

Clerkship Syllabus

Academic Year 2026-2027

Pediatrics
MEDMD 305
April 2026

Clerkship Director: Julia Aquino, MD
Clerkship Coordinator: Carly Werner





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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 and 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.

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.

Clerkship Changes Made Based on Feedback

- Shortened education day sessions from 90 minutes to 75 minutes
- Addition of respiratory distress simulation to the curriculum
- Integrated calendar of education day sessions into Blackboard more clarity of schedule
- Integrated dedicated gamified shelf review sessions to core curriculum

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 Child Protection Team session discusses inequity and systemic racism within government child protection agencies.
- Our Development session on autism and ADHD reviews the impact of trauma and social determinants of health on behavioral diagnoses and outcomes.
- Our adolescent communication workshop addresses adolescent confidentiality and LGBTQA+ health through a pediatric lens

Other Recent Changes to the Clerkship

- Fully implemented QR code based CSEF in select ED and evening shift settings to improve rates of evaluation completion and timeliness of feedback for students
- We have incorporated subspecialties into the outpatient rotation. Students may have several sessions over 2 weeks in: Cardiology, DBP, Hematology, Complex Care, Nephrology, Sports Medicine or Rheumatology.

Medical Education Program Objectives

A 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	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
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	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	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	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
professional development needed for the practice of medicine (PPD)	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies 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	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process (CSDR.4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)

- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

Mission Statement: After completion of the pediatric clerkship, learners will have the basic skills, attitudes and knowledge to safely and compassionately care for children.

By the end of the pediatric clerkship a student will:

1. Obtain a developmentally appropriate and differentially driven history for common pediatric conditions. (CSDR.1)
2. Perform an age and developmentally appropriate, patient-centered pediatric physical exam. (CSDR.2)
3. Generate age-appropriate differential diagnoses for common pediatric presentations as listed in the required patient encounters for the Pediatric Clerkship, avoiding common cognitive biases and diagnostic anchoring (CSDR.3, CSDR.8)
4. Integrate clinical information from the history, physical exam, and other available data and use evidence-based data and guidelines to develop an assessment and management plan for common pediatric presentations as listed in the required patient encounters for the Pediatric Clerkship. (CSDR.3, CSDR.4, PPD.4)
5. Perform patient and family centered oral presentations that communicate key clinical information to other health care providers and reflect an accurate history and physical exam of a pediatric patient (CSDR.5, C.3)
6. Demonstrate documentation skills in the EMR that communicate key clinical information to other health care providers in an organized, clear and problem-based structure (CSDR.6, C.4)
7. Recognize the role of the interprofessional health care team in advocating for the health, wellbeing, and safety for children including principles of prevention and engage effectively with members of the interprofessional health care team in the provision of patient care (HS.1, HS.3)

8. Diagnose and manage common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, abdominal pain/vomiting and/or diarrhea, fever, feeding concerns, jaundice, and growth faltering (CSDR.3, CSDR.4)
9. Diagnose the clinical manifestations of and propose an initial management plan for emergent pediatric conditions such as sepsis, shock, respiratory distress/failure, altered mental status, status epilepticus and acute abdomen (CSDR.3, CSDR.4)
10. Provide evidence-based and patient and family centered care to the well child from the newborn period through adolescence including assessing development, nutrition and safety, screening for common behavioral and developmental conditions, and providing age-appropriate anticipatory guidance, immunization recommendations, and developmentally appropriate counseling (CSDR.1, C.1, C.2, HS.3).
11. Exhibit the attitudes and professional behaviors appropriate for clinical practice including honesty, ethical conduct, intellectual curiosity, punctuality and maturity in soliciting, accepting and modifying practice in response to feedback (PCC.1, PCC.2, PPD.1, PPD.2, PPD.3).
12. Demonstrate a humanistic approach to pediatric patient care through child-centered communication, exploring and integrating the needs of patients and families, and demonstrating respect for the contributions of the caregivers. (PCC.1, PCC.3).
13. Incorporate culture, values, beliefs, and social determinants of health into the management of pediatric health and illness. (PCC.3, HE.1)
14. Demonstrate patient-centered communication skills that facilitate effective clinical interactions with patients and families (C.1)

Session Learning Objectives and Notes

Vaccine Hesitancy Workshop

1. Describe the "5C" model of vaccine hesitancy and its components (LO 12,13,14)
2. Identify key factors that influence vaccine hesitancy (LO 10,13)
3. Recognize common misconceptions about vaccines and articulate evidence-based responses (LO 10,13,14)
4. Develop strategies for engaging with families who remain hesitant after initial discussions while maintaining a respectful, non-judgmental and family-centered dialogue to encourage ongoing communication (LO 12,13,14)
5. Provide anticipatory guidance and return precautions for unvaccinated children, ensuring their safety and considering implications on public health (LO 4,10)

Pediatric Chest Pain

1. Construct and prioritize a differential diagnosis for pediatric chest pain, distinguishing between cardiac and non-cardiac causes (LO 3)
2. Obtain a focused history and describe a targeted physical exam for a child with chest pain, eliciting key red flag symptoms and relevant family history (LO 1,2)
3. Interpret clinical findings that suggest serious cardiac pathology and justify escalation of concern (LO 4)
4. Select and interpret appropriate initial diagnostic tests for pediatric chest pain and explain the indications, strengths, and limitations of each modality (LO 4)
5. Develop an initial management plan for a patient with suspected hypertrophic cardiomyopathy, including appropriate referrals, activity restriction, and counseling patients and families on follow-up and risk (LO 9,14)

Common Respiratory Illness in Pediatrics

1. Create a differential for pediatric respiratory distress based on anatomy (upper vs. lower respiratory tract) and airway sounds (LO 3,8,9)
2. Develop illness scripts and utilize evidence-based clinical pathways to manage 3 common pediatric respiratory illnesses (LO 8,9)
3. Recognize signs of respiratory distress and impending respiratory failure (LO 8,9)

Respiratory Distress Simulation

1. Recognize respiratory distress and impending respiratory failure in a pediatric patient (LO 8,9)
2. Create an age-based differential for respiratory distress in children utilizing anatomy (upper airway vs. lower airway) and lung sounds (LO 3,8,9)
3. Utilize the ABC assessment strategy and SAMPLE mnemonic for obtaining a history and initial assessment of an acutely ill pediatric patient (LO 1,2)
4. Implement a stepwise approach to managing a patient with respiratory distress using various O2 delivery modalities (LO 9)
5. Demonstrate the key features involved in teamwork when working in an emergent situation including role identification, closed loop communication and creating a shared mental model (LO 7)

Patient and Family Centered Rounding Workshop

1. Describe health literacy principles that promote the creation of a shared mental model between medical care team, patients and families on patient-and-family centered rounds (PFCR) (LO 12,14)
2. Compare and contrast examples of PFCR to highlight inclusive, collaborative communication practices (LO 7,12,14)
3. Practice minimizing medical jargon in PFCR presentations (LO14)
4. Examine challenging scenarios on PFCR and brainstorm communication approaches with real-time responses (LO 12,13,14)

Emergency Medicine Case – Vomiting

1. Develop a differential diagnosis for vomiting in infants and identify key history and physical exam findings that guide evaluation (LO 3,4)
2. Recognize history and physical examination red flags for possible child abuse, including concerning bruising patterns and signs of abusive head trauma (LO 4,8,9)
3. Describe the standard medical evaluation and institutional reporting process for suspected child abuse, including mandated reporting requirements under Massachusetts law (LO 7)
4. Discuss the role of child protective systems, including factors that influence child safety, family strengths, and protective concerns in the home environment (LO 7, 12)
5. Examine how historical and structural inequities influence child welfare involvement and outcomes for children and families (LO 13)
6. Engage in interprofessional collaboration in the care of pediatric patients with possible child abuse (LO 7)

Fever 101 Workshop

1. Define fever and create a broad differential of fever in the pediatric patient including infectious, inflammatory, reactive and malignant etiologies (LO 3)
2. Identify important predisposing factors that increase risk of serious bacterial illness in children (LO 4)
3. Identify most common infectious organisms that cause febrile illness in neonates, young infants, and young children (LO 4)
4. Compare and contrast diagnostic work up and management of fever for neonates, young infants, and young children utilizing published evidence based pediatric fever guidelines (LO 8, 9)

Pediatric Fever & Rash

1. Develop a broad differential diagnosis for acute pediatric rash and fever (LO 3)
2. Obtain a focused history and describe a targeted physical exam for a child with fever and rash, eliciting key descriptors to help determine level of acuity (LO 1,2)
3. Identify common and “can’t miss” etiologies of fever and rash in the pediatric patients using visual diagnosis and case vignettes (LO 8,9)
4. Practice for the oral clinical reasoning assessment (OCRA) with a patient with fever and rash (LO 4)

Pediatric Fluid Management

1. Calculate daily maintenance fluid requirements for pediatric patients using standard weight-based formulas (LO 8)
2. Identify common causes and clinical signs of dehydration in children, classify severity and select appropriate initial fluid management strategies utilizing published evidence based pediatric dehydration guidelines (LO 4,8)
3. Choose appropriate fluid type and delivery route for common pediatric scenarios such as dehydration, NPO status, and maintenance in hospitalized children (LO 8)
4. Develop a basic fluid resuscitation and replacement plan for a child with dehydration including bolus dosing, ongoing replacement, and monitoring of response and potential complications (LO 4,8)

Newborn Medicine – Respiratory Distress

1. Generate a broad differential diagnosis and utilize objective data such to narrow the differential for a neonate in respiratory distress (LO 3,4)
2. Describe the 5 most common cyanotic congenital heart diseases and their imaging findings (LO 4,9)
3. Identify hallmarks of inborn errors of metabolism and understand the metabolic derangements in urea cycle disorders (LO 4)
4. Integrate basic science concepts in physiology, embryology, and biochemistry when developing a differential diagnosis for neonatal respiratory distress, including congenital heart disease and inborn errors of metabolism (LO 4)

Pediatric Seizure

1. Construct an age-appropriate differential diagnosis and initial diagnostic approach for pediatric patients presenting with a first seizure (LO 3,4)
2. Obtain a focused history and describe key physical exam findings to determine seizure etiology, including recognition of key skin findings across diverse skin tones that may indicate a neurocutaneous syndrome (LO 4,8,13)
3. Classify seizure types (focal, generalized, febrile, complex febrile) based on clinical features and apply guideline-based evaluation for simple febrile seizures. (LO 8)
4. Describe the initial emergency management of status epilepticus in pediatric patients (LO 9)
5. Provide anticipatory guidance to families after a febrile seizure (LO 12, 14)
6. Describe the clinical features and chronic impact of epilepsy on patients and families. (LO 8,12)

Operation House Call: Education session and virtual home visit)

1. Describe barriers to health equity faced by people with intellectual and developmental disabilities (IDD) including autism (LO 12,13)
2. Examine potential impact of implicit biases in the care of IDD including the concept of diagnostic overshadowing (LO 12,13)

3. Engage effectively with individuals with IDD including recognizing behavior as a form of communication (LO 14)
4. Describe the impact of disability on the whole family and practice sensitivity towards family and sibling dynamics (LO 12,14)

Developmental & Behavioral Pediatrics Part 1: Observing Developmental Milestones

1. Describe the typical progression of developmental milestones in children from birth to 5 years of age (LO 4,10)
2. Observe and identify language, social and motor developmental milestones in young children (LO 4,10)
3. Use the American Academy of Pediatrics immunization schedule to determine age-appropriate vaccinations (LO 10)
4. Provide age-appropriate nutritional guidance using Bright Futures recommendations (LO 10)

Developmental & Behavioral Pediatrics Part 2: ADHD & Autism

1. Apply the DSM-5 criteria for autism spectrum disorder and attention deficit hyperactivity disorder to pediatric patients (LO 8)
2. Practice observing children's behaviors at various ages to assess normal vs abnormal milestones (LO 8,10)
3. Develop differential diagnoses for children with developmental delays and challenging behaviors (LO 3)
4. Explain how adverse childhood experiences, psychological trauma and broader social, environmental, and geopolitical contexts (e.g., natural disasters, abuse, war, displacement) influence child development and health outcomes (LO 13)
5. Apply a trauma-informed perspective when considering developmental concerns in pediatric patients (LO 12,13)

Adolescent Medicine Communication Workshop

1. Demonstrate effective communication techniques for building rapport and trust with adolescent patients including motivational interviewing, trauma informed language and active listening (LO 12,13,14)
2. Explain principles of confidentiality and consent in adolescent medicine under current Massachusetts law and explain their ethical and legal implications for patient care (LO 10,11)
3. Practice obtaining a strength based adolescent risk assessment using the SSHADESS framework (LO 10,12,13,14)
4. Assess how home, school, and social environments influence adolescent health, safety, and well-being (LO 10,13)
5. Discuss sexual and reproductive health in adolescents using an inclusive approach that recognizes gender and sexual diversity (LO 10,13,14)

Clerkship Sites

Site Maps

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:

<https://www.bumc.bu.edu/camed/current-students/#clinicalsites>

Boston Medical Center

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

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

SITE DESCRIPTION

Boston Medical Center (BMC) is a leading pediatric center in Boston, providing comprehensive patient and family centered care to children from diverse communities.

At this site, students will rotate through the inpatient pediatric wards, newborn nursery, and either outpatient primary/specialty care clinics, or the Pediatric Emergency Department (PED). On the inpatient wards and nursery, students work alongside house officers from the Boston Combined Residency Program (BCRP) and BMC faculty participating in pediatric patient care and family-centered rounds. Outpatient experiences may include shifts in the PED, primary care clinics, and pediatric subspecialty clinics at BMC or affiliated community sites, offering broad exposure to pediatric care across the full spectrum of child health.

BMC Brighton - 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: Binali Patel: Binali.Patel@bmc.org

SITE DESCRIPTION

BMC Brighton Nursery is a community newborn nursery within Boston Medical Center. The hospital features a Level III Neonatal Intensive Care Unit (NICU) and staffed newborn services, ensuring advanced support when needed along with routine care for healthy term and late-preterm infants. The environment emphasizes family-centered care with rooming-in options, lactation and feeding support, and education for parents. As part of the BMC Health System, the site serves a diverse population and provides students with a rich clinical setting to learn newborn care within an integrated, multidisciplinary care model. At this site, students will participate in the care of newborns by performing physical examinations, recognizing normal findings, and reviewing prenatal and newborn screening results.

South Boston Community Health Center

409 W Broadway, Boston, MA 02127

Site Director: Amelia Fisher, MD: AmFisher@sbchc.org

SITE DESCRIPTION

South Boston Community Health Center (SBCHC) is a full-service community health center serving the South Boston neighborhood. SBCHC provides comprehensive, community-based pediatric care for infants, children, and adolescents in an outpatient setting. At this site, students will participate in well-child visits, immunizations, acute illness care, and chronic disease management while working within a multidisciplinary team that emphasizes preventive care, family engagement, and health equity for a diverse population

Codman Square Community Health Center

637 Washington Street
Boston, MA 02124

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

SITE DESCRIPTION

Codman Square Community Health Center is a community-based outpatient center serving the Dorchester population. Codman CHC provides comprehensive care for the whole family, including pediatric primary care, as well as eye, dental, urgent, behavioral health, and specialty services. At this site, students will participate in pediatric primary care visits, performing well-child exams, managing acute and chronic pediatric conditions, providing anticipatory guidance and immunizations, and collaborating with a multidisciplinary team to support patient- and family-centered care.

Mattapan Community Health Center

1575 Blue Hill Avenue

Mattapan, MA 02126

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

SITE DESCRIPTION

Mattapan Community Health Center is a vibrant, community-based primary care site serving a diverse population in Boston. At this site, students will work closely with pediatric providers to deliver comprehensive care from infancy through adolescence, including well-child visits, immunizations, and management of acute and chronic conditions. The site emphasizes preventive care, developmental screening, and family-centered practice, while also providing meaningful exposure to the social determinants of health that impact children and families in the community.

Salem Hospital

81 Highland Avenue

Salem, MA 01970

Site Directors: Bruce Weinstock, MD: bweinstock@mgb.org

Site Administrator: Kara McKiernan: kmckiernan@mgb.org

SITE DESCRIPTION

Salem Hospital is a busy, community-based teaching hospital on the North Shore of Massachusetts, known for delivering high-quality, patient-centered care to a diverse population. At this site, students will gain hands-on exposure to the evaluation and management of acute pediatric illnesses and injuries in the ED, while also participating in the care of newborns requiring additional monitoring and support in a Level II Special Care Nursery. On average, students will spend two weeks in the ED and one week in the nursery/SCN.

South Shore Hospital

55 Fogg Road

Weymouth, MA 02190

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

Site Administrator: Louise McHale, LMchale@southshorehealth.org

SITE DESCRIPTION

South Shore Hospital is a busy, community-based teaching hospital known for providing comprehensive, patient-centered care to a diverse population. At this site, students will rotate through the pediatric ED & inpatient unit. Some may have the opportunity to rotate through the SCN. The Pediatric Emergency Department is one of the busiest emergency centers in eastern Massachusetts, a Level II trauma center staffed 24/7 by board-certified pediatric emergency physicians and pediatricians. The inpatient unit provides a dedicated 12-bed, child-friendly environment where students work with pediatric hospitalists on family-centered rounds, caring for hospitalized children. The MIU/SCN is a Level III Neonatal Intensive Care Unit (NICU) staffed around the clock by neonatologists from Boston Children's Hospital. This rotation emphasizes hands-on learning, team-based care, and clinical skill development across the full spectrum of pediatric medicine, from acute emergencies to complex neonatal care.

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

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. Kaiser has 26 pediatric beds, 8 pediatric intensive care unit beds, a level III NICU and a very busy delivery service. At this site, students will have the opportunity to care for patients in the inpatient ward, newborn nursery, NICU, outpatient primary care clinic, as well as participate in subspecialty clinic sessions.

Clerkship Schedules

Schedules

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

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

- Patriots Day: Monday, April 20th, 2026
- Memorial Day: Monday, May 25th, 2026
- Juneteenth: Friday, June 19th, 2026
- 4th of July (Observed): Friday, July 3rd, 2026
- Labor Day: Monday, September 7th, 2026
- Indigenous Peoples' Day: Monday, October 12th, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21st, 2026 – Sunday, January 3rd, 2027
- Martin Luther King Jr. Day: Monday, January 18th, 2027
- Presidents Day: Monday, February 15th, 2027

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:

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

Didactic Schedule

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.*

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.

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/SOCS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by due date 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:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	
Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines	
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). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.	
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.	
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends	
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 <u>pattern of behavior</u> 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.	

Sample Email Example

Standard Clerkship Clinical Grade Procedures/Policies

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.

- <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 clerkship.

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. 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.
4. **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 scenario used in the OCRA are drawn from 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.

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at <https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

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. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<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.

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. 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. <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** provides 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.
- 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 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:

- Blueprints Pediatrics, 7th edition: Textbook with 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.

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 through the NBME. It is recommended that you take at least one of these exams in a timed setting to gauge your studying.