

# Review of Year 3 Pediatrics Clerkship

- Clerkship occurs in Year 3
- Clerkship Directors
  - Adam Weinstein and Alison Holmes
- Clerkship Coordinator
  - Sharon French
- Clerkship Length – 8 weeks, 6 cycles
  - 2 Weeks Inpatient, 1 Week Nursery, 4 Weeks Outpatient (change from 2014-15)
- Sites used
  - Inpatient: DH, CHOC, CPMC, Concord, Elliot
  - Outpt: Regional, Maine, Ft. Defiance
  - Nursery: DH, CPMC, CMC
- Clerkship was last reviewed in June 2014
- Current Review Team: 3/25/26: Drs. Dick and Friedman (GAME), MEC student member Marietta Smith



# Action Plan from Prior Review

- Objectives:
  - Remove “complex procedures” from the following objective “Perform and explain the indications, complications, and limitations, of simple procedures (e.g. throat cultures, hearing tests) in children (and to assist with complex procedures (e.g. lumbar puncture) in children
  - DONE
  - Reconciled objective discrepancies-- ILIOS and CANVAS now match - DONE
- Clinical Skills:
  - Add “Age Appropriate HPI and PE” (replace “HPI Relevant to this Clerkship”) – DONE
  - Remove Throat Culture—not being done by all of our outpatient practices as no longer a routine physician task - DONE
  - Add “Correctly write a pediatric prescription, dosing by weight, for a medication.” - DONE



# Action Plan (cont)

- Duty Hours-- midway through the year, we recognized the call schedule at CHOC— sometimes the nightshift week, while it complies with resident duty hours, did not comply with the Geisel duty hours (because of averaging for residents)
  - We created a personal hours log for our students rotating at CHOC. If they approach the 80 hour cut-off during their nightshift week, they are instructed to take Sunday off from that week so they do not exceed 80 hours. - DONE
  - Our site director is overseeing this and making sure residents and faculty are aware-- as there are also UC Irvine students who don't have this limitation.
- Busy Work: We reduced number of write-ups and discussion assignments to 2 (instead of the 3) for the coming year; we have consolidated our tracking/logging forms and systems to eliminate some previous redundancy. - DONE
- High Value Health Care assignment will begin this coming academic year. - DONE



# Course Objectives

|   | Course Objective   | How Student is Assessed   | Learning Activity  |
|---|--|---|--|
| 1 | Apply age appropriate and pediatric problem based knowledge to patient care bridging and integrating basic science, clinical science and multi-disciplinary aspects of delivery of patient care.   | Performance<br>Evaluations<br>Final Exam<br>Case Discussions<br>Write Ups     | Wards<br>Clinics<br>CLIPP<br>Case Discussions<br>Write Ups |
| 2 | <b>Describe</b> (Apply?) current knowledge of pediatric disease prevention, risk factor modification, medical ethics, and medical-legal issues <b>to</b> clinical problems in children and families.   | Performance<br>Evaluations<br>Final Exam<br>Write Ups                         | Wards<br>Clinics<br>CLIPP<br>Write Ups<br>Case Discussions |
| 3 | Gather history, counsel and incorporate in the care plan the social, economic, cultural and personal factors which effect the healthcare needs of children and their families, describing barriers for pediatric patients and their families to access to basic health services and its effect on vulnerable populations | Performance<br>Evaluations<br>Write-ups                                       | Wards<br>Clinics<br>Write-ups<br>FOSS                      |
| 4 | Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families <b>and establishing a respectful basis for the doctor-patient relationship.</b>  | Performance<br>Evaluations<br>Structured Clinical Observations                | Wards<br>Clinics<br>Structured Clinical Observation        |
| 5 | Interview and counsel pediatric patients and their families skillfully, utilizing an age appropriate and pediatric problem based history including either a comprehensive or focused history.  | Performance<br>Evaluations<br>Structured Clinical Observations<br>Skills Form | Wards<br>Clinics<br>Structured Clinical Observation        |

# Course Objectives

|   |   |  |   |
|---|---|--|---|
| 6 | Demonstrate a complete “age appropriate” physical exam of children, with appropriate attention to skill, cleanliness, infection control, patient comfort, privacy and developmental capacity. | Performance Evaluations<br>Structured Clinical Observations<br>Skills Form | Wards<br>Clinics<br>Structured Clinical Observation   |
| 7 | Define and prioritize the pediatric patient's problems accurately and generate an appropriate differential diagnosis for childhood conditions   | Performance Evaluations<br>Structured Clinical Observations<br>Write-ups   | Wards<br>Clinics<br>CLIPP<br>Structured Clinical Observation<br>Write-ups<br>Case Discussions |
| 8 | Perform and (Remove Perform and use only explain) explain the indications, complications, and limitations, of simple procedures (e.g. throat cultures, hearing tests) in children.            | Clinical Evaluations   | Wards<br>Clinics  |
| 9 | Assess and interpret abnormalities and findings on common diagnostic tests and studies including chest x-rays, EKGs, blood tests, and urinalysis.   | Performance Evaluations<br>Final Exam<br>Write-ups                         | Wards<br>Clinics<br>CLIPP<br>Write-ups<br>Case Discussions                                    |



# Course Objectives

|    |  |   |  |
|----|--|---|--|
| 10 | Demonstrate ability to inform patients and families and assess their understanding of their treatment options and motivating them to make healthy behavioral and treatment choices.  | Performance Evals<br>Skills Form<br>Structured Clinical Observations              | Wards<br>Clinics<br>Case Discussions<br>Structured Clinical Observation              |
| 11 | Communicate effectively with patients of different social, economic and cultural backgrounds around individual factors that impact health. (NOT in current Ilios!!)  | Performance Evals<br>Structured Clinical Observations                             | Wards<br>Clinics<br>Structured Clinical Observation<br>FOSS<br>Case Discussions      |
| 12 | Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record as it relates to pediatric patients.                                     | Performance Evals<br>Write Ups<br>Skills Form<br>Structured Clinical Observations | Wards<br>Clinics<br>Write Ups<br>Case Discussions<br>Structured Clinical Observation |
| 13 | Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize and be respectful of each patient  | Performance Evals<br>Professionalism Points                                       | Wards<br>Clinics<br>Case Discussions<br>FOSS   |
| 14 | Adhere to high ethical and moral standards, accept responsibility for personal actions, <b>accept constructive criticism</b> and respect patient confidentiality, placing patient interests first, being mindful of personal opinion and bias. | Performance Evals<br>Professionalism Points                                       | Wards<br>Clinics<br>Case Discussions<br>FOSS   |



# Course Objectives

|    |   |  |   |
|----|---|--|---|
| 15 | Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection and <b>maintaining one's own health ( remove this as it is not something the clerkship is responsible for or evaluating)</b> | Performance Eval<br>Professionalism Points | Wards<br>Clinics<br>Case Discussions  |
| 16 | <b>Incorporate constructive suggestions during peer review. (might be considered in 14 above and could be removed)</b>  | Write Ups                                  | Write Ups   |
| 17 | Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of pediatric patients and populations and to apply this to pediatric patient care and to continuous updating of skills.   | Performance Evals<br>In-Depth Discussion   | Wards<br>Clinics<br>Case Discussions<br>In Depth Discussion<br>High Value Health Care<br>Assignment |
| 18 | Identify and utilize appropriate resources to support pediatric patient care and compare the roles of and collaborate with all members of the pediatric inter-professional team.  | Performance Evals                          | Wards<br>Clinics  |
| 19 | Discuss the larger environment and the physician's role in which healthcare occurs including the effect on underserved population and regional variations in the delivery of healthcare.  | Performance Evaluations                    | Wards<br>Clinics<br>High Value Health Care<br>Assignment  |



# Course Objectives – Comments

- Appropriate number, understandable
- Covers over-arching Geisel competencies
- Minor language changes suggested
- CANVAS clinical skills objectives needs updating (still contains “assist with complex procedures”)





# Format of Course & Session Objectives

- Course objectives **are** provided in the syllabus
  - Appreciate how they are broken down by Geisel Competency
- Course objectives **are** written in the correct format
- Session objectives **are** provided in the course materials
- Session objectives **are mostly** written in the correct format
  - HVHC – “Understand” would change to a more measurable verb

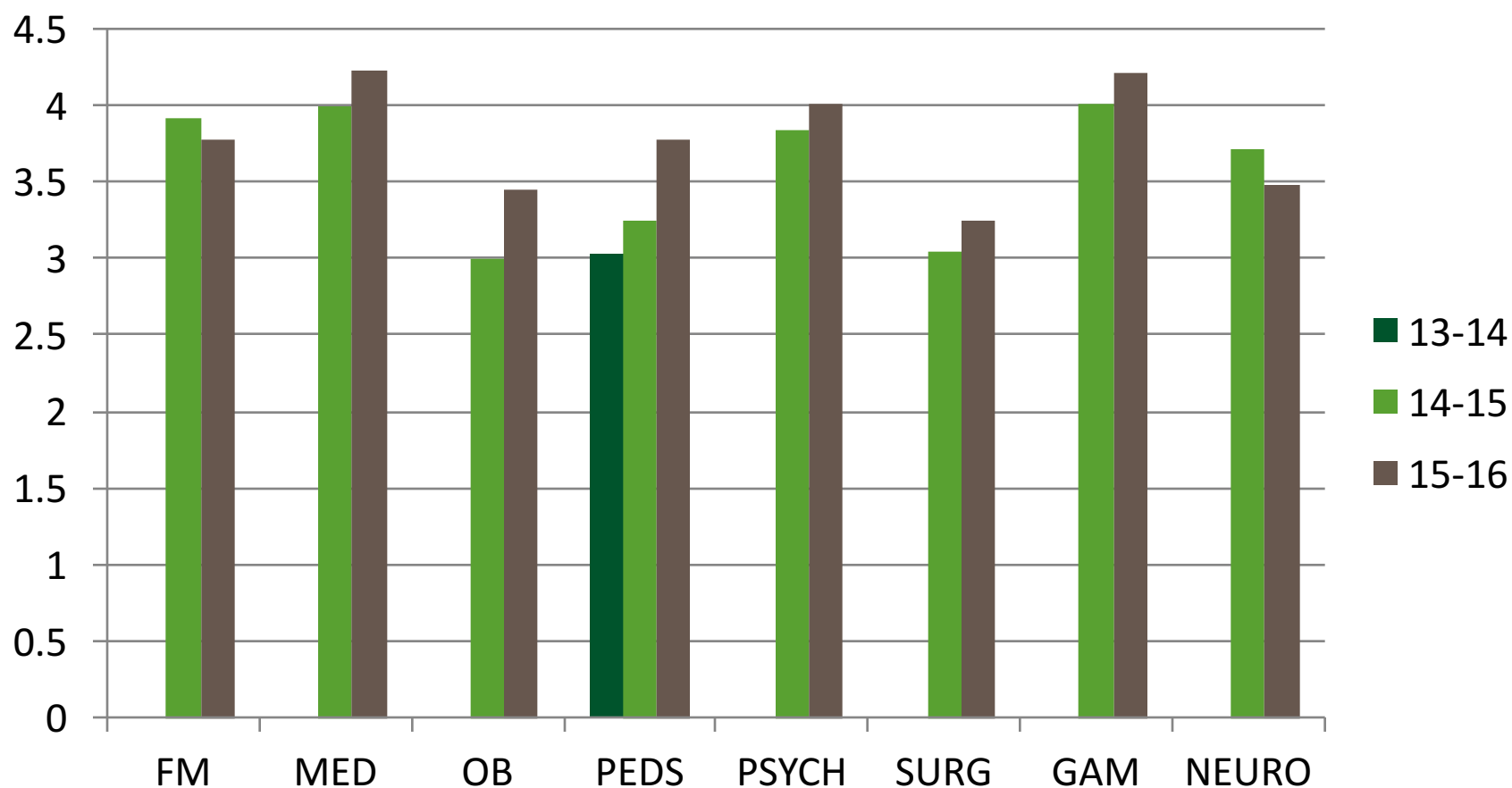


# How do Y1/2 courses prepare for Y3

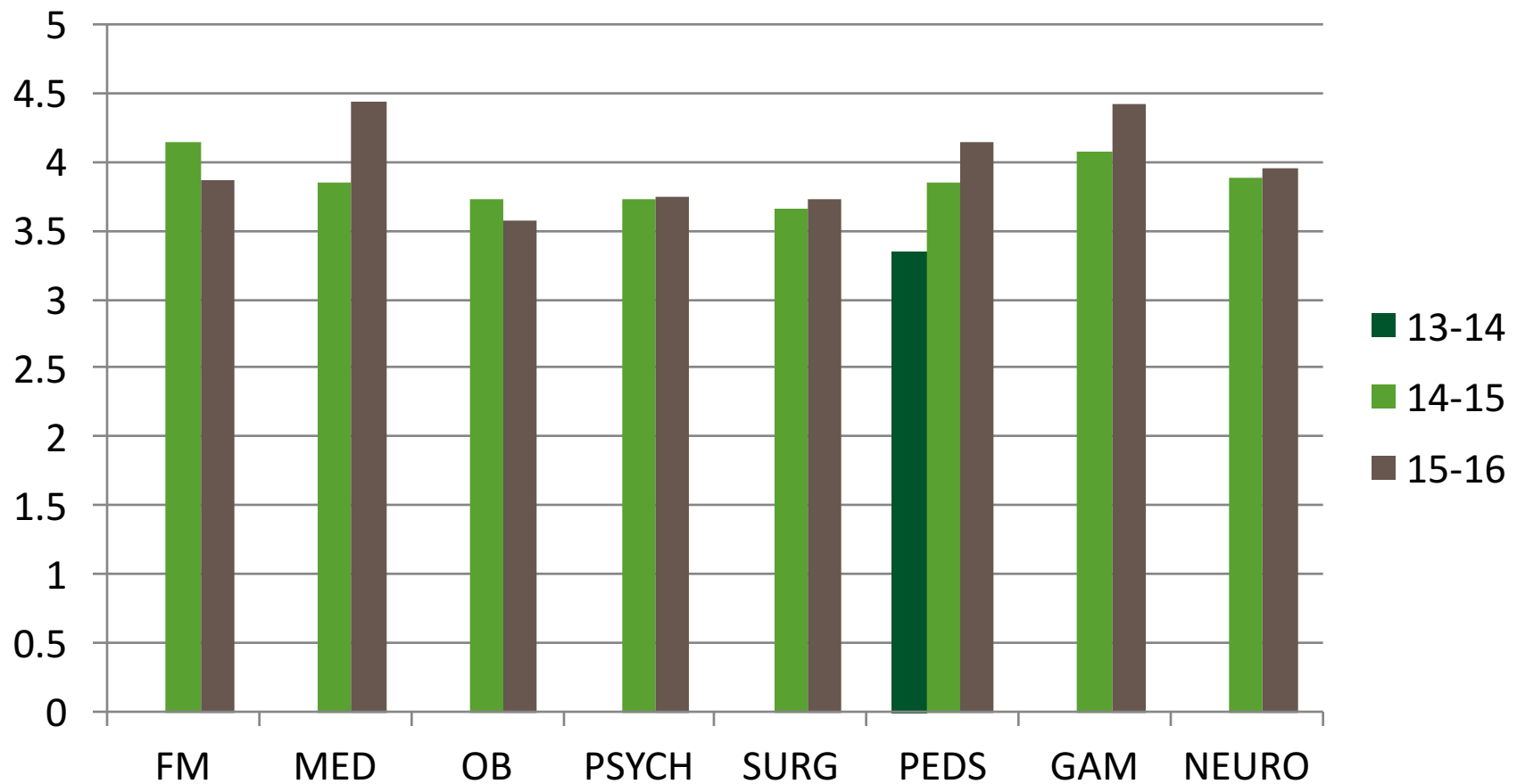
- Questions asked at end of clerkship
  - 1= poor and 5= excellent
- Open ended
  - More Peds in general
  - More info on Vaccines
  - Common vs uncommon diseases (too much perceived emphasis on the latter)
- Trend shows improvement in preparation for communication and PE skills, less so for medical knowledge



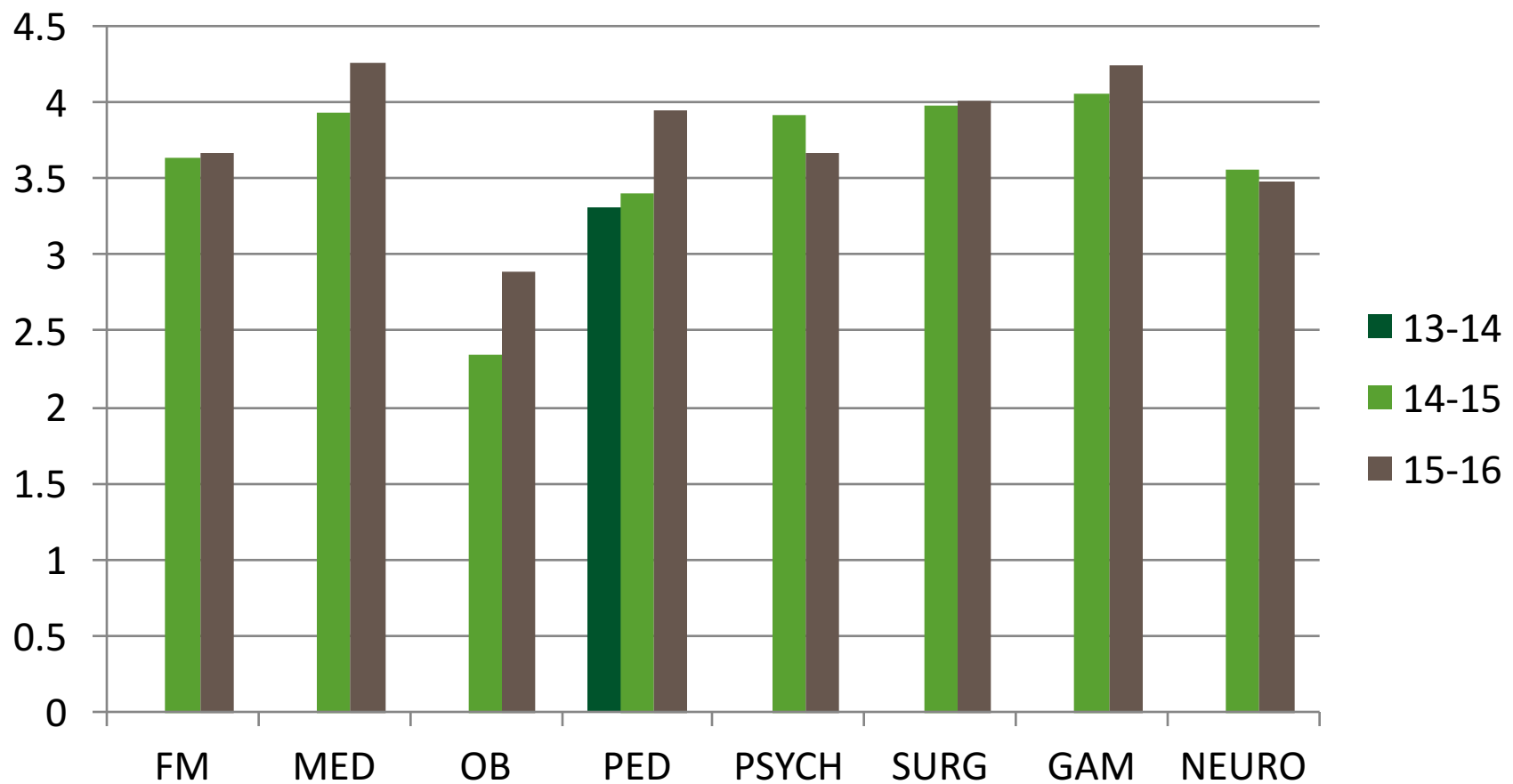
# Results: Overall



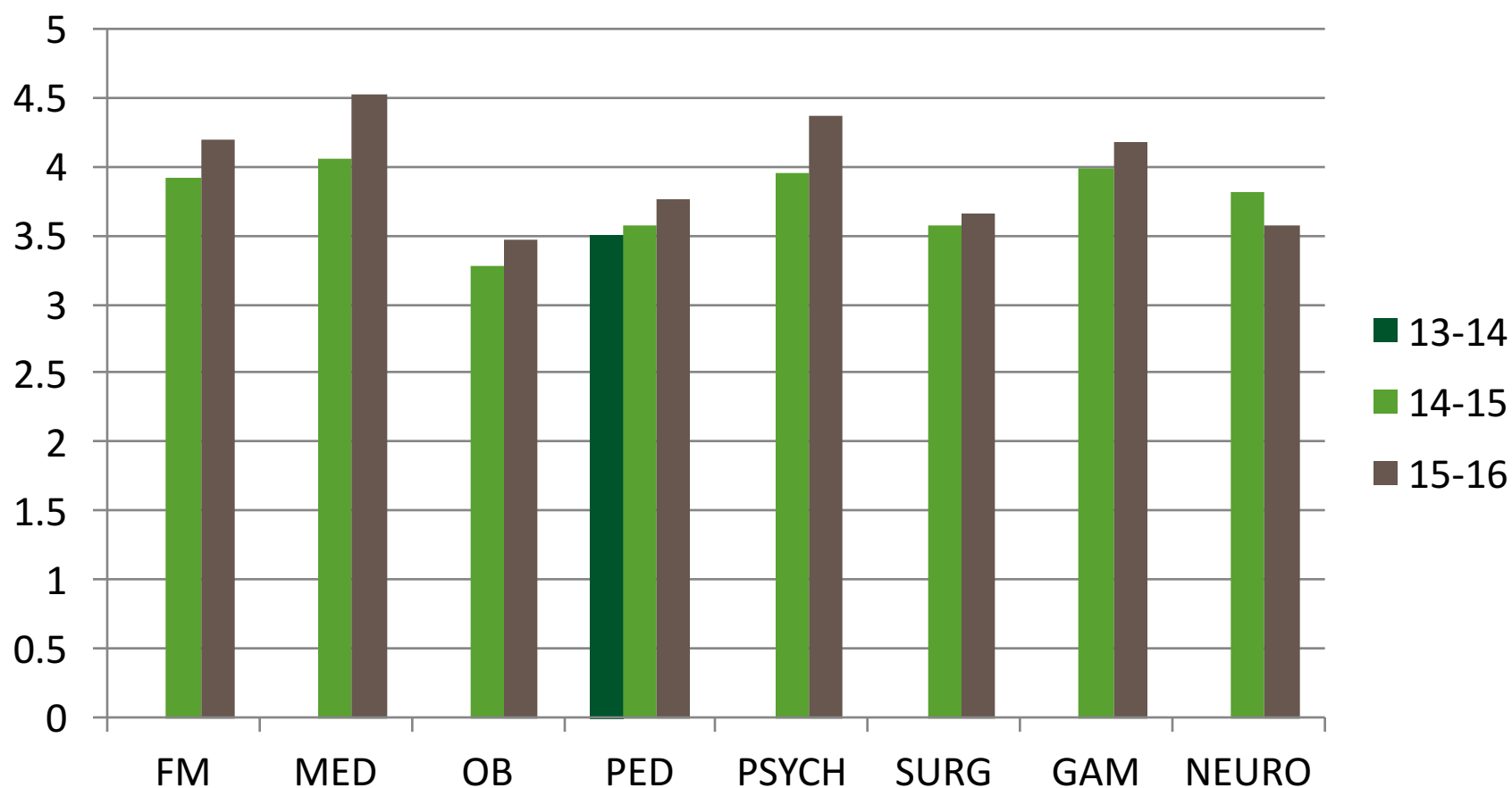
# Results: Communication



# Results: PE



# Results: Medical Knowledge



# Issues of Redundancy

- Are there major issues of redundancy with other courses?
  - NO
  - “Anticipatory Guidance” Ilios search – only covered in pediatrics clerkship
  - Fortunate to have On-Doc co-director as clerkship director to ensure appropriate repetition



# Essential Skills

| Skill  | Overlap | Level Expected           |
|--|---------|--------------------------|
| Complete exam, age appropriate                 |         | Perform with Supervision |
| Counseling: normal/abnormal development        |         | Perform with Supervision |
| HEENT exam                                     |         | Perform with Supervision |
| HPI, age appropriate                           |         | Perform with Supervision |
| Newborn exam                                   |         | Perform with Supervision |
| Obesity-Weight or Nutrition/Diet counseling    |         | Perform with Supervision |
| Oral presentation, amb                         |         | Perform with Supervision |
| Oral presentation, inpt admit                  |         | Perform with Supervision |
| Tanner staging exam                            |         | Perform with Supervision |
| Write pediatric prescription, dosing by weight |         | Perform with Supervision |
| Written note, amb                              |         | Perform with Supervision |
| Written note, inpt admit                       |         | Perform with Supervision |
| Written note, inpt progress                    |         | Perform with Supervision |

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? No
- Are there major issues of redundancy with other clerkships? No





# Essential Diagnoses

| Diagnoses                       | Overlap        | Level                  |
|---------------------------------|----------------|------------------------|
| ADHD                            |                | Manage with Assistance |
| Asthma                          | Yes (CFM)      | Manage with Assistance |
| Dehydration                     |                | Manage with Assistance |
| Diarrhea/N/V                    |                | Manage with Assistance |
| Failure to Thrive               |                | Manage with Assistance |
| Fever (source unknown)          | Yes (MEDI)     | Manage with Assistance |
| Headache                        | Yes (NEURO)    | Manage with Assistance |
| Heath maintenance (13-17)       |                | Manage with Assistance |
| Health maintenance (1 m - 12 y) |                | Manage with Assistance |
| Murmur                          |                | Manage with Assistance |
| Newborn visit (0-30 days)       |                | Manage with Assistance |
| Obesity                         | Yes (CFM, GAM) | Manage with Assistance |
| Otitis media                    |                | Manage with Assistance |
| Pharyngitis                     |                | Manage with Assistance |
| Rash                            | Yes (CFM, GAM) | Manage with Assistance |
| URI                             |                | Manage with Assistance |
| Viral syndrome                  |                | Manage with Assistance |

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? No
- Are there major issues of redundancy with other clerkships? Appropriate



# Exploration of Ethics and Cultural Competencies

- FOSS (From the other side of the stethoscope)
  - Session at end of clerkship for all students that include ethical discussions (appropriate information sharing with families and young patients)
- High Value Health Care session
  - Includes ethical issues



# Course Learning Opportunities

- Clinical experiences
  - 2 weeks inpt, 1 week Nursery, 4 weeks outpt
- Small Group Sessions (orientation and Friday afternoons)
  - Topical and Case Based reasoning
- Assignments
  - CLIPP cases (32 cases)
  - High-Value Health Care assignment
  - 2 write ups (inpt and outpt)
    - Peer review of write ups
    - Primary literature review with write ups
  - Embryology group activity
- Structured clinical observations (3)
- Simulation
  - Critical care simulations in Sim Center



# Assessment

- Each competency assessed using various methods
  - MK: 50% final exam / 50% Clinical Evaluations
  - PC: 50% Clinical Evals / 50% write ups
  - CPLI: 50% Clinical Evals / 50% In Depth Discussion
  - CS: 50% CE / 50% Write ups
  - PMCHS: 33% CE / 67% Nursery Assignments
  - Professionalism: clinical evals, assignments



# Measures of Quality – AAMC GQ

“Rate the quality of your educational experiences in the following clinical clerkships.”  
[1=poor; 2=fair; 3=good; 4=excellent]

|       | Geisel<br>mean 2011 | Geisel<br>mean 2012 | Geisel<br>mean 2013 | Geisel<br>mean 2014 | Geisel<br>mean 2015 | All schools<br>means 2015 |
|-------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| CFM   | 3.2                 | 3.1                 | 2.9                 | 3.2                 | 3.5                 | 3.3                       |
| MED   | 3.5                 | 3.6                 | 3.5                 | 3.6                 | 3.6                 | 3.5                       |
| NEURO | 3.1                 | 3.4                 | 2.7                 | 3.1                 | 3.1                 | 3.1                       |
| OBGYN | 3.1                 | 3.0                 | 3.0                 | 3.1                 | 3.1                 | 3.1                       |
| PEDS  | 3.3                 | 3.1                 | 3.2                 | 3.5                 | 3.6                 | 3.4                       |
| PSYCH | 3.5                 | 3.6                 | 3.4                 | 3.7                 | 3.6                 | 3.3                       |
| SURG  | 3.0                 | 2.8                 | 2.9                 | 3.1                 | 3.3                 | 3.3                       |

# Measures of Quality – AAMC GQ

Percent answering Yes to question (goal is 100%)

| <b>PEDI</b>   | <b>Geisel 2014</b> | <b>Geisel 2015</b> | <b>All Schools 2015</b> |
|---|--------------------|--------------------|-------------------------|
| Observed taking relevant portions of pt history?          | 96.4               | 97.3               | 90                      |
| Observed performing relevant portions of physical or MSE? | 97.6               | 95.9               | 91.9                    |
| Provided with mid clerkship feedback?                     | 98.8               | 100                | 95.2                    |

# Measures of Quality – AAMC GQ

Scale: Strongly Disagree – 1 to Strongly Agree - 5

| PEDI                                  | Geisel 2014 |             |                  |
|---------------------------------------|-------------|-------------|------------------|
|                                       | Geisel 2014 | Geisel 2015 | All Schools 2015 |
| Faculty provided effective teaching   | 4.4         | 4.4         | 4.4              |
| Residents provided effective teaching | 4.4         | 4.4         | 4.3              |

# Measures of Quality – Step II CK

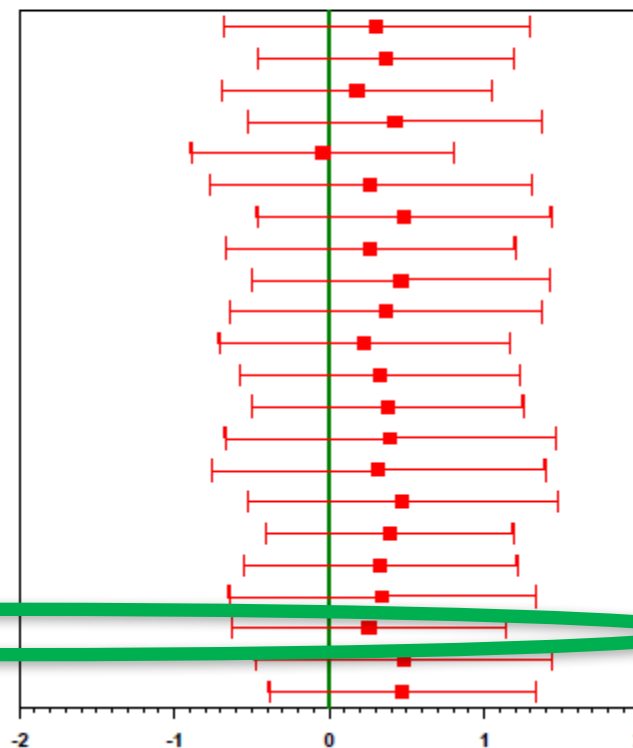
## NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK)  
for the First Time in the Academic Year

July 2014 to June 2015

Medical School: 030-010 Geisel School of Medicine at Dartmouth

Applying Foundational Science Concepts  
Patient Care: Diagnosis  
Health Maint, Disease Prevention, & Surveillance  
Patient Care: Management  
Immune System  
Blood & Lymphoreticular System  
Behavioral Health  
Nervous System and Special Senses  
Musculoskeletal Syst/Skin & Subcutaneous Tissue  
Cardiovascular System  
Respiratory System  
Gastrointestinal System  
Renal & Urinary System & Male Reproductive  
Pregnancy, Childbirth & the Puerperium  
Female Reproductive & Breast  
Endocrine System  
Multisystem Processes & Disorders  
Medicine  
Obstetrics & Gynecology  
Pediatrics  
Psychiatry  
Surgery



*\*values depicted are SD above the US/Can mean for Geisel mean scores*



GEISEL SCHOOL OF MEDICINE  
AT DARTMOUTH



# Measures of Quality – Course Evaluation

| Clerkships | Overall Satisfaction AY 2014-2015 |
|------------|-----------------------------------|
| PEDS       | 4.5                               |
| MED        | 4.5                               |
| CFM        | 4.5                               |
| PSYCH      | 4.3                               |
| SURG       | 4.2                               |
| GAM        | 4.2                               |
| OBGYN      | 4.2                               |
| NEURO      | 4.0                               |

*scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*

# Measures of Quality – Course Evaluation

scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]

| Pediatrics  | 2013-14                  | 2014-15                  | 2015-16      |
|---|--------------------------|--------------------------|--------------|
| Overall Experience                                    | 4.24 (I: 4.19 / O: 4.46) | 4.51 (I: 4.18 / O: 4.54) | 4.22 (I:4.17 |
| Objectives well defined and clearly presented         | 4.33 / 4.41              | 4.34 / 4.54              | 4.41         |
| Ability for Y1 and 2 to prepare me for this clerkship | 3.02                     | 3.26                     | 3.54         |
| Expectations well defined and clear                   | 4.21 / 4.33              | 4.20 / 4.53              | 4.17 / 4.59  |
| Volume adequate for learning                          | 4.21 / 4.58              | 4.15 / 4.55              | 4.31 / 4.7   |
| Variety of dx adequate for learning                   | 4.38 / 4.08              | 4.32 / 4.23              | 4.36 / 4.19  |
| Quality of teaching by attendings                     | 4.33 / 4.48              | 4.32 / 4.63              | 4.75 / 4.7   |
| Quality of teaching by residents                      | 4.18 / 4.52              | 4.14 / 4.84              | 4.36 / 4.78  |
| Directors responsive to concerns                      | 4.59 / 4.61              | 4.49 / 4.78              | 4.29 / 4.84  |
| Methods used to eval student performance made clear   | 4.08 / 4.25              | 4.07 / 4.4               | 4.11         |
| Quality of mid-clerkship feedback                     | 4.06 / 4.29              | 4.11 / 4.3               | 4.14 / 4.57  |



# Measures of Quality – Student Comments

## Strengths

| Area   | AY15-16 | AY14-15 | Representative Quote   |
|--|---------|---------|--|
| Breadth of clinical experiences                    | 24      | 36      | "I think I was able to get a wide-range of exposure (different practices, different patient populations)"  |
| Teaching & Didactics                               | 20      | 28      | <p>"All of the residents and attendings with whom I worked were great teachers, happy to have me on their teams, and gave great feedback to help me grow."</p> <p>"[Didactics] were typically short, interactive, and to the point -- very helpful all around. Loved jeopardy at the end!"</p> |
| Organization, Clerkship Directors, & Sharon French | 7       | 20      | <p>"This is a very well-constructed clerkship that is balanced and exceptionally-designed."</p> <p>"The weekly emails were UBER helpful"</p>   |
| CLIPP  | 5       | 11      | "CLIPP cases were helpful in covering many diagnoses that I didn't see in clinic."   |



# Measures of Quality – Student Comments

## Suggestions for Improvements

| Area   | AY15-16 | AY14-15 | Representative Quote   |
|--|---------|---------|--|
| Number of Assignments & Due Dates            | 23      | 13      | <p>“I think right now there are ever-so-slightly too many parts that lead to too much overhead for the student. While manageable, it is just barely; consider all the juggling: 3 separate sites, HVHC, FOSS, Inpatient write-up with in-depth, outpatient write-up with in-depth, 32 CLIPPs, newborn nursery embryology project coordinated among 4 people spread across the country and doing their nursery rotations at different times, 3 librarian chats (also trying to coordinate with multiple people, across timezones), 2 structured clinical feedbacks, the purple form, mid-clerkship feedback sessions...there's a lot of things stuffed into 7 weeks”</p> <p>“It was hard to keep track of all the assignments and due dates especially when the canvas site and emails stated different dates.”</p> |
| Structure (Inpatient, Outpatient, & Nursery) | 14      | 2       | Requests for increased inpatient time, possibly decreased nursery time   |
| Write-Up Guidance                            | 6       | 0-1     | “for those not coming off of medicine, write-ups were difficult to understand what went into a "good" academic write up...perhaps having an optional workshop to discuss the elements with examples of what you are looking for”   |



# Measures of Quality – Student Comments

- Other issues from student comments
  - Resolve technology problems for students connecting remotely
  - Moving NICU/PICU Sims to earlier in clerkship
  - Knowledge or Skills in Year 1 & 2
    - More time could be dedicated to common pediatric conditions
      - “I think a large part of the problem is...random lectures thrown in the middle here and there that often lump a bunch of stuff together and maybe get brushed aside because of relative unimportance on exams (2-3 questions per final).”
      - “The pedi stuff was so scattered that it was tough to put it all back together in the clinic.”



# Recommendations

- Course Objectives
  - Minor word changes to better align with intended learning
    - Obj 2: Describe current knowledge of pediatric disease prevention, risk factor modification, medical ethics, and medical-legal issues to clinical problems in children and families. - **Change Describe to Apply**
    - Obj 4: Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families **and establishing a respectful basis for the doctor-patient relationship.** – **Remove phrase in red text as the language is redundant.**
    - Obj 6: Demonstrate a complete **“age appropriate”** physical exam of children, with appropriate attention to skill, cleanliness, infection control, patient comfort, privacy and developmental capacity. - **Add age appropriate**



# Recommendations

- Course Objectives

- Obj 8: **Perform and** explain the indications, complications, and limitations, of simple procedures (e.g. throat cultures, hearing tests) in children. - **remove perform as expectation at 3<sup>rd</sup> year level is really to understand and explain, not perform.**
- Obj 14 and 16: Adhere to high ethical and moral standards, accept responsibility for personal actions, **accept constructive criticism** and respect patient confidentiality, placing patient interests first, being mindful of personal opinion and bias. - **add accept constructive criticism to Obj 14 and remove from 16 to condense**
- Obj 15: Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection and **maintaining one's own health ( remove this as it is not something the clerkship is responsible for or evaluating)**



# *Recommendations*

- Vertical Integration
  - Discuss adding material to years 1 and 2 on common pediatric cancers (especially leukemia), vaccinations, and more emphasis on pediatric conditions most commonly seen in the clinic.
- Learning Activities
  - Better define amount of time expected to be spent on group embryology project
  - Increase time on inpatient rotations in CA given implications of student travel to and from these sites.
- Assignments
  - Given number of assignments and 3 different rotations in short amount of time, continue to be very clear on due dates as many students felt this was difficult to keep track of





# Action Plan

- Will change course objectives as suggested (see next slides)
- Cont to work with SBM
  - Acute Lymphoblastic Leukemia (latest conversation was re: a PBL case in 2 to 4 year old with this condition)
  - Will also review discuss collaborate with SBM ID director about vaccines
  - Recently revised SBM ID session to emphasize more common infections (RSV, Otitis, etc...) over less common (HIV) in children
  - Will review content with other pediatric presenters in SBM to emphasize the common clinical illnesses anticipated in the pediatric clerkship



# Action Plan

- Learning activities
  - Revising instructions for write-ups, discussions, and embryology project so expectations more clear
  - In 16-17 students at CHOC and CPMC will be doing 3 weeks inpatient, 3 weeks outpatient, 1 week nursery in response to student as well as site director feedback on this
- Assignments
  - Sharon will continue to send weekly emails about assignments and due dates
- Duty Hours
  - At CHOC, the UC Irvine students follow resident ACGME duty hours; our students do not (we have a different policy which is both stricter and more lenient in different ways)
  - This creates an unnecessary tension there for our students
  - We wish to revisit why Geisel does not follow the resident ACGME duty hours with the MEC



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|   | Course Objective   | How Student is Assessed   | Learning Activity  |
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| 1 | Apply age appropriate and pediatric problem based knowledge to patient care bridging and integrating basic science, clinical science and multi-disciplinary aspects of delivery of patient care.   | Performance<br>Evaluations<br>Final Exam<br>Case Discussions<br>Write Ups     | Wards<br>Clinics<br>CLIPP<br>Case Discussions<br>Write Ups |
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|----|--|---|--|
| 10 | Demonstrate ability to inform patients and families and assess their understanding of their treatment options and motivating them to make healthy behavioral and treatment choices.  | Performance Evals<br>Skills Form<br>Structured Clinical Observations              | Wards<br>Clinics<br>Case Discussions<br>Structured Clinical Observation              |
| 11 | Communicate effectively with patients of different social, economic and cultural backgrounds around individual factors that impact health. (NOT in current Ilios!!)  | Performance Evals<br>Structured Clinical Observations                             | Wards<br>Clinics<br>Structured Clinical Observation<br>FOSS<br>Case Discussions      |
| 12 | Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record as it relates to pediatric patients.                                     | Performance Evals<br>Write Ups<br>Skills Form<br>Structured Clinical Observations | Wards<br>Clinics<br>Write Ups<br>Case Discussions<br>Structured Clinical Observation |
| 13 | Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize and be respectful of each patient  | Performance Evals<br>Professionalism Points                                       | Wards<br>Clinics<br>Case Discussions<br>FOSS   |
| 14 | Adhere to high ethical and moral standards, accept responsibility for personal actions, <b>accept constructive criticism</b> and respect patient confidentiality, placing patient interests first, being mindful of personal opinion and bias. | Performance Evals<br>Professionalism Points<br><b>Write-Ups</b>                   | Wards<br>Clinics<br>Case Discussions<br>FOSS<br><b>Write-Ups</b>                     |

# Course Objectives

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|----|--|--|--|
| 15 | Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection and <del>maintaining one's own health (remove this as it is not something the clerkship is responsible for or evaluating)</del> | Performance Eval<br>Professionalism Points | Wards<br>Clinics<br>Case Discussions   |
| 16 | <del>Incorporate constructive suggestions during peer review. (might be considered in 14 above and could be removed)</del>   | <del>Write Ups</del>                       | <del>Write Ups</del>   |
| 16 | Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of pediatric patients and populations and to apply this to pediatric patient care and to continuous updating of skills.      | Performance Evals<br>In-Depth Discussion   | Wards<br>Clinics<br>Case Discussions<br>In Depth Discussion<br>High Value Health Care Assignment |
| 17 | Identify and utilize appropriate resources to support pediatric patient care and compare the roles of and collaborate with all members of the pediatric inter-professional team.   | Performance Evals                          | Wards<br>Clinics   |
| 18 | Discuss the larger environment and the physician's role in which healthcare occurs including the effect on underserved population and regional variations in the delivery of healthcare.   | Performance Evaluations                    | Wards<br>Clinics<br>High Value Health Care Assignment  |

