

Welcome to Pediatrics!



Clerkship Administration

Clerkship Director - Lisa Martin MD, MPH

- 327-9101
- Beeper 11368
- limartin@lumc.edu

Clerkship Coordinator – Terri Charal

- 327-9108
- tcharal@lumc.edu

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
 - http://www.brightfutures.org/pocket/pdf/2_17.pdf
- 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.

Inpatient Responsibilities

■ 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

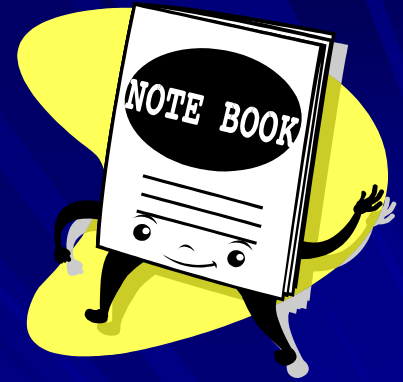
- Daily attending rounds
- Pre-round before
- Examine ALL babies everyday
- Work-up new babies
- Attend high risk deliveries
- Neonatology exposure
- Round one weekend morning – divide among the team.



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

- CLIPP 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 CLIPP cases will affect your final grade! (deduction of 0.5 percentage points per CLIPP 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 mean 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
 - 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 !!