spots, facial port wine stain) that may indicate phakomatoses.
- Summarize national practice guidelines for the evaluation of simple febrile seizures.
- Describe the initial emergency management of status epilepticus in pediatric patients
- Discuss options for anticipatory guidance to families in the aftermath of a febrile seizure
- Describe the clinical features of epilepsy and its effects as a chronic disease on the patient and family
- Assess developmental milestones when evaluating a patient
- Recognize findings of neurocutaneous disorders on different skin tones

Operation House Call

Stephanie Lowell, Arc of Massachusetts

By the end of the Operation House Call lecture, students will be able to:

- Raise awareness of barriers to health equity faced by people with IDD including autism
- Understand potential impact of implicit biases including the concept of diagnostic overshadowing
- Re-shape mindsets around treating individuals with disabilities through exposure to families.
- Enhance confidence in ability to engage effectively including recognizing behavior as a form of communication
- Increase sensitivity to family and sibling dynamics, and the impact of a disability on the whole family

Developmental & Behavioral Pediatrics Part 1: Observing Developmental Milestones

By the end of the DBP Part I lecture, students will be able to:

- Understand the spectrum of normal developmental milestone acquisition in 0- to 5-year-old children
- Practice observing language and motor developmental milestones
- Practice utilizing the CDC vaccine schedule to recommend age-appropriate vaccinations
- Describe age based nutritional guidance using Bright Futures

Developmental & Behavioral Pediatrics Part 2: ADHD & Autism

Rachel Vuolo, MD

By the end of the DBP Part II lecture, students will be able to:

- Review and understand the DSM-5 criteria for autism spectrum disorder
- Review and understand the DSM-5 criteria for attention deficit hyperactivity disorder
- Practice observing children's behaviors at various ages and assess normal vs abnormal milestones
- Develop differential diagnoses for children with developmental delays and challenging behaviors
- Discuss psychological trauma as common co-morbid condition

Adolescent Medicine

Katelin Blackburn, MD

By the end of the Adolescent Communication Skills workshop, students will be able to:

- Demonstrate effective communication techniques for building rapport and trust with adolescent patients including motivational interviewing and active listening
- Demonstrate understanding of confidentiality and consent for an adolescent patient under current Massachusetts law
- Practice obtaining a strength based adolescent risk assessment using the SSHADESS framework