Welcome to Pediatrics!

Bridget Boyd, MD
Clerkship Administration

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What Makes Pediatrics Different

• Old-Fashioned Medicine
  – Less reliance on technology
  – More trust in providers
  – Greater partnership with patients and families

• Benefit
  – Often have better compliance
What Makes Pediatrics Different

• Our patients get better!
  – Frequently infectious disease and/or single organ system derangement

• Children are resilient.
  – Benefit: Immediate Gratification!
What Makes Pediatrics Different

• Pediatric providers are more fun!
  – The physical exam frequently requires an entertaining personality.
  – Child-friendly environs are uplifting.

• Benefit: Relive your childhood!
Rotation Goals

- Obtain knowledge of common pediatric illnesses.
- Become familiar with key topics covered in well child and adolescent visits.
- Develop an approach to interviewing and examining children of all developmental stages.
Orientation to Pediatrics

This clerkship is a smorgasbord of experiences.

• Strengths
  – Broad experiences
  – Primarily general pediatric focus
  – Clinical preceptors are very interested in teaching.

• Weaknesses
  – Multiple supervisors/evaluators
  – Seasonality
  – A short rotation that moves quickly!
Clerkship Overview

- Ambulatory Pediatrics: 2 or 3 weeks – may be non-consecutive
- Ward: 2 weeks
  - Some students are assigned 1 week nights
- Pediatric Emergency Department: 1 week
  - 6 students
- Nursery: 1 week
- Operation Homefront: 2 sessions
Suggested Textbooks

• Nelson Essentials of Pediatrics - Behrman & Kliegman

• Pediatrics for Medical Students – Bernstein & Shelov

• Blueprints in Pediatrics - Marino

• Pretest Pediatrics – practice questions
Internet Education Resources

• CLIPP cases (Computer Assisted Learning in Pediatrics)

• Bright Futures

• Pediatrics in Review
  – [http://www.pedsinreview.org](http://www.pedsinreview.org)

• Pediatric Board Game
  – [http://www.medgame.org](http://www.medgame.org)
Evernote

• User ID: lumcpedsresident
• password: pedsLUMCresident

• Readings/articles for rotations
  – Find relevant articles under each speciality
  – Focus on “acutes” and “newborn nursery”
More Internet Resources

• COMSEP Curriculum

• *** COMSEP Pediatric Physical Exam Video ***
  – [www.comsep.org](http://www.comsep.org) → Educational Resources → Multimedia Teaching Tools → Pediatric Physical Examination (Multimedia Teaching Resources)
Loyola Pediatrics Website

- Pediatrics Clerkship Page on LUMEN
  - Clerkship schedules
  - Preceptor evaluations of students
  - Goals & objectives
  - Lecture handouts
  - Key Pediatrics in Review articles
Inpatient Responsibilities

- Ward
  - "Read around patients" (beyond the text) and be the expert on them!
  - Share with the team (formal and informal)
  - Read around and see other interesting patients on your team.
  - Work up new patients whenever you can, and help the team take care of all the teams’ patients.
  - 2 weeks is short, so be aggressive
  - Pre-round before Morning Report/Grand Rounds (or before rounds on the weekends)
Inpatient Responsibilities

• Ward
  – Loyola students:
    • Assigned to work hours with PL-1 (or one on the same team) by matching up their schedules.
    • M – F rounds will typically start at 7a, so come early enough to preround.
  – St. Alexius students:
    • Check with the hospitalists to see when you should arrive to preround.
    • Call = 2-3 longer shifts in 2 weeks. Leave at 10P.
  – La Rabida students:
    • Q4 longer shifts until 10P
Inpatient Responsibilities Continued

• Weekends – don’t count on having them off!
  – Loyola: See the work hours schedule.
  – St. Alexius & La Rabida: If you are not on call, you must still round on 1 weekend day each weekend (unless SSOM holiday or after exam).
Night Ward

• Same expectations as ward
• Arrive at 6pm for sign out from day team
• Take new admissions and present to your attending on rounds in the morning
• Leave by 8am to have enough rest to return at night
• Thursday night work 6p – midnight so you may attend required Friday teaching sessions at 1pm
• You will work Friday night 8p until noon on Saturday
• Night before SSOM holiday: 6p-midnight
Pediatric Emergency Room

- 1 week rotation
- Arrive at 10p and work until 6a
- Wear full scrubs or business casual attire
  - Please no hoodies or fleece
- Assess patients and present to the senior peds resident
  - Present patient to attending ER doctor together
- Complete 1 eval for each night you work by senior peds resident
  - If you work with 1 resident for multiple nights he or she may fill out 1 form if desired
  - Evals will be averaged to create your grade
Way to Go! Taxi Voucher
Ambulatory Responsibilities

• See a variety of patients – well child and sick visits
  – Practice otoscopy! (This is a specific skill on your outpatient evaluation)
• When possible, follow up on patients’ lab results.
• Read about your patient’s problems and share new knowledge with your preceptors.
• Can be fast-paced – learn to think on your feet and synthesize information quickly.
• No weekend responsibilities!
Nursery Responsibilities

- Daily attending rounds
- Pre-round before
- Examine ALL babies everyday
- Work-up new babies and talk with their families at bedside.
- Attend high risk deliveries
- Neonatology exposure
  - Dr Muraskas 2pm M-Th
- Round one weekend morning
  - divide among the team.
Teaching Conferences

• **Pediatric Weekly Schedule** (for Loyola-based students and nearby outpatient students)
  - **Morning Report** (8A) – M, W, F
    • See schedule of room assignments
  - **Grand Rounds** (8A) – Tuesdays – SSOM 360
  - No MR on Thursday
  - Thursday conference from 11-1p
    • Check schedule - some are for residents only

• St Joe’s, La Rabida, St Alexis do not attend

• **Friday lecture series** – **Attendance Required. 1P in Maguire Peds Conference Room**
Clerkship Assignments

• History and Physical Case Checking
  – **Two** very complete H & Ps presented orally and their write ups formally reviewed by your attending. Must be turned in!
  – You should write H&Ps and daily notes on **all** patients you work up, even after you’ve turned your two in.

• Directly Observed Newborn Exam
  – Head-to-Toe Physical Exam reviewed and critiqued (checklist) by your Newborn Nursery attending.
    • Time limit of 10 min.
  – Communication checklist from rounds with parents.
Clerkship Assignments

- CLIPP cases (www.med-u.org/) - complete as many as possible, but the following 8 cases will be required:
  - Cases 4, 11, 18, 19, 21, 23, 24, 31
  - **NOTE**: Failing to complete required CLIPP cases will affect your final grade!
    - deduction of 0.5 percentage points per CLIPP case

- Operation Homefront reflection essay – 1 page
- EBM/Critically Appraised Topic worksheet
Clerkship Assignments

• Patient logs – (On MyLumen) – See separate info sheet.
  – Yellow cards can be used to track daily tallies, but **you must log patients online at least weekly** so I can ensure that you’re having adequate exposure to pts.
  – Preceptor (attending or resident) must sign off on a printout of your patients after each rotation block (IP, OP, NBN), and this must be handed in.
  – Additional CLIPP cases may be assigned to you if you have not had exposure to key types of patients. (I will send you an email during the beginning of the 4th week of the rotation if this is the case.)
  – If you do not log patients in by 2 weeks after the end of the clerkship or turn in your signed printouts, your Professionalism Competency will be marked “With concerns”.
# Grading Policy

<table>
<thead>
<tr>
<th>Subjective Evaluations</th>
<th>60%</th>
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<tbody>
<tr>
<td>*10% for each week</td>
<td></td>
</tr>
<tr>
<td>Ambulatory</td>
<td>20-30%</td>
</tr>
<tr>
<td>Ward (2 H+Ps)</td>
<td>20%</td>
</tr>
<tr>
<td>Night Ward</td>
<td>0-10%</td>
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<tr>
<td>Nursery (newborn exam)</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final online exam</th>
<th>40%</th>
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</thead>
<tbody>
<tr>
<td>(You must pass exam – score of ≥60 - to get higher than a Pass for the clerkship.)</td>
<td></td>
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</table>
Final Grade

- Unfortunately, there is no rounding.

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<thead>
<tr>
<th></th>
<th>P</th>
<th>HP</th>
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<tbody>
<tr>
<td>Clinical</td>
<td>55</td>
<td>78</td>
<td>85</td>
</tr>
<tr>
<td>Exam</td>
<td>60</td>
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</tr>
<tr>
<td>Final Grade</td>
<td>55</td>
<td>78</td>
<td>85</td>
</tr>
</tbody>
</table>
Evaluations

- YOU are responsible for giving forms to the attendings.
- Schedule time with attending at end of stint to discuss evaluation.
  - Ambulatory - One form to evaluating attending. In most clinics, you’ll work with multiple physicians, but typically one will collect feedback from their colleagues and complete the evaluation.
  - If you can’t meet with your preceptor or see your evaluation during the clerkship, check in with Ana periodically to see if it’s in.
  - * I will not change any evaluations completed by other physicians. If you disagree with your evaluation, email clerkship director and I will talk with your preceptor.
Evaluations (cont.)

• You have **up to 3 weeks** after the clerkship ends to consider potential revisions.
  – **No further revisions will be accepted after this time!!**

• Grades are finalized to the Registrar’s Office no later than 4 weeks after the end of clerkship.
  – Once grades are finalized, they will **not** be changed!

• Grade Inventory Sheet
  – Turn in at end of clerkship so we can help you track down missing evaluations.
Feedback

• Please ask for specific feedback from your preceptors
  – Attendings, residents, interns

• Be proactive!
Absences

• Notify your **preceptor and Dr. Boyd/Ana Juarez** if you miss time due to illness.
  – Please also “cc” Dean Mendez

• Requirements for making up lost time depend on how many days & what part of the rotation was missed. Will be decided on a case-by-case basis.

• Excuses to miss exam due to illness require written note from Student Health and notification of Dean Mendez’s office.
Procedures

Throat swab

Ear wax irrigation

Suture removal
Student Feedback

• End of Clerkship On-Line System
  – Must be completed within 2 weeks of clerkship completion, or your Professionalism Competency will be marked “With Concerns”

• Real Time Feedback
Mid-Clerkship Feedback

• Self assessment form to be emailed or turned into Ana
• Due 3rd Friday of the rotation
• Dr Boyd will review and discuss with you if needed
OSCE

• Morning of exam
• 4 stations using standardized patients, simulation, models
  – Hyperbilirubinemia (CLIPP case 1, 7, 8, 9)
    • Will include sign–out (SBAR)
  – Heart (CLIPP 18)
  – Lungs (CLIPP 7, 12, 13)
  – Ears (CLIPP 14)
• This will help you on your test! (However will not count toward your final grade)