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The University of Illinois, College of Medicine has approved the following Graduation Competencies. All students at all sites are required to meet these standards by graduation. Clerkships are expected to offer multiple opportunities to meet these requirements and to clearly indicate which aspects of the competencies are evaluated during the course of the clerkship.

Patient Care

*The competent graduate must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. He/she will be required to construct appropriate management strategies (diagnostic and therapeutic) for patients with common health care problems that may be emergent, acute or chronic, across the spectrum of disciplines, while considering costs for the patient and others. The graduate must be able to combine knowledge of basic biomedical, clinical, and cognate sciences to accomplish the above.*

The competent graduate must be able to:

- Obtain a full appropriate medical history
- Perform a skillful physical examination
- Formulate a differential diagnosis and problem list
- Perform competently all medical and invasive procedures required for graduation
- Perform, order and interpret diagnostic investigations that result in accurate diagnosis and treatment
- Utilize data to reason and solve problems
- Develop management plans
- Consider cultural and socioeconomic factors in management options;
- Form an effective therapeutic relationship
- Recognize life threatening health problems and institute appropriate initial therapy
- Construct a therapeutic plan for relieving pain, ameliorating suffering and directed toward specific resolution of health problems
- Counsel and educate patients and their families
- Apply the principles of epidemiology and evidence-based medicine

Medical Knowledge

*The faculty of the University of Illinois, College of Medicine believes that any statement of graduation competencies must include mastery of the necessary body of knowledge within the basic, clinical, and cognate sciences to manage patients’ health. Moreover, graduates must demonstrate the skills that will enable them to utilize the concepts and knowledge that will be discovered throughout the years following medical school.*
The competent graduate must have a thorough understanding of the:

- Scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine
- Determinants of poor health, disease-based risk factors, factors for disease prevention and healthy lifestyles (principles of preventive medicine)
- Principles of patient education
- Principles of epidemiology and population-based medicine
- Principles, risks, and possible benefits of complementary and alternative medicine
- Concepts, principles, and application of evidence-based medicine
- Investigatory and analytical thinking approach to clinical situations to be able to translate new and emerging concepts to improve patient care
- Psychological, social, economic, and cultural factors pertaining to health
- Legal and ethical concepts relating to health care

**Practice Based Learning and Improvement**

The competent graduate must be able to study, reflect, and evaluate patient care practices, appraise and assimilate scientific evidence, and understand their learning needs. He/she must be committed to lifelong learning.

The competent graduate:

- Sets clear learning goals, pursues them, and continuously integrates knowledge gained and applies it to improve medical care
- Assesses his/her strengths and weaknesses in order to improve performance and identify effective ways to address limitations and enhance expertise
- Recognizes the need to learn is continuous
- Accesses information effectively, efficiently; critically appraises the information and relates it to the patients’ health problems
- Can deal with uncertainty and respects the opinions of others
- Understands and admits his/her limits of knowledge; knows what to do when those limits are reached

**Interpersonal and Communication Skills**

The competent graduate provides compassionate, effective, culturally sensitive patient care while respecting patient autonomy.

The competent graduate:

- Listens attentively and effectively
- Communicates clearly with colleagues and consultants
- Communicates clearly with patients and patients' families
- Manages difficult patients and/or difficult relationships such as angry or manipulative patients
• Works effectively with other members of interdisciplinary health care teams, including translators

Professionalism

_The competent graduate approaches medicine with integrity and respect for human dignity. They must demonstrate awareness of and commitment to the principles and responsibilities of medical professionalism._

The competent graduate:

• Is aware of the unique doctor/patient relationship
• Knows and admits to his/her limits of knowledge
• Recognizes the need to learn is continuous
• Balances personal and professional commitments to ensure that the patient's medical needs are always addressed
• Recognizes and avoids conflicts of interest in financial and organizational arrangements for the practice of medicine
• Demonstrates integrity
• Demonstrates respect for human dignity
• Recognizes key ethical dilemmas and applies ethical principles
• Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent
• Demonstrates a commitment to excellence and on-going professional development

Systems Based Practice

_The competent graduate demonstrates an awareness of and responsiveness to the larger context and systems of health care._

The competent graduate:

• Understands the principles of health care delivery and can describe the organization, strengths and limits of various models of health care delivery systems
• Defines health in terms of the community in which the patient lives (population-based medicine)
• Describes how to appropriately utilize and integrate the services of multidisciplinary health providers
• Practices cost effective health care that does not compromise quality
• Evaluates and integrates hospital and community resources well; minimizes overuse of health care resources
• Works collaboratively with other health professionals to optimize the quality of care rendered, reduce medical error and increase patient safety

Approved by CCIA: 5 December 2007
Approved by College Executive Cmt: 12 December 2007
General Pediatric Clerkship Description

The Core Clerkship in Pediatrics and Adolescent Medicine is an eight-week program. Teaching responsibilities are shared by many: Pediatricians from Advocate BroMenn Medical Center, Carle Physician Group, Christie Clinic, Order of St. Francis (OSF) Healthcare, and Sara Bush Lincoln. Community resources will be included, as appropriate, in the curriculum.

The teaching program is multifocal and includes:

1. Didactic teaching
2. Independent reading
3. Patient care experiences in general clinic, hospital inpatient service, newborn nursery, ICU experience, outpatient specialty clinics including development, neurology, pulmonary, cardiology, pediatric surgery, and gastroenterology.

The eight-week clerkship is roughly divided into part of week-one of orientation, and lectures, followed by three weeks on the inpatient hospital service, one week in the newborn nursery, one week in the ICU, and two weeks in outpatient subspecialty clinics, followed by the final week of patient-care, review and testing. The remainder of the first week and first 3 days of the week eighth will be utilized as part of the formal rotation which means students will rotate either in inpatient service or outpatient subspecialty clinic to further expand their clinical training. The schedule is provided elsewhere. Last minute changes will be communicated by email or paging.

During this clerkship, General Pediatric clinics with Faculty Mentors and noon case presentations take the very highest priority, and students must make every effort to be prompt and prepared. Students are encouraged to take the initiative in pursuing learning opportunities such as becoming involved, as appropriate in the diagnostic process, procedures, consultations, Emergency Department (ED) visits, follow-up visits, nursing care, and child-life activities.

Students are specifically encouraged to work cooperatively not only with the attending physicians, but also fellow students and the entire health care staff to identify and meet the needs of the patients and their families with good organization, flexibility, and professionalism.

The faculty strives for a clinical teaching climate that is stimulating and comfortable, one that allows students to not only demonstrate strengths but also identify and develop areas in need of development and improvement. Dr. Ahmed’s door is always open for feedback, and students are encouraged to contact us with concerns.
Important Contact Information

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Outpatient Pediatric Clinics

Tuesday Afternoon General Pediatrics Clinic:
Each student will be assigned to work in an office setting with a primary care pediatrician one afternoon per week, which is six half-day clinics (Week 2 through 7). This time in the primary care experience is of the highest priority and should not be missed for any reason. In addition to providing core experiences in ambulatory pediatrics with an emphasis on normal development and comprehensive care for well and ill children, the Tuesday attending also serves as a student’s Pediatric Core Clerkship mentor (preceptor). This mentor will be available to support, guide and assist students on all aspects of their pediatric core clerkship training. If Tuesday Afternoon does not work for your preceptor you will be assigned a different afternoon. Please check your schedules closely.

Subspecialty Clinics:
During the two outpatient weeks, students will have the opportunity to participate in a variety of subspecialty evaluations or clinics, including: neurologic problems, developmental issues, gastrointestinal problems, cardiology, pulmonology, rheumatology, cranio-facial, surgery, urology, and cystic fibrosis.

In addition to the assigned experience in the outpatient department, students desiring more opportunities may request additional time with any of the pediatricians. Such requests will gladly be honored when time and space are available.

General Information:
Students should arrive at an assigned clinic promptly and discuss with the pediatrician the procedure he/she prefers. Students must bring their own stethoscope. Ascertain if the physician wishes you to see patients prior to or along with him/her, and whether you should write notes in the chart. Also, be informed as to the extent of history (verbal and written) that is appropriate for the situation.

You may see a patient with the attending physician or sent ahead of the physician. If sent in first use AIDET (Acknowledge, Introduce, Duration, Explanation, Thank) to introduce yourself and provide some background information about yourself. This begins a connection with the family that will allow them to gain confidence and therefore relax. Most families are very pleased to cooperate with students, but a few will show some discomfort. If a student detects any significant discomfort or hostility, it is wise to find a polite reason to leave. Occasionally, parents are so anxious that they cannot tolerate sharing their concerns with someone other than their doctor; this is not a personal affront to the student.

When you see a patient first in the clinic, you will be expected to present your findings briefly, but completely to the attending pediatrician. A suggested protocol is as follows:

1. Statement of Chief Complaints: Johnny is a 3-year-old boy with a sore throat.

2. Summary of Present Illness: He developed headaches, fever 102, and sore throat 12 hours ago. Fluid intake is reduced.
3. Significant Past History: Johnny has sickle cell anemia, but has never had a crisis. Johnny's brother had strep throat last week. He takes PCN routinely to prevent bacteremia.

4. Summary of Physical Findings - (begin with general appearance and proceed from head to toe): Johnny looks pale. He appears sick and is constantly whining but is interacting appropriately for his age. There is a fine, red, papular rash on face and torso. Tongue is coated. Throat is red with many patches of pus. Chest is clear. Spleen is palpable: 3cm. No specific focus of pain.

5. Now present the Impression and Plan based on your knowledge of pathology, your history, and your exam. If you’re not sure, present what is most likely and how you will proceed. Secondly, be ready to present likely alternative diagnosis and how you might explore them. Finally, consider what would be possible but less likely diagnosis and how you might explore these. Be succinct: Pharyngitis and likely Strep throat, scarlet fever in 3YO with Sickle Cell. Would do Rapid Strep and consider increasing antibiotic dosing if positive. Also at risk for bacteremia due to splenic dysfunction so would evaluate with CBC and blood culture. Would observe for one hour after ibuprofen while awaiting labs and consider admission if labs concerning or child not improving. No signs of pain crisis at this time.

Once this presentation has been made, it is proper for the student to accompany the pediatrician while he/she examines the patient. Remember to include the patient and parents in your conversation in their presence.

**Inpatient Pediatrics**

**Nursery Service Overview:**
During the week of Newborn Nursery, the student will do the admission and discharge physical examination of infants followed by the Carle pediatric hospitalist. The student will participate in infant care and family teaching under the supervision of the hospitalists and nurses. Students should contact their attending on the Friday before they begin in the nursery to find out what time they should arrive on the first day. Students should record interesting cases they see in the nursery in their logbooks during their nursery week (Monday through Saturday), students arrive very early to prepare and then round with the nursery attending. Students will accompany the attending staff as they talk with parents. Students will observe procedures such as circumcisions. The afternoons are for outpatient clinic opportunities, study opportunities, and/or on-line (Aquifer Pediatrics) cases.

**Nursery Rounding Guidelines:**
During rounds, present first the baby by name, DOB and Time of Birth. Then give the Mother’s name, age, pertinent social and medical history, any pregnancy or delivery complications, and report the serologies for Blood type, Rubella, RPR, Hep B, HIV and GBS status.

Then report on the baby by saying: born via “C/S or Vaginal delivery” at “Gestation age” by dates and birth weight of _____ with APGARS of _____ and then note any resuscitation required. Confirm child was treated with erythromycin in the eyes and Vit K IM; you’ll often hear it said, “Treated eyes and thighs.” Check on Hep B immunization status.
Then present your exam for the baby. Assessment should then be: “Term or Preterm” baby then “LGA/SGA/AGA or IUGR” then gender, restate important clinical problems or just say transitioning well, finally, give a general statement about feeding.
On follow-up rounds, present percent weight change and report on feeding and urine/stool output. Prior to discharge, check on transcutaneous bilirubin, hearing screen and congenital heart screen.

<table>
<thead>
<tr>
<th>Template Newborn Nursery</th>
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<tbody>
<tr>
<td><strong>Baby Name</strong></td>
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<tr>
<td><strong>Mom’s Name</strong></td>
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<tr>
<td><strong>SH</strong></td>
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<td><strong>PMH</strong></td>
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<td><strong>GA</strong></td>
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<tr>
<td><strong>Eye</strong></td>
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<tr>
<td><strong>Initial Exam</strong></td>
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<td><strong>Problems</strong></td>
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Pediatric ICU:

Students will spend one week of their rotation in the ICU service. Students will participate in the Pediatric ICU (PICU) service as a member of a multidisciplinary team including the pediatric intensivist, clinical pharmacy, nursing, social work, and specialists in relevant disciplines such as pediatric surgery, pediatric cardiology, etc. The student will round with the team and attend general pediatric conferences as well as the smaller talks relating to pediatric critical care. They will also work-up and follow patients in the PICU under the direction of the pediatric house staff and the attending in PICU. Goals will include learning an approach to the patient with multiple organ system failure and learning practical application of physiology to critically ill patients.

Pediatric Hospital Service Overview:

During their three weeks on the hospital service, students are expected to work every day Monday through Friday. Students are completely off all duties and expectations on Sundays.

Students are responsible to workup all admissions, including all PIMCU patients admitted on the floor. Students do not usually work up pediatric patients in the Intensive Care Unit, but will be responsible for patients in the Intermediate Care Unit and for transfers from Intensive Care. Please discuss any concerns about the appropriateness of a workup with the hospital physician. At times, the condition of the patient may warrant only limited evaluation. Students need to be aware of the needs of nursing staff and families and avoid interfering with these needs. Efficient patient care is the primary consideration.

Students are to do their own written H&Ps and daily notes. These should be based on the student’s own collection of the relevant data and the student’s own exams and diagnostic thinking. These are to be forwarded for review to the appropriate Hospital Medicine Staff and presented orally during rounds.

During the day, all students should share admissions until 5 pm. The workups on all children admitted before 5:00pm should be completed by 8:00 p.m. If possible, arrangements should be made with the "on-call" pediatric hospitalist so that the student is notified as soon as admission is anticipated. It is frequently possible to do much of the workup in the E.D. prior to transfer to Pediatric Hospital service. Students should record patients that they admitted and followed, in their logbooks.

It is the responsibility of the admission nurse to do an assessment immediately upon admission. Medical students may accompany the nurse, but are requested not to interfere with or delay the nursing evaluation. Also remember that parents often need to accompany their children for procedures such as an X-ray and may not always be able to give the student their attention. Some parents do not have the time to wait for a student to elicit a history because of other responsibilities. If you cannot see a family promptly, it is appropriate to try to arrange a convenient time. Try to be certain that both patient and family are comfortable while the history is obtained, and that their confidentiality is respected (i.e., do not ask for personal details in front
of roommate's family). Take care not to disturb the position of children with IVs running, and not to inappropriately disturb sleeping or anxious children.

Hospital workups should consist of all pertinent history, both positive and negative, including: family, neonatal and development data, social history, a review of past admissions when appropriate, and a thorough physical examination. It should include the student's perception of the differential diagnosis presented in appropriate detail and student's proposed plans for evaluation and treatment. Such statements as "see admission orders" or referral to the primary physician's diagnosis are not appropriate. Since this is a learning experience for the student, the workup should be as complete as possible, but free of extraneous detail.

Students are responsible for following the progress of their own patients and documenting this in appropriate progress notes. At the minimum, there should be a daily evaluation of the patient before the primary physician makes morning rounds. The "S.O.A.P." format is suggested. For complex patients the assessment and planning sections should follow a system based approach detailing assessment and plan by each system.

Orders can be carried out by the nursing staff only if countersigned by the physician. It is recommended that instead of writing orders, students write their proposals for studies or treatment in their admission histories or progress notes. The issuance of medication is the responsibility of the nursing staff. The nursing staff may involve students under direct supervision in giving medicines or treatments when they judge it appropriate. Nursing staff members will also involve students in procedures in as far as practical.

The attending physician will be responsible for evaluating the student's workup, progress notes, and general care of the patient. Ordinarily, he/she will discuss the patient with the student daily and may assign the student specific responsibilities in patient care or in literature review. If a student is unable to carry out an assigned responsibility promptly, the physician should be notified.

**Guidelines for Caring for Hospital Patients**

1. During the Pediatric Rotation, students will work up any admissions followed by a pediatrician, including their surgical patients. It is advisable to consult with the attending physician as to the extent of workups appropriate for children readmitted 3 or more times for the same disease. Likewise, check with the attending about the extent of evaluation appropriate in a critically ill child (this may vary according to situation and physician preference). Transfers from Swann Center will require a brief statement of ongoing problems, a one-line summary of previous Carle admissions, and a history of present illness, as well as a physical examination.

2. Each student is responsible for maintaining a log of all inpatient workups. It is important to record every patient evaluation, since this will be part of the material considered for a final grade. A log of all admissions should be returned to the clerkship director at the completion of the clerkship. This log should indicate diagnosis, length of stay, and name of the attending physician (i.e. the physician with whom the student interacted in the
3. It is the responsibility of the student to check regularly with the floor for new admissions (383-3088). In spite of their good intentions, the staff does not always have time to locate students while tending the immediate needs of a new admission.

4. When examining any child or adolescent, it is recommended that a parent or staff person be present. Breast, pelvic, and rectal exams should be done only if pertinent, and only with the concurrence of the attending physician, and in the presence of a chaperone.

5. Students are cautioned not to share any information with patient or family without the attending physician's approval. Also, take care not to discuss patient details in elevators, dining room, or any public area.

6. Patient histories are confidential information. It is important to allow the patient or family to give a history in a private setting, and care must be taken if there are visitors or roommates nearby.

7. Students are strongly encouraged to assist with procedures, such as IVs and blood drawing. Not only is this a good learning experience, it also provides an opportunity to assess further the patient.

8. The most efficient care of a patient is the prime priority, and nursing personnel may need to interrupt a student occasionally to have access to a patient, family, or chart (e.g., a child may have to be transported to a CAT scan just as the student is about to initiate a physical exam).

9. The primary board indicates name and location of patient, the attending physician, and the nurse caring for the patient. Students should mark their initials on the board next to the name of the patients they are following.

10. Isolation procedures to protect patients, staff, and visitors from transmission of disease; and must be followed as recommended for each type of isolation.

11. Safety is always an important consideration. Please be certain crib sides are always up and latched securely. Glass items should not be in patient rooms. Never leave items on a patient's bed. Patients should remain within the pediatric area, and should never be in the elevator waiting area unless accompanied by a responsible party. Students must to notify nursing personnel if they observe anything of concern regarding patient safety.

12. There is a small quantity of food on the floor for patient use only. Play areas are strictly for patients.

13. Students are requested not to call lab or X-ray for reports, unless they are specifically asked to do so. This information is generally available via the computer.

**Hospital Service Rounding Guidelines:**
1. Prior to rounds, students should evaluate the following:
   a. Vital signs including trends and outliers such as Max Temp, not just most recent
      vitals.
   b. Review other documents including RN notes as well as the attending physician
      notes, and attending history and physical.
   c. Input: referenced to maintenance fluid for the child weight.
   d. Output: referenced to cc/kg/hr.
   e. Focused clinical exam of the patient prior to rounds.
   f. Respiratory data:
      i. Oxygen therapy, route, amount, changes
      ii. Respiratory Treatments given, neb treatments including drugs,
          frequency and effectiveness
   g. General Medication: students are to review each medication and review its
      pharmacology and understand its role in the patient’s treatment plan:
      i. Antibiotics
      ii. Supportive Care Meds
      iii. Pain control
   h. Labs: Hematology, Chemistry, Microbiology
   i. X-Ray results

2. Student Presentations in Rounds: Presentations should be very focused, organized, and
   concise with data leading logically to a well-reasoned assessment and plan for the
   patient, demonstrating thoughtful integration of clinical data and important issues.
   a. New Patient to the service: (4-8 minutes)
      i. Focused presentation of relevant and pertinent history with pertinent ROS
         including relevant negatives
      ii. Summary of vital signs and problem focused exam
      iii. Review of Ins and Outs and other clinical data
      iv. Summary of all labs
      v. Comprehensive Problem list/Diagnostic list with addresses each issue
   b. Ongoing Patients: (2-4 minutes total)
      i. Brief review of patient history (30 sec or so)
      ii. Review of hospital course including vitals, exam, and labs
      iii. Problem list sorted by diagnosis/issues with plans to address each problem

At the beginning of each week or when new students or attending provider join the team, a one-
minute summary of patient’s history and hospital course is necessary to make all members of the
rounding team aware of the case.

**Wednesday Case Conference:**
**Six Written History and Physicals**

During the week 2 through 7, students will have their case conference from 12 pm to 1 pm at it
will often be in Carle North Towel 8th floor in the NICU conference room (unless otherwise
specified). Each student expected to present a case which is being seen and managed by oneself
every week from week 2 through 7. The presentation also includes a thorough H&P white up
with characterization of complaints along with common differential diagnosis with pertinent
positives and negatives and prospective evidence-based clinical management. The presentation
should not be more than 10-15 minutes long and has to be to the point. Pediatric Hospitalist, Dr.
Abbasi or Dr. Reifsteck will coordinate the conference. Students should hand over their presented H&P to Dr. Abbasi or Dr. Reifsteck for feedback. The purpose is to further cultivate skills in integrating information to develop appropriate differential diagnoses and to make a brief presentation to allow team members to contribute to patient care. This is a critical skill very much needed in their endeavor for residency training. This also pursues them to encourage case-based learning and self-directed learning as well as foster the student’s basic teaching skills. These must be turned in to Dr. Ahmed at the end for the rotation.

**Pediatric Patient Care Conference Presentation Guidelines**

- Students should, when possible present a case from among their in-patients or nursery cases. If they have not had opportunity to participate in the hospital experience, they should present a case of educational interest seen in the outpatient setting.
- Students should be aware of the complete history, physical exam, laboratory findings, and hospital course of their patient.
- Presentations should be professional, concise, brief and limited to pertinent information.
- The format of the presentation should include:
  a. Statement of Reason for Hospitalization
  b. Pertinent family history
  c. Pertinent social history
  d. Pertinent developmental history
  e. Significant past history
  f. Review of systems – limited to past history
  g. Presentation of present illness
  h. Significant physical findings
  i. Pertinent positive and negative lab and X-ray findings
  j. Summary of hospital course

**SOAP Notes**

Students should submit two SOAP notes to their afternoon preceptor for feedback. These should be written on patients with acute illness that the students see with their Tuesday afternoon preceptor. Students expected to submit the log of SOAP notes to the Clerkship Director at the end of their rotation.

**Aquifer Pediatrics**

Aquifer Pediatrics is 32 interactive pediatric virtual patient cases deliver on the learning objectives of the Council on Medical Student Education in Pediatrics (COMSEP) clerkship curriculum. These cases are carefully crafted and comprehensive Internet-based virtual patient encounters. The 32 cases walk through the clinical presentation, the exam findings, and the medical decision making of each case and in the process cover the entire breadth of the material for the third-year core pediatric clerkship. The email used for registration has a domain “@illinois.edu or uic.edu.” Please see the Regina Duncan if computer access is a problem. Cases can take from 40 to 80 minutes each.

Twelve cases marked below with an asterisk are specifically required. Students are encouraged to do all cases, but students are required to complete a minimum of 24 are cases by the end of week seven.
Students must complete at least four cases by the end of week 1, eight cases by the end of week three, and at least 24 cases (including all of those designated with an asterisk) by the end of week seven. Students expected to submit the log of Aquifer Pediatrics Cases to the Clerkship Director. However, the clerkship coordinator monitors the website, and receive confirmation of the student’s progress directly from Aquifer Pediatrics.

The Aquifer Pediatrics Cases are at Aquifer has improved its interface and is also offering new smart phone access (mobile friendly, not an app, yet). Courses’ content (the cases) has not changed. You will start to see other improvements to the system as Aquifer continues to add new features.

You now will logon to [https://www.meduapp.com/users/sign_in](https://www.meduapp.com/users/sign_in) on your phone or computer. Use your university email address. You will be prompted to establish your account.

**Summary of Registration process:**

1. Go to www.meduapp.com
2. Click on “Need Access Or Forgot your Password? link
3. Click the Register tab on the left margin
4. Type in your intuitional “@illinois.edu or uic.edu” email address into the Email Box
5. Click “Send me instructions to set my password” button
6. An email will be sent to you. Follow the instructions in the email to setup your account.

**Mini-CEX**

Completing a mini-CEX is a very important aspect of student education and should be taken seriously. The focus of the mini-CEX is to provide students with formative feedback only. The feedback should be used to improve the clinical skills of the students during the clerkship.
All students are expected to complete four mini-CEXs during each of their clerkships. The mini-CEX can be completed by the faculty or residents. No more than two should be completed by the same person if possible.

It is the student’s responsibility to ensure that all the mini-CEX are completed and turned in to the coordinator in a timely manner.

It is preferable to space the timings of the mini-CEX throughout the clerkship rather than delaying all four mini-CEX to the end of the clerkship. At least one should be completed by the mid-clerkship evaluation.

To complete the form, the faculty/resident directly observes a student who is attempting to obtain a history and / OR perform a physical exam (mental status in the case of psychiatry). In order to qualify as one event of direct observation, it is required that either the history or the physical be filled out by the preceptor/resident. The Professionalism assessment must always be included.

The clinical encounter does not require a new patient encounter. This can be applied to follow-up of patients in the hospital or clinic. The form is structured to provide some helpful comments to enable the student to improve clinical skills or patient interactions. Please contact your preceptor or resident to set up a mutually convenient time/location/patient to complete the mini-CEX. Both faculty and residents are busy and will need reminders on completing the mini-CEX. Also, some faculty have found it useful to guide students to patients who would provide good opportunities for direct observation.

After the completion of the encounter, the student should turn in the white copy of that encounter and have left in their book the yellow copy for reference/reflection/ hints for the next encounter. Students are responsible to turn in their four completed mini-CEX forms to the department according to the instructions they have received (perhaps what they have completed by the mid-clerkship evaluation to the person who will provide that feedback, and the rest at the end of clerkship examination). At the end of the rotation, the entire booklets should be returned to the department to ensure there is a complete record of all direct observations completed.

Please contact your clerkship director if you are having difficulty in completing these forms in a timely fashion.

**Practice NBME Quiz**

Practice NBME Session is designed to review and discuss clinical vignettes in order to prepare students to be successful in their USMLE Step 2 exam. The session is expected to happen in the last half of the rotation. Pediatric Intensivist, Dr. Sulayman Naseem.Sulayman@carle.com will review the session. Students are expected to contact Dr. Sulayman to find mutual time in the late afternoons of the last half of the rotation.

**Mid-clerkship Review**
The clerkship director will meet with each student for a short meeting during week 4 of the clerkship to review how things are going. This is an opportunity for the clerkship director and the student to voice any concerns that they have. Please bring your logbook along to this meeting. Please submit a copy of you Mid-Rotation to Regina Duncan rcook@illinois.edu

Evaluation

Written evaluations should be completed by all attending staff that you work with. Students are encouraged to collect the evaluations and feedback immediately on their clinical performance from each attending staff they have worked with at the end of their rotation. Copy of the evaluation form is included in your orientation packet. Please make copies as necessary and give an evaluation to each person that you work with, you may also get an electronic copy of the evaluation on the Pediatrics Webpage https://www.med.illinois.edu/m34/clerkships/pediatrics/ . If they return the evaluation to you, please pass it on to Pediatrics Clerkship Coordinator, Regina Duncan rcook@illinois.edu . Additionally, you are responsible for completing:

- 4 Mini-CEX evaluations (2 from histories and 2 from physical exams).
- completed Mini-CEX books,
- reviewed SOAP notes by your mentor,
- logbooks

All evaluations are due to the clerkship director by the end of the rotation. Documentation for participating in NBME review sessions and practicing telephone case review with GHs are part of the successful completion of pediatric clerkship rotation.

Miscellaneous

Dress Code:
Though some professionals in pediatrics dress casually, students are expected to follow the UIUC dress code at all times. Students are expected to appear neat, well groomed, and professionally attired at all times. Blue jeans and tennis shoes are inappropriate. Identification badges should be clearly visible around the neckline and free of inappropriate messages. Scrub suits are appropriate only in certain hospital settings and should not be worn in the clinic setting.

Communication:
Email is the official means of clerkship communication for routine matters. Students are expected to check their university email regularly and at least daily for clerkship notifications and communications.

Pagers:
The only way students can be reached for messages, or outside phone calls during the day, is via the paging system, so please be certain the pager is functional at all times.

Attendance:
Promptness is very important. Whenever students experience conflicts, it is important to communicate any anticipated delay or absences as far in advance as possible. Absences for vacation, tutoring, attendance at meetings, or residency interviews are generally not acceptable, and may be permitted only if requested in advance in accordance with medical school policy.
Log Books:
Log books are provided and students are required to update them daily, submit them for the mid clerkship review and for final grading. Students should record patients for whom they had a primary or significant role in management in the various appropriate sections of the logbook.

Clerkship Website:
https://www.med.illinois.edu/m34/clerkships/pediatrics/

Illness:
Students are not expected to work when they are ill. The only requirement is that the student notifies the clerkship director and any other appropriate staff about absences. Please use report absence from the M3/M4 Webpage under the Absence Request” tab http://www.med.illinois.edu/students/m34/. Students should be certain they are properly immunized against measles, mumps, rubella, polio, hepatitis B, tetanus, diphtheria, and varicella and influenza. Students who miss more than 3 days because of illness must arrange with the clerkship director for any necessary remediation as promptly as possible.

Absences:
Each student will be provided a schedule of teaching experiences. It is the student's responsibility to be present (promptly and properly prepared) for every assignment. In the event that other responsibilities make it impossible for the student to attend a seminar or clinic or fulfill an assignment, the student should immediately notify the Clerkship Director through the clerkship coordinator, Regina Duncan rcook@illinois.edu or phone 217-265-0964 or Nadeem Ahmed, Nadeem.Ahmed@carle.com

Students should be prepared to participate in seminars by previously completing the appropriate reading

Student Mistreatment:
Mistreatment arises when behavior denigrates the dignity of others and unreasonably interferes with the learning process/environment, whether that behavior is experienced or observed. Publicly humiliating, physically harming, exploiting and/or subjecting an individual to unwanted sexual advances are all examples of mistreatment. Click here for additional examples of mistreatment.

Note, however, that vigorous discourse and the conflict of ideas are integral to an academic environment of openness, so long as they are conducted in a civil and respectful way. Asking and answering questions as a means to stimulate critical thinking and draw out ideas and underlying assumptions is also critical to teaching, but can and should be done in a respectful manner. In addition, constructive feedback about performance is crucial to students’ educational progress and professional development. Some feedback may be critical, harsh, or even discouraging. Students may, at times, feel embarrassed or uncomfortable when they make mistakes, answer questions incorrectly, or are not adequately prepared for a required activity. However, not every behavior or action to which the student responds with stress or emotional discomfort is considered mistreatment. A student should reflect on each such situation and consider not just his/her personal reaction or response, but also the actions of the teacher/staff in light of any legitimate concerns for patient safety, circumstances surrounding the situation, and the possible teaching objectives of the experience. In general, actions taken in good faith and done in a respectful and constructive manner to assess or develop knowledge/skill, and/or to correct unacceptable performance/behavior are not considered mistreatment.
Reporting Mistreatment & Other Learning Environment Concerns:
Anyone who experiences or witnesses an incident of student mistreatment is encouraged to make a report utilizing the online Student Mistreatment Report Form, or any other method described in the Procedures for Reporting Medical Student Mistreatment and Learning Environment Concerns. Anyone with general learning environment concerns may consult with the Director of Medical Student Learning Environment (DMSLE). The DMSLE will collaborate with faculty/teachers, clerkship directors, and others in conducting inquiries, attempting resolution, and generally discussing learning environment concerns.

Appropriate notifications will be made and actions taken in accordance with applicable University, campus, college, departmental and/or site policies and procedures.

Evaluation of Clerkship:
At the end of the clerkship each student is requested to complete an on-line evaluation form. These forms are never looked at until all grades have been submitted. It is important that the clerkship directors be informed about what is positive and what is negative about the clerkship, so the students’ honest objective comments are solicited. It is never to the students’ disadvantage to note things about the clerkship that need remediation. Request emails will be sent from the Associate Dean of Academic Affairs.

Procedures:
It is recognized that medical students need to be aware of proper procedural techniques, and every opportunity will be afforded to allow students to participate in procedures. However, it must be recognized that children are often upset by procedures, and that such tasks are usually performed by the most skilled person available. The role of the student in pediatric procedures is usually that of an assistant or observer. During the course of the Pediatric Clerkship, students may receive instruction in performing the following procedures:

- Audiometry
- Tympanometry
- Measurements and Interpretation of their Values
- Vision Screening
- Pulmonary Function Screening
- Allergy Skin Testing
- Nebulization for Asthma
- Collection of Laboratory Specimens (including cultures, urine, stool)
- Circumcision
- IM and SubQ Injections
- Venipuncture
- I.V. Placement and Maintenance
- Lumbar Puncture
- Infant and Child Resuscitation

Because acquiring skill in doing procedures is not a primary objective of the core clerkship, opportunities to become more familiar with procedures will be offered to M-4 students just prior to residency training when requested.
Revealing Test Results:
Do not share with patient or parent any diagnostic information unless the pediatrician has indicated that you should.

Urogenital Exams:
Children of toddler ages and above become very private about their urogenital/rectal/pelvic areas, and young children can easily misconstrue and misreport examinations of their “private” areas. Adolescent females’ privacy for the breast/thoracic exam likewise requires sensitivity and respect. Urogenital/rectal/breast exams should be performed by students only if all of the following criteria are met: the exam is specifically indicated by the circumstances, the students obtain prior approval from the attending, and the exam is performed with an appropriate proctor, supervisor or the attending physician.

Confidentiality:
Be aware of the HIPAA requirements regarding private health information. Do not talk about patients in public areas. Be aware of conversations in non-private areas (nurse’s stations and hallways) that might be overheard.

Even the very fact that you are aware that a person is a patient is a highly private matter. Do not share any patient information with other patients or their families. The flow of information and access to health information including the EMR is on a “Need to Know” basis. You are prohibited from looking or examining HPI that is not essential to your direct role in your patient’s care.

Respect the privacy of patients including an adolescent’s right to confidentiality. Avoid promising patients not to reveal significant information that you are mandated to report, such as a patient’s suicidal or dangerous behavior, and review any such concerns for harm immediately with the attending pediatrician. For example, you could promise an adolescent not to tell the parent about sexual activity, but you cannot withhold information about a potential suicide.

Expectations for Students and Faculty

Expectation of Students Assigned to Out Patient and Acute Illness Clinic

- Students will arrive promptly and bring their own otoscopes and stethoscopes.
- Students will be exposed to a variety of patients – well baby, school physicals, acute illness and chronic disease.
- Students will accompany the attending physician when appropriate and observe the physician/patient/family interaction; without intervening in this interaction unless specifically invited to do so.
- Upon direction from the attending the student may have the initial contact with the patient, obtaining appropriate history and performing a focused or complete physical exam as requested.
- When seeing a patient initially the student will review pertinent data with the attending and accompany the attending as he/she completes the visit.
- Students will follow confidentiality regulations and avoid discussion of the patient’s status in hallways or other areas of public access.
Students will attend all 7 sessions of their Tuesday afternoon assignment including Week 8. Occasionally, due to scheduling conflicts an attending may ask a student to come on a different afternoon.

Students will maintain professional demeanor in interacting with patient, family, and staff.

**Expectation of Students Assigned to Subspecialty Clinics**

- Some subspecialty clinics have specific requirements for attendance (e.g., Neurology) while others are optional but recommended (such as Facial and Lip Deformity, Cystic Fibrosis, Muscular Dystrophy, Rheumatology). For others such as (Allergy, GI, Developmental) the students are expected to make arrangements to observe with the attending several half days or more during their assigned week.
- Students are generally observers in subspecialty clinics, while attendings and/or other members of the multidisciplinary teams interact with the patient. Some subspecialty clinics also have post-clinic staffing sessions, which are of significant educational value.
- Many subspecialty clinic schedules are printed in the student handout, and most are organized in such a fashion that a student can participate for an hour or 2 and have a reasonable educational experience.
- Clinics will be more meaningful if the student has read about and become familiar with the topic of concern.
- Students will maintain professional demeanor in interacting with patients, family, and staff.

**Expectation of Students Assigned to Hospital Service**

**Goals**

- Student will develop ability to obtain a thorough history including family, developmental, social issues, review of past history and a logical detailed description of current illness.
- Student will demonstrate ability to perform a thorough and competent physical exam.
- Student will demonstrate the ability to develop a reasonable differential diagnosis and an initial treatment plan based in the likely diagnoses.
- Student will develop ability to follow a patient, show rapport with patient and family, and record daily progress notes.

**Expectations**

- Students will work up all patients admitted to Pediatric Hospital Service or PMICU unless directed by the attending not to do so.
- During the day, students will rotate admissions among themselves.
- Histories should be obtained by the student independently, not along with the attending or resident.
- Any individual student is not required to work up more than three patients in a day or seven patients in a week.
- Students are expected to see their patients daily and to record daily progress notes. (This does include weekends.)
- It is not expected that under most circumstances a student would record progress notes on a patient already worked up by another student.
• If, due to special circumstances, a student cannot be present on any given day, the student should make the attending aware of his/her absence. The student should not ordinarily request a fellow student to assume responsibility for his/her patient.
• Students are not expected to write or dictate discharge summaries.
• Students are expected to accompany the attending on rounds and to participate in case discussions on all the patients.
• A child transferred from Intensive Care to the Hospitalist Service can be worked up as a new patient.
• Students are not ordinarily expected to assume any responsibility for patients in Intensive Care, although they could follow a case with the Pediatric Intensivist if it were appropriate.
• In order to protect confidentiality, it is not appropriate for a student to work up a family member of the Medical School or Carle staff without explicit permission from the attending physician.
• Students are to record in their log book the information regarding all their hospital contacts including notations regarding performance of complete workups, daily progress notes, procedures done or observed, or other cases in which they had significant involvement.
• Copies of the history and physical pertaining to the case presented should be submitted to faculty at the weekly Thursday conference. An additional two hospital workups should also be presented to Dr. Ahmed for evaluation.
• Students will be informed as to the best format to utilize in their workups and daily notes as use of the Electronic Medical Record progresses.
• Student workups consist of a detailed history of present illness, past history, family, developmental and social history, an appropriately thorough physical exam, a differential diagnosis, and the student’s plan for further evaluation and treatment (not a copy of the admission orders).
• Students should interact cooperatively with each other and with any Family Medicine Resident to expedite patient care.
• Students are expected to act and dress in a professional manner at all times within the hospital/clinic setting.
• Students are expected to maintained accurate logs of their experiences in the log book supplied during the clerkship.
• Students are responsible for the appropriate recording in their log book of all required procedures which they accomplish while in the pediatric rotation.
• Students should meet with patients’ family to discuss progress, being careful not to disclose information that should be relayed by the attending (e.g., lab results confirming a serious illness).
• Students should notify attending promptly if there are significant laboratory findings or serious changes in the condition of the patient.
• Students should utilize appropriate literature resources as necessary to enhance care of patient.
• Students should maintain professional demeanor in interacting with patient, family and staff.

Expectations of Students on Nursery Service

Medical students assigned to Nursery are expected to:
• Workup all newborns on the Pediatric service who are new admissions or who need discharge physicals prior to attending rounds.
• Follow along with the attending any newborn with an unusual history or physical findings.
• Accompany attending during newborn exams and while rounding with mother.
• Utilize appropriate literature resources as necessary to enhance patient care.
• Observe and assist in routine circumcision.
• Become familiar with the nutritional/fluid needs of infants and in particular means of supporting breast-feeding.
• Maintain professional demeanor in interacting with patient, family, and staff.

**Expectations of Attending Faculty on Hospital Service**

**Attending faculty in the hospital is expected to:**

• Facilitate student evaluation of new admissions.
• Determine the circumstance under which a student evaluation is not appropriate.
• Conduct daily rounds which students regularly attend, when possible, allow students to present their findings and plans.
• Review, with appropriate comments, student work-ups and progress notes.
• Assign special tasks to students as appropriate and review their progress in completing such tasks.
• Guide students in writing orders on appropriate cases.
• Advise students about the quality of their performance, and suggest improvements as appropriate.
• Supply the clerkship director with a mid-clerkship evaluation and a final clerkship grade for each student in a prompt manner.

**Expectations of Attending Nursery Pediatrician**

**Attending nursery pediatricians are expected to:**

• Facilitate student evaluation of all newborns on the pediatric service.
• Determine circumstances under which a student evaluation is not appropriate.
• Conduct daily rounds, which students attend, including the rounds with the mothers.
• Review student work ups and any progress notes.
• Guide students in understanding normal newborn physiology, feeding issues, neonatal hyperbilirubinemia and other common neonatal problems (e.g., hypoglycemia, neonatal sepsis, transient tachypnea, and neonatal resuscitation.).
• Allow students to observe and, if feasible, assist in routine circumcisions.
• Advise students about the quality of their performance and suggest improvements when appropriate.
• Submit to the clerkship director a grade evaluation form based upon the student’s performance during their nursery assignment.

**Learning Objectives in Pediatrics and Curriculum Outline**
The major learning objectives of the Pediatric Clerkship are appended. Many of these learning objectives will be realized through the patient care experiences; others will be met through the teaching seminars and independent study. A curriculum outline with more specific objectives and recommended readings is included. Students will be responsible for reviewing the learning objectives listed in each unit.

**Clerkship Objectives**

1. To be able to evaluate infants, children, and adolescents, including the ability to obtain an age-appropriate history and to perform an adequate physical examination.

2. To understand the usual patterns of growth and development in infancy, childhood, and adolescence, and to know how to evaluate variations in growth and development.

3. To develop an awareness of normal behavioral patterns, and to become familiar with ways of managing common behavioral disorders.

4. To recognize nutritional needs of infants, children, and adolescents.

5. To know the recommended schedule for immunizations and other health maintenance procedures.

6. To be able to evaluate and give routine care to the normal neonate.

7. To appreciate the problems of the "high-risk" and the premature infant.

8. To become familiar with methods of anticipatory guidance and health education in the preschool years.

9. To recognize the health concerns of the school age child, including attention deficit and learning disorders.

10. To understand the physical and developmental changes of adolescence and to be familiar with common adolescent health problems, including substance abuse, depression, suicide, accidents, violence, sexually transmitted diseases, and pregnancy.

11. To recognize the common illnesses of childhood and to know the appropriate treatment for such illnesses.

12. To develop the ability to obtain an appropriate history, perform a complete physical examination, and arrive at a presumptive diagnosis on the hospitalized patient.

13. To be able to interact with the attending physician in the treatment and daily care of the hospitalized patient and to document this through appropriate progress notes.

14. To develop the ability to present a case, including all pertinent diagnostic studies in a clear and concise manner and in such a way as to support the diagnosis.
15. To develop an awareness of the functions of ancillary services and community programs providing services to children.

16. To understand the child as a developing individual in a family, social, and economic environment.

17. To become familiar with basic sources of pediatric medical literature

Textbooks

Blueprints: Pediatrics

Case Files: Pediatrics

OSKII, Principal and Practice of Pediatrics, Lippincott,

Access Pediatrics can be linked to from the Library's A-Z list of databases at:

http://researchguides.uic.edu/databases

Search for specific ebooks by selecting the ebooks link from the grey sidebar menu on the Library's homepage at:

http://library.uic.edu/lhs/urbana

Determination of Grades in the Core Pediatric Clerkship

The final grade given a student at the conclusion of the 8 weeks of pediatric core clerkship experience is meant to reflect the ability of the student to recognize and manage the health concerns of the infant, child, and adolescent. The clinical grade is determined by a critical assessment of the students’ overall performance, the student's case management skills as displayed in both the inpatient and outpatient settings, and the student's demonstration of cognitive abilities. This clinical grade accounts for 2/3 of the final grade. The other 1/3 is determined by the student’s performance on the subject exam administered at the conclusion of the clerkship.

Throughout the clerkship, students are requested to discuss general concerns with the clerkship director. Students are advised at the beginning of the clerkship, and reminded frequently during the course of the clerkship, that they may speak with the clerkship director regarding their program whenever they feel it is appropriate. Every student is advised as soon as possible if it appears that his/her performance is below average, although sometimes concerns do not become obvious until the final week or so of the clerkship.

There will be two brief meetings with the clerkship director both to give and receive feedback. One required mid-clerkship review will take place at the end of week 4 and one optional end of clerkship review is encouraged during the last week of the clerkship. Students are advised that final grades, including a written commentary, should be completed within three weeks following
Faculty are asked to evaluate students on the six domains prescribed by the Pediatric Educational Coordinating Committee, namely, Professionalism, History Taking Skills, Physical Exam Skills, Problem-Solving Skills, Knowledge, and Communication Skills.

Clinical grades at the University of Illinois @ Urbana-Champaign are competency based. It is expected that all students will achieve a grade of Proficient as a requirement of passing the clerkship. Students who show exceptional ability may achieve a clinical score of Advanced or Outstanding. There is no quota system for assigning grades.

The Pediatric Educational Coordinating Committee has allowed each site to decide how to measure clinical performance. This is a frequent topic of discussion at ECC meetings as no one has achieved the ideal rating scale.

At this site we have tried several formulae and have found our current scale of asking faculty to rate students on a 1 – 5 scale has been the most effective approach.

After faculty submits grade forms they are numerically tabulated by the Clerkship Director and a clinical grade assigned. This is done without any reference to the subject exam score.

When the subject exam scores become known, additional points are awarded. The scale used for this point distribution:

<table>
<thead>
<tr>
<th>Exam Score</th>
<th>Points</th>
<th>Clinical Conversion to Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-55</td>
<td>0</td>
<td>Unsatisfactory (U) = 0</td>
</tr>
<tr>
<td>56-64</td>
<td>2</td>
<td>Incomplete (Inc)*</td>
</tr>
<tr>
<td>65-74</td>
<td>3</td>
<td>Proficient (PR) = 6</td>
</tr>
<tr>
<td>75-81</td>
<td>4</td>
<td>Advanced (ADV) = 8</td>
</tr>
<tr>
<td>82 or above</td>
<td>6</td>
<td>Outstanding (O) = 10</td>
</tr>
</tbody>
</table>

When clinical points (2/3 of final grade) and subject exam points (1/3 of final grade) are tallied, the final grade is awarded as follows:

For 2017-2018 **Pediatric EXAM Pass Level = 56**

<table>
<thead>
<tr>
<th>Final Grade Conversion of Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
</tr>
<tr>
<td>8-10</td>
</tr>
<tr>
<td>11-13</td>
</tr>
<tr>
<td>14-16</td>
</tr>
</tbody>
</table>

Evaluation of the inpatient portion of the clerkship is included in the grade submitted by the following faculty:

- Nursery Hospitalists
- Pediatric Hospitalists

conclusion of the clerkship, (provided results of the subject exam are available) and that they should set up an appointment with the clerkship director to review the report.
• Preceptors
• Pediatricians and Social Worker monitoring the patient care conference

• Evaluation of the outpatient portion of the clerkship is included in the grades submitted by the following faculty:
  • General Pediatrician who supervises the Tuesday afternoon clinics
  • Sub-specialists

• Faculty have the opportunity to submit comments on the grade forms. These are noted and appropriate recognition is included in the commentary on the reverse side of the official grade form. There is also an area on the reverse side of the grade form for comments on student weaknesses.

• Every effort is made by the Department of Pediatrics to submit grades in a timely fashion – generally within six weeks of the end of each rotation.