CSEF Milestones – Pediatrics Clerkship

This document illustrates the progression from 3rd to 4th year and the performance expectations of a 3rd year versus a 4th year student.

Oral Presentations

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
- Delivers accurate organized and concise presentations for most patients - Effectively engages audience in delivery of presentation - Presents pertinent positive and negative findings for recognizing/prioritizing the differential diagnosis - Includes a synthesis statement ("one-liner") with a leading diagnosis, prioritized problem list, justified differential diagnosis and management plan - Begins to tailor the presentation to the audience and clinical setting (e.g., focused in ED)	- Incorporates new patient information in real-time, - Effectively engages audience during bedside presentation or family centered rounds - Consistently tailors the presentation to the audience and clinical setting - Provides concise IPASS sign out when relevant	- Can effectively involve patient and family when presenting in front of the patient at the bedside - Tailors length and complexity of presentation to situation and receiver of information with minimal advance warning at the bedside

Documentation

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
• Writes detailed, concise, updated, and well-organized notes independently using templates when appropriate • Records diagnostic reasoning, with a synthesis statement ("one-liner") and justified, prioritized differential diagnoses based on relevant positive and negative findings and basic epidemiology • Creates a comprehensive active problem list that is updated (e.g., wheezing -> asthma), prioritized, and including social determinants of health • Explains the management plan for common conditions with justification, when needed	• Documents more subtle pertinent positive and negative findings in a manner that recognizes/prioritizes the differential diagnosis and rule in/out diseases • Records diagnostic reasoning clearly, including a synthesis statement with a leading diagnosis and a prioritized differential diagnosis, justifying it with relevant, more complex epidemiology, positive and negative findings, and pathophysiology • Creates a comprehensive problem list that is appropriately prioritized and complete for major and minor biopsychosocial problems • Provides an appropriate rationale for the management plan for common conditions, citing relevant guidelines and evidence where applicable • Defines discharge criteria/follow up plan for uncomplicated patients	• Provides an appropriate rationale for the management plan for common and less common conditions, citing relevant guidelines and evidence, where applicable • Proactively updates discharge documentation (when relevant) in real time to facilitate transfer of care and handoffs • Updates electronic handover tool with clear, relevant, and succinct documentation, when applicable • Sometimes documents patient's values and goals of care which may include advanced care planning

Data Synthesis/Diagnostic Skills

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
☐ Appropriately includes relevant patients' biopsychosocial problems and concerns in synthesis statement ☐ Accurately prioritizes differential diagnosis for common clinical problems including "can't miss" diagnoses ☐ Logically justifies differential with epidemiology, pathophysiology, and pertinent positive and negative clinical findings, using point of care resources if appropriate ☐ Often correctly diagnoses common diseases with typical presentations ☐ Begins to identify "sick" vs. "not sick" pediatric patient	☐ Consistently identifies "sick" vs. "not sick" patients correctly ☐ Prioritizes differential diagnosis accurately for common and some uncommon clinical problems specific to the patient including "can't miss" diagnoses ☐ Justifies differential diagnosis logically for less common clinical presentations by using disease prevalence, pathophysiology, and pertinent positive and negative clinical findings ☐ Applies primary literature to the specific patients effectively ☐ Consistently makes the correct diagnosis for typical presentations of common diseases and usually makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases ☐ Creates concise synthesis statement that includes relevant patients' biopsychosocial problems and concerns and specific leading diagnosis	☐ Often identifies "sick" vs. "not sick" patients correctly for common and uncommon presentations ☐ Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations ☐ Identifies one's own clinical reasoning errors within the diagnostic process, with guidance ☐ Makes the correct diagnosis for typical presentations of common diseases and often makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases

Management Planning

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
☐ Suggests suitable management with rationale for well pediatric patients and common conditions ☐ Attempts to suggest appropriate management for less common conditions ☐ Occasionally incorporates basic risks and benefits analysis into management, when appropriate ☐ Utilizes point of care resources for basic management development	☐ Suggests suitable management and rationale for common and less common conditions, incorporating best available evidence ☐ Provides specific and accurate changes to plan, based on patient specific factors and preferences, acuity, current response to treatment and new data. ☐ Integrates/synthesizes new clinical data effectively in real-time to modify diagnostic plans when appropriate ☐ Incorporate basic contingency planning into management plans ☐ Sometimes defines discharge criteria/follow up plan for patients ☐ Consistently considers risks and benefits analysis in management planning	☐ Develops and implements an initial management plan for patients with urgent or emergent conditions, when applicable ☐ Consistently incorporates contingency planning into management plans ☐ Able to modify management plans in real time with minimal guidance based on new information or a change in status ☐ Accurately defines discharge criteria/follow up plan for all patients ☐ Share best available evidence-based data/guidelines with their supervisor, peer, and/or team

Teamwork & Professionalism

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
☐ Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication ☐ Integrates effectively into team activities by recognizing distinct roles, responsibilities, and contributions of interprofessional team members' and demonstrates understanding and limitations of their role and where they can proactively participate in meeting needs of team ☐ Communicates with the interprofessional team, keeping members informed and up-to-date while maintaining clear and effective communication channels. ☐ Demonstrates trustworthiness and reliability including consistent punctuality, preparation, and commitment to assigned tasks, while maintaining confidentiality and ethical standards ☐ Identifies opportunities for growth in one's performance through self-reflection, being receptive to feedback and actively using it to improve behavior and performance	☐ Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication ☐ Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency ☐ Proactively communicates with interprofessional team members (e.g., Consults, referrals, PT, social work, VNA) to improve patient care ☐ Able to articulate an appropriate consult question prior to initiating a consult ☐ Incorporates recommendations from interprofessional team members into the care plan ☐ Demonstrates trustworthiness and reliability, appreciates the professional role and gravity of being the "doctor" by being fully engaged in patient care activities, while maintaining confidentiality and ethical standards ☐ Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors	☐ Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency by mentoring students ☐ Leads coordination of care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams ☐ Anticipates consultative needs and incorporates recommendations ☐ Proactively develops strategies and plans to address limitations of knowledge, skills, and emotions whether self-identified or highlighted through feedback from others ☐ Demonstrates flexibility and maturity in adjusting to change and constructive feedback ☐ Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors in an efficient and timely way

Patient Centered Communication & Humanistic Care

Target Behaviors for 3rd Year	Target Behaviors for 4th Year/ Reach Behaviors for 3rd Year	Reach Behaviors for a 4th Year
☐ Provides accurate information to the patient ☐ Emphasizes key points of diagnosis and/or plan ☐ Encourages patient questions/perspectives/concerns ☐ Uses appropriate language based on patient's health literacy ☐ Avoids medical jargon for most patients ☐ Engages appropriately with interpreters when interpreters are needed ☐ Ensures that patient/family understands explanations/counseling using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.) ☐ Demonstrates humanism, empathy, compassion and cultural humility by acknowledging patients' emotional needs and responding with appropriate validation and support	☐ Communicates about diagnostic testing and how results will influence diagnosis, further evaluation, and future plans of care ☐ Addresses patient questions while communicating plan ☐ Communicates appropriately about discharge readiness in discussions with patient/family ☐ Demonstrates ability to navigate difficult patient conversations and encourage behavioral change ☐ Identifies appropriate opportunities for basic patient counseling, motivational interviewing, teach-back and provides patient centered education/resources when applicable ☐ Demonstrates cultural humility through active learning, seeking patient perspectives on their experiences with the healthcare system and adjusting approach accordingly.	• Identifies and attempts to mitigate barriers to effective communication • Attempts to lead challenging conversations, i.e. family meetings, delivering bad news, and discussing goals of care with patients and families when applicable • Engages in shared decision-making with consideration of patient values and psychosocial determinants • Consistently demonstrates cultural humility and mentors students in developing these skills