STRITCH SCHOOL OF MEDICINE
PEDIATRICS CLERKSHIP



Pediatrics Clerkship

Pediatrics Clerkship Website on LUMEN:
http://stritch.luc.edu/lumen/course_detail.cfm?crs_number=9370933CE7D0D8FBD7471085E19065A7-NVENC1



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Pediatrics Clerkship Overview

Dear Junior Medical Student,

I wish to take this opportunity to welcome you to the pediatrics clerkship and to explain the organization of our clerkship.

The hallmark of our clerkship is its student-centered nature and we try to tailor your experience to your areas of interest. In that spirit, much of the present structure and content of the clerkship is based on student feedback.

The "on call" experience has been modified to reflect the current residency duty hours. At Loyola, all students will be paired with an intern and work the hours that he/she does. Some students may be assigned to the night team. Weekend responsibilities are expected on your inpatient, ER and nursery rotations, whereas outpatient rotations have weekends off.

The Pediatric Clerkship does not accept Wild Cards for clinic assignments. Clinic assignments are based on each student's lottery number. You are to complete the Ranking Form, which consists of tracks. Each track is a combination of inpatient, outpatient, and nursey experiences. You will rank the tracks based on your highest area of interest.

Rotations on track vary:
Outpatient
Inpatient
Nursery
Electives

- **Pediatric Emergency Room Rotation (night shifts)**
- **Pediatric Inpatient Rotation (night ward)**
- **Additional Outpatient Rotation**
- **Additional Inpatient Rotation (Day)**
- **Additional Nursery Rotation**
- **Pediatric Hem/Onc**
- **Pediatric Infectious Diseases**
- **Pediatric Cardiology**
- **Golisano Children's Hospital of Southwest Florida**

Outpatient Sites:
We offer 2-3 week rotations at Loyola Primary Care sites as well as various community based in clinics in the area. See Preceptor List emailed to you.

Inpatient Sites:
Loyola Ronald Mc Donald Children's Hospital (2-3 weeks)
The Loyola Ward experience offers exposure to children with a myriad of conditions ranging from acute to more chronic. You will be exposed to common illnesses as well as many oncology and other sub-specialty patients. Loyola has a very diverse patient population with regard to ethnicity, socioeconomic status, and case mix. This selection will expose you to a large number of ill patients and it will also have the greatest number of faculty and resident supervisors.

St. Alexius Medical Center (2-3 weeks)
St. Alexius is a very exciting site and a freestanding children's hospital. It is not primarily a teaching institution but rather a community hospital located in Hoffman Estates. It is therefore particularly well suited to those who are motivated self-learners. You will encounter a variety of acute and chronic illnesses. Much of the time, you will not

be working with resident physicians but rather directly with the attending physicians working their daily shifts in the hospital. Your call schedule will be determined upon your arrival to the site after consulting with the hospitalists on staff. During your time in the newborn nursery, you will round on well newborns with the nurse practitioner and round in the neonatal intensive care unit with neonatologists.

La Rabida Children's Hospital (2 weeks)

La Rabida is a freestanding children's hospital located on Lake Michigan, just off Lake Shore Drive on the south side of Chicago. University of Chicago residents and medical students rotate at this location as well. It is a pediatric specialty hospital for extended acute care that caters to children with lifelong medical conditions. Services and programs include treatment for chronic illness such as sickle cell disease, developmental disabilities, and genetic disorders. You may encounter children who are dependent upon tracheostomies or ventilators. At this site, students will have ample opportunities to interact with ancillary staff such as physical therapists and occupational therapists. Students will attend educational sessions via teleconference from University of Chicago.

Nursery Sites:

Loyola Ronald Mc Donald Children's Hospital

You will round on healthy babies daily and attend high-risk deliveries. You will have the opportunity to work with Pediatric Residents and receive both formal and informal didactic teaching sessions. You will round on Saturday or Sunday.

St. Alexius Medical Center

Similar to Loyola Nursery, you will also round on healthy babies and attend high-risk deliveries. There are no residents at SAMC so you will work mainly with the newborn nurse practitioner and neonatologists. No weekend responsibilities.

Electives (1 week):

Loyola Emergency Department

Students will have the opportunity to see patients in the pediatric emergency room. You will encounter many acute illnesses and injuries. You may have the opportunity to practice hands on skills and care for a higher level of acuity. The shifts will be 6pm-12am.

Pediatric Inpatient (night ward)

You will arrive at 6pm and obtain sign out from the day team. You are expected to take new admissions and present to the intern and senior resident. You can also help reassess patients from the daytime team as needed. The shifts will be from 6pm-12midnight.

Additional Outpatient

This elective is intended for students interested in primary care who would like to have longer exposure to outpatient medicine.

Additional Inpatient

This elective is intended for students interested in more in depth patient monitoring who would like to have longer exposure to inpatient medicine.

Pediatric Hem/Onc

Emphasis will be given to the discussion and understanding of basic hematologic problems such as anemias, white blood cell dysfunction, coagulation disorders and the understanding of the pathophysiology of the hemostatic system. The oncology area will include the study and management (patient care) of the most common pediatric malignancies with special emphasis on leukemias. Students will be expected to attend clinics and participate in the care and management of the patients together with the attending and resident staff.

Pediatric Infectious Diseases
The student will see pediatric patients needing infectious disease consultation and will write the initial and daily notes. He/she will attend all scheduled lectures and activities of the Department of Pediatrics. The student will receive some instruction in microbiology from the clinical microbiology laboratory. The student will attend weekly pediatric infectious disease clinic.

Pediatric Cardiology
The student will see all pediatric patients with dysrhythmias, congenital/acquired heart disease. Their ages range from newborns to adulthood. Patients are seen/consulted in the newborn nursery, neonatal intensive care units, the pediatric intensive care units, and pediatric floor. Students are expected to participate in daily rounds. The student will all also attend outpatient Cardiology clinics.

Saint Anthony Hospital
Saint Anthony Hospital is a community hospital in Chicago. Two students will be selected to rotate for the duration of the 6-week Pediatric clerkship at Saint Anthony Hospital. Students will rotate through inpatient, outpatient, newborn nursery, and elective clinical sites.

These sites have been structured to accentuate the positive things that students have previously commented on and to eliminate the problems that previous students have noted. As you may have heard, our clerkship has been very popular among students, and we have a higher rate of students choosing pediatrics as a career compared to the national average. We hope to continue this trend and look forward to more of your feedback on the clerkship in order to improve it further.

Should you have any questions regarding the rotations, please do not hesitate to contact me at rshahid@lumc.edu. Good luck!

Sincerely,

Ramzan Shahid, MD
Pediatric Clerkship Director

PEDS Clerkship Objectives

Pediatrics Objectives and Links Link

Medical Knowledge

1.	Describe the principal underlying causes, mechanisms and processes involved in the etiology of pediatric and adolescent illnesses, including: Prevention & Screening Visits – Infant (<1yr), Toddler (1-2yrs), Pre-school (3-4yrs), School Age (5-12), Adolescent (13-18), Pediatric Central Nervous System Complaint, Pediatric Fever Without Source, Pediatric GI Tract Complaint, Pediatric Growth, Pediatric Heart Murmur, Pediatric Jaundice, Pediatric Lower Respiratory Complaint, Pediatric Musculoskeletal Complaint, Pediatric Rash, Pediatric Upper Respiratory Tract Complaint, Pediatric Well Newborn Nursery, Obesity, Eye Disorder, Pediatric Chronic Medical Problem – Asthma, Allergic Disorder	1.2
2.	Describe management and treatment options (pharmacological and non-pharmacological) for common pediatric and adolescent illnesses	1.3
3.	Explain the developmental milestones that occur through infancy, childhood and adolescence	1.4
4.	Demonstrate an understanding of economic, psychological, social and cultural factors that impact patient health	1.5
5.	Explain the principles of preventative medicine, including vaccine schedules, cancer screening, counseling for risk prevention, maintenance of healthy lifestyle and obesity prevention	1.6
6.	Demonstrate an understanding of study design and basic testing characteristics to incorporate evidence based medicine into practice	1.7

Patient Care

1.	Elicit a complete and focused history and physical examinations of patients, including: pediatric ear examination and newborn examination	2.1
2.	Interpret common screening and diagnostic tests, including neonatal screening panels, complete blood count abnormalities and urinalysis	2.1
3.	Apply clinical reasoning skills in developing a prioritized differential diagnosis	2.2
4.	Construct appropriate management strategies for patients	2.3
5.	Counsel patients and parents on utilizing health maintenance guidelines to educate on risk factors for diseases	2.5
6.	Demonstrate ability to understand and utilize health maintenance guidelines to identify risk factors for disease in patients	2.6
7.	Utilize the health record to assist in care of patients, including chart review, documentation and request of medical records	2.7

Interpersonal and Communication Skills

1. Record in the electronic medical record and present a complete history and physical examination	3.1/3.4
2. Discuss with the patient and parents the findings of the clinical investigation and plans for follow up	3.2
3. Demonstrate an understanding of how cultural beliefs and spirituality can affect healthcare outcomes, including obtaining a cultural history when appropriate	3.2
4. Demonstrate an understanding of and participate in transitions of care	3.3/6.3
5. Demonstrate the ability to deal with difficult clinical situations	3.5
6. Use effective communication skills and styles when working with other members of the healthcare team	3.3

Practice Based Learning and Improvement

1. Recognize and accept one's own limitations in knowledge and clinical skills	4.1
2. Critically evaluate one's performance to identify strengths and personal limitations in clinical knowledge or study methods, and develop leaning goals to address limitations	4.1/4.2
3. Actively seek out timely and formative feedback	4.3
4. Collaborate with peers, other healthcare professionals, patients and families in order to integrate feedback to positively modify clinical behavior	4.3
5. Demonstrate the ability to effectively read, research and critically review the scientific evidence relevant to the care of patients and clinical issues	4.4/4.5
6. Utilize information technology to access and manage clinical information and perform online searches to support self-directed learning	4.5
7. Perform efficient literature searches and apply the results of medical research to clinical practice	4.5

Professionalism

1. Demonstrate professionalism by behaving in a professional, courteous and respectful manner when engaged with peers, faculty, residents and non-physician staff	5.1
2. Demonstrate behaviors that foster patients' trust in the physician, including: appropriate dress, appropriate grooming, compassion, reliability, honesty, and respect for privacy	5.1
3. Demonstrate professional behavior by completing all clerkship requirements, including clerkship evaluations, in a timely manner	5.2
4. Demonstrate responsibility and accountability by attending and being punctual at all required clerkship activities, including lectures, small groups, morning report and clinical rounds	5.2
5. Demonstrate professional behavior by requesting any excused absence from required clerkship activities in the required time frame	5.2
6. Demonstrate professional behavior by responding to direct communication from the Clerkship Director or Coordinator in a timely fashion, particularly in circumstances related to academic performance	5.2
7. Demonstrate advocacy for patients over personal interests	5.3

8. Demonstrate respect for patient privacy, and sensitivity to patients with diverse backgrounds — 5.3/5.4
9. Demonstrate professional and ethical behavior by honestly completing clerkship examinations without attempting to seek advantage by unfair means, and by reporting unethical behavior of peers to clerkship administration — 5.6

Systems Based Practice

1. Identify considerations of cost awareness for patient care. — 6.1
2. Demonstrate an understanding of the impact of economic and health insurance issues on patient care — 6.1
3. Collaborate with health care professionals to assess, coordinate and improve health care delivery, to promote health, prevent disease and manage illness — 6.2
4. Utilize strategies to access health care services for patients who need advocacy and assistance — 6.2/6.4
5. Analyze and identify system errors and potential solutions — 6.3
6. Identify ways to advocate for quality patient care and optimal patient care systems — 6.4
7. Identify individuals at risk for inadequate healthcare, including the uninsured, physically and mentally disabled — 6.4
8. Demonstrate commitment to and examples of service to patients in need — 6.4

Inter-professional Collaboration

1. Work collaboratively with members of the healthcare team to optimize delivery of care to the patient — 7.1/7.3
2. Respectfully and effectively communicate issues of patient care with non-physician healthcare workers — 7.1/7.3
3. Organize the appropriate use of consultants and referrals — 7.1/7.3
4. Explain the role of transitional care agencies and developmental specialists in care of pediatric patients — 7.1/7.3
5. Demonstrate an understanding of the roles of other members of the healthcare team — 7.2

Personal and Professional Development

1. Demonstrate a personal responsibility to maintaining one's own physical and mental well-being — 8.1

2. Demonstrate an ongoing commitment to pursuing learning opportunities for personal and professional growth and development

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Appendix A
Clinical Domain Objectives
Core and Supplemental

Care of the Acutely Ill child

Fluid and Electrolyte Management

1. CORE
    a. Calculate intravenous or oral maintenance fluids for a child, considering daily water and electrolyte requirements.
    b. Assist in the writing of IV fluid orders for a child requiring acute fluid resuscitation.
2. Supplemental
    a. Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration andsuch conditions as hypernatremia, hyponatremia, hyperkalemia, hypokalemia, severe acidosis, and alkalosis.
    b. Describe the additional fluid and nutritional needs or restrictions in children with emergent conditions

Therapeutics

1. CORE
    a. Describe the appropriate use of medications for common pediatric conditions (see Common Illnesses table).
2. Supplemental
    a. Describe and practice the principles of antibiotic stewardship.
    b. Describe the ways medication errors are systematically prevented.

Common Acute illness in Children

1. CORE
    a. Obtain a history pertinent to the presenting concerns
    b. Perform a physical examination and interpret pertinent findings (Common Physical Exam Findings)
    c. Interpret common laboratory tests (Common laboratory findings)
    d. Generate an age-appropriate differential diagnosis

    e. Describe an initial diagnostic and therapeutic plan for children with common pediatric concerns (see CommonIllnesses table)

Pediatric Emergencies

1. CORE
    a. Describe the clinical manifestations and initial management of emergent pediatric conditions such as:
        i. sepsis
        ii. shock
        iii. respiratory distress/failure
        iv. altered mental status
        v. status epilepticus
        vi. acute abdomen
        vii. Trauma
    b. Discuss presentations concerning for child maltreatment, and the physician's role in reporting to Child Welfare.
2. Supplemental
    a. Describe the presentation and management of accidental and intentional ingestions
    b. Describe the role of the physician in the interdisciplinary evaluation of children who may be maltreated.

Newborn Care

1. CORE
    a. List the differential diagnosis and identify the clinical and laboratory features of an acutely ill infant for commonproblems that may occur (see common illnesses table).
    b. Propose the evaluation and management of the acutely ill infant with conditions such as:
        i. jaundice
        ii. respiratory distress
        iii. concern for serious bacterial infection (sepsis, meningitis, bacteremia, UTI)
        iv. shock
        v. poor feeding
2. Supplemental
    a. Assess gestational age using standardized tools
    b. Discuss some of the clinical conditions and challenges associated with prematurity

Care of Chronically Ill Children

Growth and Nutrition

1. CORE
    a. Obtain a dietary history in children of different ages with chronic conditions, including type of feeding, amount,frequency, restrictions, and supplements.
2. Supplemental
    a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietaryrestrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.

Therapeutics

1. CORE
    a. Demonstrate the appropriate use of medications for common chronic pediatric conditions (see Common Illness table).
2. Supplemental
    a. Practice principles of antibiotic stewardship.
    b. Describe the ways medication errors are systemically prevented.

Common Chronic Illnesses

1. CORE
    a. Describe the clinical features associated with common pediatric chronic medical conditions (see chronic illnessestable).
    b. Describe how chronic illness can influence a child's growth and development, educational achievement, and
    psychosocial functioning.
    c. Identify basic management strategies for common chronic illnesses seen in children (see Common Illness table)
    d. Describe the role of the multidisciplinary team in the care of children with chronic illnesses
2. Supplemental
    a. Attend an interdisciplinary family meetings regarding the care of a child with chronic conditions
    b. Describe the importance of transitions of care and care coordination for children with chronic conditions

Care of the Well Child

Growth and Nutrition

1. CORE
    a. Obtain a dietary history in children of different ages including amount, frequency, restrictions, and supplements.
        i. Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements(vitamins, iron)
        ii. Toddler/school age: well-balanced diet, milk, juice, soda, fast foods, meal patterns, dietary supplements (MVI,fluoride)
        iii. Adolescents: well-balanced diet, meal patterns, nutritional supplementations, milk, juice, soda, snacking, faddiets, eating disorders
    b. Identify abnormal growth patterns on standard growth charts
2. Supplemental
    a. Counsel children and families regarding appropriate nutrition, including caloric intake, assessment of dietaryrestrictions, introduction of solid food, and obesity prevention, along the developmental spectrum.
    b. Develop an initial evaluation and management plan for the child with an abnormal growth pattern

Development

1. CORE
    a. Describe the major developmental domains (e.g. gross motor, fine motor, language, and social development) and howdevelopment is routinely assessed.
    b. Recognize developmental delays based on history, physical exam, and results of screening tools
2. Supplemental
    a. Describe the initial evaluation of children with developmental concerns.

Behavior

1. CORE
    a. Describe the range of typical behavior across the developmental spectrum.
    b. Recognize the clinical manifestations of common pediatric behavioral and developmentalconditions including anxiety, depression, ADHD, autism, and concerns for self-harm Supplemental
    c. Provide developmentally appropriate counseling regarding the management of commonparental concerns such as discipline, toilet training, and daily routines.
    d. Provide initial management suggestions for children with common pediatric mental healthconditions including anxiety, depression, and concerns for self-harm.

Adolescence

1. CORE
    a. Interview an adolescent patient using a standard structured interview technique to addresssensitive issues that affect health and safety.
    b. Describe the unique features of the physician-patient relationship during adolescence
2. Supplemental
    a. Counsel adolescents regarding high risk behaviors, sexual activity/orientation, violence,eating disorders, substance use, and bullying.

Prevention

1. CORE
    a. Describe the rationale behind the pediatric immunization guidelines and the vaccinepreventable diseases they aim to prevent.
    b. Describe age-appropriate anticipatory guidance for injury prevention across thedevelopmental spectrum.
    c. Recognize the use of screening tools in the assessment of growth, development, behavior,social determinants of health, and family violence.

2. Supplemental
    a. Be able to identify resources for catch-up immunization schedules in under-immunizedchildren.
    b. Recognize the scenarios in which certain immunizations may be contraindicated (e.g. livevirus vaccines in immunocompromised

Newborn

1. CORE
    a. Describe the common concerns to be reviewed during well newborn visits, including newborn feeding, sleep, safety,and parental self-care
    b. Obtain a dietary history for a newborn/infant- including type of feeds, amount and frequency of breast or formulafeeding, solid foods, and dietary supplements (vitamins, iron).
    c. Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.
2. Supplemental
    a. Discuss ongoing health maintenance strategies for former premature infants
    b. Describe the initial counseling of parents with common newborn concerns such as colic, feeding, stooling patterns,etc.

Required Clinical Conditions

Listed below are the Required Clinical Conditions, complete by the end of your clerkship. It can be completed either by a personal patient encounter or by completing the alternate resource given below. There should be no zeros as each clinical condition has an alternative if not completed by patient encounter.

Required Clinical Conditions	Clerkship	Alternate Resource
Pediatric Central Nervous System Complaint (HA, Sz, closed head injury)	Pediatrics	Aquifer Clipp Case 19
Pediatric Chronic Medical Problems- Asthma	Pediatrics	Aquifer Clipp Case 13
Pediatric Chronic Medical Problem - allergic disorder	Pediatrics	Aquifer Clipp Case 13
Pediatric Chronic Medical Problems - obesity	Pediatrics	Aquifer Clipp Case 4
Eye Disorder	Pediatrics	Aquifer Clipp Case 31
Pediatric Fever	Pediatrics	Aquifer Clipp Case 11
Pediatric GI Tract complaints (nausea, vomiting, diarrhea, abd pain)	Pediatrics	Aquifer Clipp Case 16
Pediatric Growth/Nutrition Concern	Pediatrics	Aquifer Clipp Case 28
Pediatric Murmur	Pediatrics	Aquifer Clipp Case 18
Pediatric - Jaundice	Pediatrics	Aquifer Clipp Case 8
Pediatric Lower Respiratory Tract Complaint (cough, wheeze, SOB)	Pediatrics	Aquifer Clipp Case 13
Pediatric Musculoskeletal Complaint	Pediatrics	Aquifer Clipp Case 17
Pediatric Rash	Pediatrics	Aquifer Clipp Case 32
Pediatric Upper Respiratory Tract Complaint (sore throat, otalgia, rhinorrhea)P	Pediatrics	Aquifer Clipp case 13
Pediatric - Well Newborn (nursery or outpatient)	Pediatrics	Aquifer Clipp case 1
Prevention and Screening Visit: Infant (<1year)	Pediatrics	Aquifer Clipp case 2
Prevention and Screening Visit: Toddler (1-2 years)	Pediatrics	Aquifer Clipp Case 28
Prevention and Screening Visit: Preschooler (3-4 years)	Pediatrics	Aquifer Clipp Case 3
Prevention and Screening Visit: School Aged (5-12 years)	Pediatrics	Aquifer Clipp Case 4
Prevention and Screening Visit: Adolescent (13-18 years)	Pediatrics	Aquifer Clipp Case 5

Peds Direct Observation Requirement

Direct observation refers to the times when instructors, either faculty or resident physicians, observe you take key parts of the history or exam at the bedside.

Direct Observation of key components of taking a history and performing the physical examination is an important educational opportunity to receive individualized formative feedback and to continue to grow in these skills toward expertise.

During each core clerkship, you will be required to have a faculty physician or a resident:

1. Observe you take a key portion of one history.
2. Observe you perform a part of the physical examination. Each clerkship oversees a particular part of the exam and requires one or multiple observations as determined by the clerkship directors.

Clerkship Examination Number of Observations Required: 3 Pediatrics

Note that in some instances that a "key" portion the exam may involve something other than that listed above. An example-- A patient is admitted for peripheral vascular disease. A faculty member observes your exam and coaches you on the best techniques for examining for a AAA or femoral pulses. That certainly would count towards being directly observed on that rotation.

After each observation, be sure to enter the Direct Observation tracking system through MyLumen. Follow the prompts. An email will automatically be generated to the physician who observed you for verification.

Note that failure to complete this requirement or enter the data in the system will result in a grade of "U" for the clerkship until the requirement is fulfilled and the data entered. The deficiency may also be considered in the evaluation of your professionalism competency.

Please take full advantage of this opportunity to learn and improve your skills as you work with patients. Be intentional and deliberate in seeking out the tips your teachers may be able to offer.

Opportunities will vary on each clerkship, of course. Let the clerkship coordinator know if you encounter any difficulties or have any questions. This educational activity has been going well for many years, but if you notice significant ongoing resistance to obtaining these direct observations/coaching experiences on a particular rotation, do make us aware of it.

Peds Direct Observation Requirement

Requirements for Direct Observation: On each clerkship, each student shall be directly observed taking key components of the history at least once. On each clerkship, a student shall be directly observed performing key physical exam steps. The steps to be observed will vary by clerkship, as will the number of examinations to be observed (both determined by the Clerkship Directors). See below:

Clerkship	Histories Required	Examinations Required	Examination	Components of Examination
Pediatrics	1	3	ENT	Describe position, color, opacity, mobility of the tympanic membrane Ear exam overall Insufflation technique of tympanic membrane Use of cellscope optional

Teaching Conferences

- Pediatric Weekly Schedule (for Loyola-based students and nearby outpatient students)
  - Noon Conference 12p MWTHF
  - Grand Rounds (8A) – Tuesdays
- Loyola campus IP, OP, NBN 12p lectures in person
- Night float – students to not need to attend Morning Report or Grand Rounds
- St. Alexius and La Rabida have their conferences. Students do not attend Loyola residency conferences/Grand Rounds during their clinical weeks at St. Alexius or La Rabida

Grading Policy

- Subjective Evaluations 36%
  - Each week 6%
- OSCE 14%
- Quizzes (1% each) 3%
- Practice Exam 2%
- Clerkship Assignments 5%
  - Graded H&P x 2 (2%)
  - EBM CAT Form (1%)
  - Nursery checklist, mommy rounds, Operation Homefront reflection (1%)
  - 32 required CLIPP cases (1%)
- Final online exam 40%
  - Passing exam score is 62%
  - Scores 62% to 65% will receive a "meets with concerns" under Medical Knowledge competency
  - Scores less than 62% will result in a "does not meet expectation" under Medical Knowledge competency

Final Grade

- Overall year end grade curved 30%/40%/30% for Honors/High Pass/Pass
- Pass the Clerkship Overall: 69.9%
- Must pass clinical (60%), NBME exam (62%) and OSCE (60%)
  - Remediation offered as needed

Evaluations

Students are responsible for requesting evaluations forms from preceptors. All evaluations are completed by faculty/residents online. No paper evaluations will be accepted. Attendings/Residents are sent instructions on how to complete student online evaluations. You may request evaluations from attendings/residents you work with through MyLumen by logging on mylumen. Click on ***Clinical Performance Review***, request evaluation link. If you do not see the resident/attending on the drop down list, let me know and I will add them. Only Loyola PEDIATRIC attendings/residents are allowed to evaluate you; you are not to be evaluated by rotating or outside residents, with the exception of students assigned to NON-Loyola Clinics.

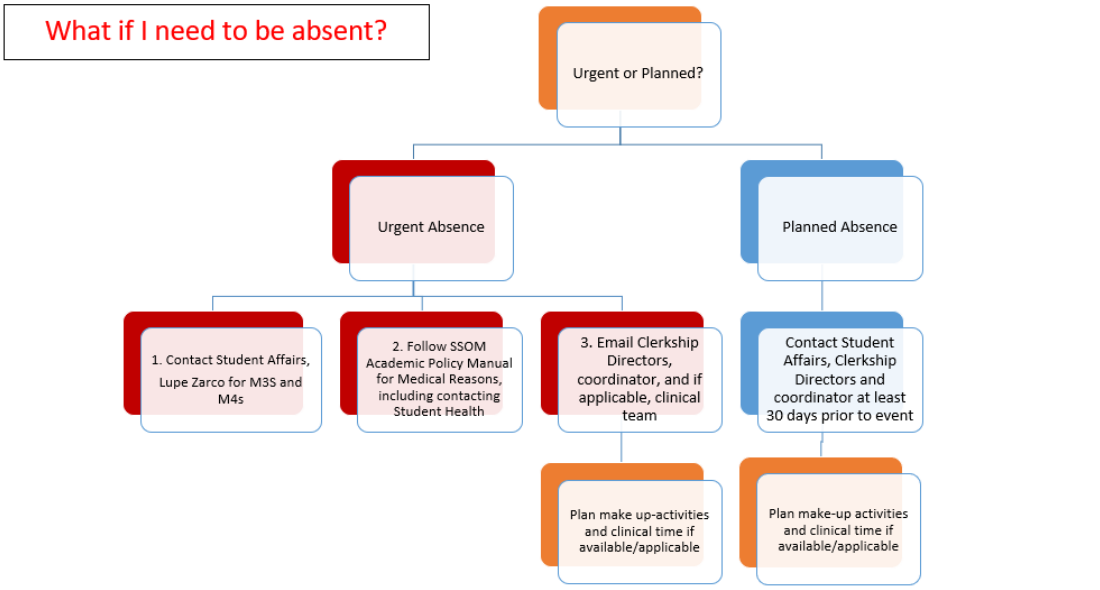
- Preceptors have up to 3 weeks after the clerkship ends to submit evaluations.
- Grades are finalized to the Registrar's Office no later than 4 weeks after the end of clerkship.
  - At the end of the year, director analyzes all data and your grade may change
  - Only could go up, NEVER down ☺
- Scoring System, as of AY25-26:
  - 1 = 60%
  - 2 = 70%
  - 3 = 80%
  - 4 = 90%
  - 5 = 100%

Absences

Sick Policy

- Contact Student Wellness by calling Dial-a-Nurse at 773-508-8883 to set up an appointment; or your private physician immediately to set up an appointment to be excused. You need to provide documentation that you are ill. A follow-up appointment is needed in Student Wellness to document clearance to return to work.
    - Alert your site that you are ill. Be sure to let your preceptor/team know as well.
    - Student Wellness at HSC contact information: https://www.luc.edu/wellness/aboutus/contactus/
- Send an E-mail to Dr. Ramzan Shahid and copy Dean Mendez, Dean Zarco, Sharee Myricks, and Natalie Hiller, letting us know you are ill.
- All Documentation should be emailed to:

  Natalie Hiller, Clerkship Coordinator
  nhiller@luc.edu
  SSOM, Room 300



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TIME OFF REQUESTS

As a reminder of school policy re: non-emergent absences, ALL time-off and special accommodation requests must be submitted in writing to the clerkship director, Dr. Ramzan Shahid @ rshahid@lumc.edu. Please cc Dean Mendez, Dean Zarco, Sharee Myricks, and Natalie Hiller in the email. Requests must be turned in at least 30 days prior to the start of the rotation. Approved days off are intended to be for major life events or related academic concerns. A request for days off does not guarantee approval and notification of approval will be given via schedule release. Please note that some portions of the clerkship involve weekend duties, so weekends are not automatically free.

Clerkship Sites

Required clerkship year: Third **Number of weeks:** 6 **Approximate number of students per rotation:** 16 to 21

Department Chairperson	Clerkship Director	Clerkship Assistant Director	Clerkship Coordinator
K. Sarah Hoehn, M.D.	Ramzan Shahid, M.D.	Nadia Qureshi, M.D.	Natalie Hiller
Maguire, Rm. 3303	Maguire, Rm. 3306	Maguire, Rm 3323	SSOM, Rm 300
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PARENT AND AFFILIATED HOSPITALS FOR PEDIATRICS CLERKSHIP

Loyola University Medical Center
Phone: 708-216-9000
Address: 2160 S. First Avenue, Maywood, IL 60153

Outside Inpatient & Nursery Sites

Loyola Nursery – Main Hospital
Go to the Newborn Nursery on the second floor by Labor & Delivery. Ask for the pediatric resident.

La Rabida Childrens Hospital
Drs. Growy Kulandaivel, Parag Shah, Beverly Brown, Jennifer Ziemianin, Rishi Agrawal, Courtney Weems Kerby, Walid Maalouli
Student Coordinator: Marian Cardenas - mcardenas@larabida.org
Send all CPE requests to Dr. Growry Kulandaivel
Address: 6501 South Promontory Drive East 65th Street @ Lake Michigan, Chicago, IL 60649
First Day – Arrive at La Rabida front desk lobby at 8:00am – ask for Maria Cardenas

St. Alexius Medical INPATIENT
Drs. Stephen Pichler, Waleed Abbasi, Christina Benedict, Grace Bernaldo, Joyce Gemson Victor, Isabel Gonzalez, Betsy Thampi
Peds Floor Supervisor, Pediatric Services, Scott Rowley, Assistant Vice President – 847-755-8479
Peds Floor: 224-299-6902 **Main Contact:** Dr. Stephen Pichler -- stephen.pichler@ascension.org
Address: 1555 Barrington Road, Hoffman Estates, IL 60194-1018
Arrive at 8:00am, Bring Loyola ID

St. Alexius Medical NURSERY
Dr. Maliha Shareef, Anne Drahos, RN
Main Contact: Anne Drahos, RN **Email**: adrahos@yahoo.com
Address: 1555 Barrington Road, Hoffman Estates, IL 60194-1018
Report at 7am, NICU; Bring Loyola ID

OUTPATIENT CLINICS

Loyola Outpatient Clinic

Drs. Nadia Qureshi, Jerold Stirling, Bridget Boyd, Mary Jones, Kevin Li, Elizabeth Murphy

Main Contact: Dr. Qureshi -- nqureshi@lumc.edu

Address: 2160 S. First Avenue, Loyola Outpatient Center, 1st Floor Peds

There is clinic every morning and afternoon in General Pediatrics/Acute clinic. You should report to LOC clinic every morning (8am, Tuesdays 9am) and afternoon (1pm) even if there is no obvious attending schedule in EPIC. Let a nurse know you are the M3 student assigned to work in General Pediatrics/Acute Clinic.

Loyola Primary Care Center at Burr Ridge

Drs. Mary Barsanti-Sekhar, Tony Pangan, Greg Ozark, and Keith Veselik

Phone: 708 327 – 1300 – **Main Contact** Dr. Tony Pangan -- TPANGAN@lumc.edu

Address: 6800 N. Frontage Road, Burr Ridge, IL 60527

Directions from LUMC: Drive north on First Ave. Merge onto I-290 W/Eisenhower Expy W. Continue onto I-88W, Take the IL-38 W exit toward Roosevelt Rd/Interstate 294, Merge onto I-294S, Take I-55S/Stevenson Expy, Take exit 276B Toward Country Line Rd N, Merge onto S. County Line Rd, Turn Right onto S. Frontage Rd, Take the 1st right onto N. Frontage Rd. You will proceed to the third floor on the north side of the building.

Loyola Center for Health at Elmhurst/Oak Park

Drs. Kevin Boblick, Margaret McMahon, Ellen Parker, and Katherine Spangenberg

2 Clinic Locations – Contact Dr. Margaret McMahon before first day first day for reporting information.

Address:

- **Loyola Center for Health at Elmhurst** 300 N. York Rd., Elmhurst, IL 60126
  Phone: 708-327-7030 – **Main Contact:** Dr. Margaret McMahon -- MMCMAHO@lumc.edu
  Directions from LUMC: Drive north on First Ave. Merge onto the Eisenhower Expressway West/I-290 W. Take 290 west to North Ave. exit. North Ave. west to York Rd. Make a right on York, and the facility will be on the left, immediately past the church on the Northwest corner of North and York.

- **Loyola Center for Health at Oak Park**: 7005 W. North Avenue, Oak Park, IL 60302
  Phone: 708-327-1410 – **Main Contact**: Dr. Margaret McMahon

Loyola Tinley Park

Drs. Terrence Beissel, Margaret Caldwell, Sean Diamond, Shanti Nair

Phone: 708-327-8379- **Main Contact**: Dr. Terence Beissel -- TBEISSE@lumc.edu

Address: 17901 S. La Grange Road Tinley Park, Illinois 60487 – **Start time is 9am**

Before starting your outpatient service at Tinley Park begins, please contact parking 708-216-8788, to add access to the Tinley Park building to your ID.

https://www.loyolamedicine.org/location/tinley

Loyola Primary Care Center at Oakbrook Terrace

Dr. Susan Rohde, Dr. Emily Beamer

Phone: 630-627-7399 – **Main Contact:** Dr. Susan Rohde -- SROHDE@lumc.edu

Address: 1S224 Summit Avenue, Suite #101, Oakbrook Terrace, IL

Directions from LUMC: Drive west on Roosevelt and Left turn on Summit Avenue.

Downers Grove Pediatrics
Drs. Kerry Sheehan, John Cabana, Heidi Swanson, Allison McClain
Main Contact: Dr. Kerry Sheehan – Send evaluation request to Dr. Sheehan.
Contact information: Dr. Sheehan by e-mail: ksheehan@DGPeds.com or call office 630-852-4551
Address: Two clinics. Students must contact Dr. Kerry Sheehan as to what clinic to report to.

- Main Office: 6840 S Main Street, Suite 201, Downers Grove, IL 60516
  Telephone: 630 852-4551 – Main Contact: Dr. Kerry Sheehan Fax: 630 852-0131

  Directions to the Downers Grove site:
  From LUHS south on First Ave to I55
  South on I55 to Lemont Main St
  North on Lemont to clinic

- Bolingbrook Office: 404 W Boughton Rd, Bolingbrook, IL
  Telephone: 630 759-9231

  Directions to Bolingbrook site:
  from LUHS south on First Ave to I55
  South on I55 to Lemont Main St
  Turn left on 87th/Boughton Rd
  Continue on Boughton Rd until you cross Hwy 53 then look for clinic on Right

Peds Hematology/Oncology (Hem/Onc)
Drs. Natalie Kamberos, Eugene Suh
Main contact: Dr. Kamberos - Natalie.Kamberos@luhs.org; Dr. Suh **-** esuh@lumc.edu

Email main contact prior to first day for reporting information.

Peds Infectious Diseases
Drs. Ban Al-Sayyed, Nadia Qureshi
Main contact: Dr. Al-Sayyed - ban.al-sayyed@lumc.edu

Email main contact prior to first day for reporting information.

Peds Cardiology
Drs. T. Marsha Ma, Wayne Franklin, Sarah Perkins
Main contact: Dr. Ma - tema@lumc.edu

Email main contact prior to first day for reporting information.

St Anthony Hospital
Drs. Shilpa Singh, Huda Adam, Laetitia Stamboliu, Nada Al-Dallal, Prasanna Turaka, Khudsia Irfan
Program coordinators: Belinda Cadena bcadena@sahchicago.org; Isabel Chavez ichavez1@sahchicago.org
Site Preceptor: Dr. Shilpa Singh srsingh@sahchicago.org
Address: 2875 W 19th St, Chicago, IL 60623
https://sahchicago.org/

Evaluation requests should be sent to:
Inpatient: Dr. Shilpa Singh, Dr. Huda Adam
Outpatient: Dr. Khudsia Irfan, Dr. Nada Al-Dallal
Nursery: Dr. Letitia Stamboliu, Dr. Prasanna Turaka

Rotation Information

Loyola Outpatient Sites: Contact main preceptor on Preceptor List, prior to your start date to ask at what time to report to clinic. You may send them a message through EPIC by searching for attending and clinic. If you are unable to find through EPIC, you may use Loyola Portal directory. Request your evaluation through mylumen from the preceptor you worked with or ask your preceptor who to send your evaluation at the end of your rotation.

Loyola Inpatient Rotation: 2 H&P forms are required (please refer to the Student-To-Do-List, which states all requirements for each rotation). Request your evaluation through mylumen from the preceptor you worked with or ask your preceptor who to send your evaluation to at the end of your rotation.

Peds Inpatient located in the Main Hospital 4th floor.

- Assigned to one of the two teams
- Arrive for sign-out at 6am
- Pre-round 6am to 8am
- 8a Morning Report or Grand Rounds
- M – F rounds with attending at 9a
- Hem/onc rounds 1p
- Sign out at 6p
  - 1 student from each team may be able to leave early (discretion of senior resident)
- Case presentation at morning report
- Topic presentation(s) on rounds
- Weekends: You must work 1 weekend day each weekend
  - 6am to 2pm (Unless SSOM holiday or after exam)

Loyola Night Ward Schedule (1-week rotation): You will be paired with the pediatric night intern; there is only one resident every night. At the end of your day, sign into mylumen and request an evaluation from the resident you worked with. If you work with the same resident for the entire time on night ward, then just one evaluation is needed. Request evaluations on mylumen, under the Clinical Performance Review tab.

Loyola Wards is located in the Main Hospital 4th Floor.

- Same expectations as ward
- Shift is from 6pm – 12midnight
- Arrive at 6pm for sign out from day team
- Take new admissions and present to your senior resident and intern
- Thursday night work 6p – midnight so you may attend required Friday teaching sessions at 1pm
  *Evaluation completed by senior resident and/or intern with input from attending

Loyola Nursery: Newborn Nursery Mother Rounds Form and NBPE Form required (refer to the Student-to-do-List, which states all requirements for reach rotation). Request your evaluation through mylumen from the preceptor you worked with or ask your preceptor who to send your evaluation to at the end of your rotation.

Newborn Nursery, 2nd Floor Main hospital, next to L&D
http://stritch.luc.edu/lumen/restricted/calendar_restricted/Peds/Lectures/NBN_Orientation_2019.pdf

- Neonatology exposure
    - Didactics by neonatologists and/or senior residents around 2pm M-Thursday
- 1 student should stay late daily with intern
- Round one weekend morning – divide among the team.
- Arrive by 6am for sign out on weekdays
    - Weekend timing varies based on attending schedule
    - You must round on 1 weekend day (Unless SSOM holiday or after exam)

Loyola ER Instructions: See ER Instruction document for specific instructions.
https://www.stritch.luc.edu/lumen/meded/peds/homepage/er_peds_rotation_description_6_2025.pdf

- 6pm – 12am in Loyola Peds ER (up to 5 shifts)
- OFF night before PCM
- Work with and Present patient to Senior Peds Resident – Student does NOT present to faculty
- Write H&P on all your patients.
- Wear full scrubs or business casual attire
    - Please no hoodies or fleece
- Assess patients and present to the senior 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
        - Indicated # nights on evaluation
    - Evals will be weighted and averaged to create your grade

La Rabida Ward Information: La Rabida Children's Hospital
6501 South Promontory Drive (East 65th Street @ Lake Michigan)
Chicago, IL 60649
Phone: 773-256-5733
Main Contact: Dr. Gowry Kilandaivel
Student Coordinator: Maria Cardenas – mcardenas@larabida.org

On your first day at La Rabida,:

- Arrive at La Rabida at 8:00am front desk lobby: ask for Maria Cardenas or the Resident and/or Hospitalist on call.
- Obtain ID badge. Mark Calendar on your cell phone to return ID badges last date of rotation.
- Join morning rounds on the units (meet with inpatient resident physicians in Chart room 2North ext. 5959 (2 IP units 2 North and South)

At this point the resident physicians can assist medical students to navigate or find information in meditech EMR system.
IT helpdesk: Ext 4295 for windows log in assistance if the password is not working or need a meditech Pin number rest. OR Email: helpdesk@larabida.org

La Rabida Medical Student Objectives:

1. Perform a complete history and physical exam of a child with medical complexity

2. Be familiar with medical devices commonly used for children with medical complexity (tracheostomy, home ventilators, feeding tubes)
3. Develop a differential diagnosis of acute illnesses in the child with medical complexity and participate in management of conditions such as aspiration pneumonia, line infection, decubitus ulcers, feeding intolerance, seizures, and others.
4. Participate in the assessment and management of health maintenance tasks for children of medical complexity, including vaccinations, hearing and vision screens, and routine subspecialty follow-up.
5. Communicate effectively with specialty providers to coordinate care of patients
6. Participate in meetings with families regarding goals of care and discharge planning.
7. Recognize local community and educational resources for children with medical complexity.
8. Utilize shared decision making with patients and family/caregivers, including those regarding goals of care and quality of life

St. Alexius Information: http://stritch.luc.edu/lumen/MedEd/peds/homepage/St.%20Alexius.htm
2 H&P forms are required (please refer to the Student-To-Do-List, which states all requirements for each rotation).

Nursery - Request your evaluation for through mylumen from Anne Drahos • Arrive at 7 to pre-round • Nursery rounds: 8-10 • NICU rounds: 10-12 • Attend deliveries with NP and neonatal teams • Lectures in afternoons • NO WEEKENDS! Our gift to you for making the drive ☺	**Inpatient** - Request your evaluation through mylumen from Dr. Stephen Pichler. He will gather feedback from all other attendings and submit team evaluation • Arrive to pre-round by 7 (or earlier if you need more time). Rounds usually start at 9 • Weekends: You must round on 1 weekend day each weekend – ***No weekends, temporary hold*** ○ Unless SSOM holiday or after exam

Pediatrics Clerkship Student To-Do-List

Evaluations: All evaluations are completed by faculty/residents online. No paper evaluations will be accepted. Attendings/Residents are sent instructions on how to complete student online evaluations. You may request evaluations from attendings/residents you work with through MyLumen by logging on mylumen. Click on "Clinical Performance Review", request evaluation link. If you do not see the resident/attending on the drop down list, let me know and I will add them. Only Loyola PEDIATRIC attendings/residents are allowed to evaluate you; you are not to be evaluated by rotating or outside residents, with the exception of students assigned to NON-Loyola Clinics.

All required documents must be turned in Submit on Sakai, access using your Loyola Credentials. https://sakai.luc.edu/**.**

Outpatient Rotation

- Evaluation – request via mylumen
- Patient Log online updated at the end of rotation

Inpatient Rotation

- Evaluation – request via mylumen
- Patient Log online updated at the end of rotation
- H&P #2 Evaluation Form Completed and Signed - Submit on Sakai, access using your Loyola Credentials. https://sakai.luc.edu/.

Nursery Rotation

- Evaluation
- Patient Log online updated at the end of rotation
- Newborn physical exam checklist – Submit on Sakai, access using your Loyola Credentials. https://sakai.luc.edu/
- Newborn Nursery "Mother Rounds" Communication checklist – have attending/resident complete when in clinic and return to you same day – Submit on Sakai, access using your Loyola Credentials. https://sakai.luc.edu/.

Night Wards Rotation

- Evaluation – one per day if working with a different resident – request via mylumen
- Patient Log online updated at the end of rotation

Emergency Room Rotation

- Evaluations – request via mylumen
- Patient Log online updated at the end of rotation

Elective Rotation

- Evaluation – request via mylumen
- Patient Log online updated at the end of rotation

Aquifer Cases: Complete all by the end of clerkship. https://loyola-md.meduapp.com/users/sign_in

EBM: Submit through Sakai by the last day of the clerkship @ 4pm. Access Sakai using your Loyola credentials. https://sakai.luc.edu/

Operation Home Front: Submit through Sakai by the last day of the clerkship @ 4pm. Access Sakai using your Loyola Credentials. https://sakai.luc.edu/

Peds Practice Exam: Released on the third week of the clerkship, due by the third Friday at 4pm. Access the Peds Practice Exam through Loyola's Sakai: https://sakai.luc.edu/ Login same as your Loyola login and password. Failure to complete will result in a score of zero. No make-ups available. Practice exam is worth 2% of your final grade.

Grading Scale for Practice Exam:

Score	Receive
50% or more	2%
25% to 49%	1%
24% or less	0%

Mid-Clerkship Feedback:
https://www.stritch.luc.edu/lumen/MedEd/peds/MidRotationSelfAssessment.pdf

- Self-assessment form, submit through Sakai by 4pm on the 3rd Friday of Clerkship
- Meet with any preceptor from the first 3 weeks and review your self-assessment form with them (signatures on form)
- Clerkship Director will review and email you
  - Number of CLIPP cases completed so far
  - Summary of your logged patients so far
  - Scores for quizzes so far
  - Score for Practice Exam
- Access Sakai using your Loyola Credentials. https://sakai.luc.edu/

Required Clinical Cases:
http://stritch.luc.edu/lumen/MedEd/peds/Required_Clinical_Conditions_2019.pdf

Required Direct Observations:
https://www.stritch.luc.edu/lumen/MedEd/peds/Direct_Observation2022.pdf

Required Online Patient Logs:
http://www.stritch.luc.edu/lumen/MedEd/peds/Online_Patientlog_Instructions2015.pdf

Pediatrics Clerkship Assignment Forms

- **H&P Case Checker Eval**: http://stritch.luc.edu/lumen/MedEd/peds/h&p_case_form.pdf
- **H&P Case Checker**: http://stritch.luc.edu/lumen/MedEd/peds/h&p_eval.pdf
- **Newborn Nursery Mother Rounds**: http://stritch.luc.edu/lumen/MedEd/peds/newborn_mommy_rounds.pdf
- **Newborn Physical Exam**: http://stritch.luc.edu/lumen/MedEd/peds/newborn_pe_exercise.pdf
- **32 Aquifer Cases** – Register for Aquifer cases using your Loyola email: https://loyola-md.meduapp.com/users/sign_in
- **EBM/CAT**
    - http://stritch.luc.edu/lumen/MedEd/peds/homepage/EBM_CAT%20worksheet.pdf
    - Sample EBM/CAT: http://stritch.luc.edu/lumen/MedEd/peds/homepage/EBM_CAT_Example.pdf

All Clerkship lectures are posted on the Clerkship website under Educational Resources, Lectures.
All Policies are posted on the Clerkship website under Policies.

Pediatrics Clerkship Website on LUMEN:
http://stritch.luc.edu/lumen/course_detail.cfm?crs_number=9370933CE7D0D8FBD7471085E19065A7-NVENC1