Welcome to Pediatrics!
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: 3 weeks – may be non-consecutive

- Ward: 2 weeks

- 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
Loyola Pediatrics Website

- Peds Page on LUMEN
  - Clerkship schedules (call, lectures)
  - Preceptor evaluations of students
  - Competencies
  - Lecture handouts
Internet Education Resources

- CLIPP cases (Computer Assisted Learning in Pediatrics)
  - http://www.clippcases.org/
- Bright Futures
- Pediatrics in Review
  - http://www.pedsinreview.org
- Pediatric Board Game
  - http://msig.med.utah.edu/boardgame
- COMSEP Curriculum
  - http://www.comsep.org
Inpatient Responsibilities

- Ward

  - “Read around patients” (beyond the text)
  - Share with the team (formal and informal)
  - Read around and see other interesting patients
  - Primary responsibility on call is new pt. work-ups
  - 2 weeks is short, so be aggressive
  - Weekends
    - If you are not on call, you must still round on 1 weekend day.
Ward Weekends

- On call Friday
  - Stay until work is done on Saturday (~noon).
  - Off Sunday, back on Monday

- On call Saturday
  - Stay until work is done on Sunday (~noon)
  - Back on Monday

- On call Sunday
  - Off Saturday
  - Stay until work is done on Monday (~noon)

- No weekend call
  - Pick either Saturday or Sunday (divide among the team), come in to preround on assigned patients, participate in rounds, and stay until work is done (rarely after noon). **No full weekends off during IP.

- If you are on call Saturday during one ward weekend, you still must come in one morning the other weekend.
Ward

- Assigned to work with PL-1 by matching up call schedules
- Call (2-3 in 2 weeks)
  - Leave at 10P the night before PCM, study days or switch days.
- M – F rounds vary by day and team (but mostly 9 – 12)
- Be the expert on your patients!
- Pre-round before Morning Report/Grand Rounds
Ambulatory Responsibilities

- See a variety of patients – well child and sick visits
  - Practice otoscopy!
- 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
- Attend high risk deliveries
- Neonatology exposure
- 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 – Physiology Conference Room, Room 4607
  - **Grand Rounds** (8A) – Tuesdays – SSOM 160
  - **Noon Conference** – see schedule for dates/locations – Most in Peds Conf. Rm

- **Friday lecture series** – usually starts at 1P in Peds Conf. Rm, but check schedule (may start at noon)
  - 2 post-call students are excused.
Clerkship Assignments

History and Physical Case Checking

- **Two** very complete H & Ps presented orally to an attending and their write ups formally reviewed. 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

- CLI PP cases (www.clippcases.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 CLI PP cases will affect your final grade! (deduction of 0.5 percentage points per CLI PP case)

- Operation Homefront reflection essay - 1 page
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.
  - 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 if this is the case.)
  - If you do not log patients in by 2 weeks after the end of the clerkship, your Professionalism Competency will be marked “with concern”.
  - Failure to log patients after this time will meet that you do not meet the Professionalism Competency mandate.
Grading Policy

Subjective Evaluations  65%

- Ambulatory  30%
- Ward (2 H+Ps)  25%
- Nursery (newborn exam)  10%

Final exam -
- NBME Pediatric Subject Exam (25%)
  + Dept Exam (CLIPP and case studies) (10%)  35%

(You must pass NBME exam - score of ≥60 - to get higher than a Pass for the clerkship.)
Evaluations

You are responsible for giving form to the attending.

Ward & Nursery

• Schedule time with attending for end of stint to discuss evaluation.

Ambulatory

• One form to evaluating attending. In most clinics, you’ll work with multiple attendings, but typically one will collect feedback from their colleagues and complete the evaluation.

• Collect form at last session or make appt to meet with attending to discuss evaluation.

Grade Inventory Sheet

• Turn in at end of clerkship so we can help you track down missing evaluations.
Procedures
Student Feedback

Individual Lectures – [www.surveymonkey.com](http://www.surveymonkey.com)
- Terri will send you emails when it’s time to complete these.

End of Clerkship On-Line System
- Must be completed within 2 weeks of clerkship completion, or the registrar’s office will not release your grade.

Real Time Feedback
It's QUESTION TIME!!