

General Pediatrics Clerkship Syllabus

Academic Year 2023-2024

Track # 5

January 2, 2024 to February 25, 2024

I. Welcome

The faculty of the Department of Pediatrics welcomes you to the rewarding field of pediatrics! We hope and anticipate it will be one of the most valuable and enjoyable experiences you have in medical school.

The eight-week pediatrics clerkship addresses issues unique to childhood and adolescence by focusing on human development, and by emphasizing the impact of family, community and society on child health and well-being. Additionally, the clerkship focuses on the impact of disease and its treatment on the developing human, and emphasizes growth and development, principles of health supervision and recognition of common health problems. The role of the pediatrician in prevention of disease and injury and the importance of collaboration between the pediatrician, other health professions, and the family is stressed.

As one of the core clerkships during the third year of medical school, pediatrics shares with family medicine, internal medicine, obstetrics/gynecology, neurology, psychiatry, and surgery the common responsibility to teach the knowledge, skills and attitudes basic to the development of a competent general physician.

The pediatrics clerkship experience introduces you to a unique, complex and challenging field of medicine. It emphasizes those aspects of general pediatrics important for all medical students and will provide a foundation for those students who elect to further study the health care of infants, children and adolescents.

This syllabus is the “roadmap” for the pediatric clerkship and is to be read thoroughly. It contains among other things, the clerkship’s goals and objectives, learning activities and requirements, evaluation tools, and many other useful details relevant to your education.

Please use this syllabus as the first step in your growth to independence as an educated, committed, and compassionate health care provider. We look forward to sharing the challenging and fun field of pediatrics. Welcome!

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II. Clerkship Policies and Expectations

1. Sick Policy

- a. If you feel ill or unwell, please do not come to any clinical facility or campus. If you become ill while at work, you will need to leave immediately.
- b. If you are physically unwell, please email Liza. You will also need to email Dr. Lynda Daniel-Underwood who will need to clear you before you return. Please do not come to any clinical facility or campus until you are cleared.
- c. **In any of the above situations, you must notify Liza by email at lolmos@llu.edu.**
- d. **Before you return, you must also email Liza when you are cleared to return.**
- e. We will take care of notifying your sites/attendings. If you are at a site outside of Loma Linda, your site may have additional procedures for you to follow.
- f. Students who leave a shift early or miss time without prior approval by the Clerkship Director should expect an adverse impact on their grade, which may culminate in an unsatisfactory grade.
- g. Students who miss 2 days of a 2 week, 1 week of a 4 to 6 week clerkship or 2 weeks of an 8 week clerkship, must repeat the entire clerkship, regardless of the reason. Students may not split rotations into non-consecutive blocks.
- h. These days are **only to be used if you are ill**.
- i. The first day you are ill, you will not have to make up more time. If you miss 2 or more days (including sick day or Emergency Mental Health Concern), you will have to make up those days up 1:1.
- j. Emergency Mental Health Day/Concern:
 - i. Students need to contact clerkship to let them know they are in need of taking a day off acutely to address a mental health concern. This day is meant to assist with unanticipated or acutely occurring mental or emotional struggles and should not be scheduled for a time later in the clerkship. It is imperative the clerkship leadership is contacted to ensure they know you need the day off.
 - ii. Must make appointment to meet with one of the following: PCP, therapist, Physician Wellness, LIFE community mentor, clerkship/associate clerkship director, one of the deans. You must include Associate Dean for Clinical Education (Dr. Kevin Codorniz) in Request for Emergency Mental Health Day.
 - iii. Dean of Student Affairs (Dr. Yami Bazan) must be contacted to let them know that you have met with someone and to seek further resources or make an appointment to discuss any lingering concerns.
- k. If you miss more than 1 day in 6 weeks, it will require make up clinical time.

2. Emergencies

- a. We recognize life happens. We want to help you in these situations!

- b. Please email Liza immediately if an emergency arises.
- c. We will work with you ensure that you can take care of the emergency while also protecting your clinical time.

3. Doctor's Appointments

- a. Please notify us of any doctor's appointments that you currently have so that we can make arrangements to protect your clinical time.
 - i. If you have not already, we expect you to notify us on the first day of the rotation of any known appointments.
- b. If you need to make a doctor's appointment, please let us know as soon as you have made the doctor's appointment.
- c. We want you to make those appointments and will work with you to ensure that you make these appointments.
- d. We ask that you attempt to not schedule doctor's appointments during academic half days (Tuesday/Thursday afternoons) since it is protected time. We will work with you to be able to make your appointments at another time.
- e. **Although we cannot keep you from going to your doctor's appointments, failure to notify us in a timely manner does have consequences.**

4. Special Requests/Other Appointments/Activities

- a. Please let us know the first day about these new requests. We will do our best to work with you on these.
- b. However, your clinical education does come first and we will seek to ensure that you have adequate clinical experiences.
- c. You will need to notify the clerkship with any appointments or meetings that will take you away from your clinical duties. This includes any Dean's Office approved activities like committees, teaching activities, mentoring, etc.
- d. Any other special requests will be taken on a case-by-case basis.

5. Red Book

- a. Please ask your attendings before sending them your Red Book sign offs.

6. University Policies

- a. Americans with Disability Act (ADA) Policy
 - i. If you are an individual with a certifiable disability and need to make a request for reasonable accommodation to fully participate in this class, please visit the Dean's Office of your school. To view the Disability Accommodation Policy please go to:
<http://llucatalog.llu.edu/introduction/accommodation-disability/>

- b. Academic Integrity Policy
 - i. Acts of dishonesty including theft, plagiarism, giving or obtaining information in examinations or other academic exercises, or knowingly giving false information are unacceptable. Substantiated violations are to be brought before the dean for disciplinary action. Such action may include, but is not limited to, academic probation or dismissal from the program. To view the Standards of Academic Conduct Policy please visit: <https://home.llu.edu/sites/home.llu.edu/files/docs/student-handbook.pdf>. Page 65
- c. Protected Health Information
 - i. The purpose of the Protected Health Information (PHI) policy is to provide guidance and establish clear expectations for students regarding the appropriate access to and use of PHI during course studies and related program activities. Under the Health Insurance Portability and Accountability Act (HIPAA), patient health information is protected. Please go to: <http://www.llu.edu/pages/documents/2013-2014-University-Catalog.pdf>. Page 62
- d. Student Grievance Policy
 - i. Grievances related to academic matters or other issues covered by specific policies shall be made pursuant to the policies of the school in which the student is enrolled. A student who questions whether the process provided by the school has followed the policy of the school in regard to his/her grievance may request that the Office of the Provost conduct a review of the process used by the school in responding to his/her academic grievance. Please go to: <http://llucatalog.llu.edu/about-university/student-life/>
- e. **With regards to the clerkship, you are always allowed to talk with Dr. Codorniz if you feel that there is a matter that you do not feel you can bring up with the clerkship administration.**

7. Safety

- a. We are committed to your safety.
- b. If there are concerns with regards to student mistreatment, please inform us immediately and we will work with you to investigate this.
- c. Please utilize security when you are done with your swing shift since it will be a late hour.

8. Duty Hours

- a. In general, students should not work more than interns and residents. Therefore, the residency work hour limitations will also apply to students as follows:
 - i. Students will not work more than 80 hours per week when averaged over four weeks.
 - ii. Students will have one day in seven off work when averaged over four weeks.
 - iii. Students will not work more than 24 hours in a shift/call, with an additional 4 hours allowed for handoff of care and educational activities.
 - iv. Students should have 8 hours free of duty between work shifts.
 - v. After a 24-hour shift, students should have 14 hours free of duty.
 - vi. Clerkship educational committees will designate specific work hour expectations and inform students, faculty and residents of these expectations.
 - vii. If a student chooses to work outside of required clerkship responsibilities, they are required to ensure that their total work hours and clerkship responsibilities do not violate the above work hour policies. Students who choose to work should notify the Office of the Associate Dean for Student Affairs.
 - viii. Work hours activities include patient care and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours. Home call does count towards work hour maximums.
- b. Please let us know if you encounter any issues with duty hours.
- c. You will attest to these in the mid-rotation evaluation meeting and course evaluation survey at the end of the rotation.

9. Supervision Policy

- a. The school of medicine curriculum committee has adopted the following guidelines for medical student supervision.
 - i. Course/clerkship directors and department designee are responsible for ensuring student and patient safety during patient care activities.
 - ii. Course and clerkship directors and department designee must inform students of the expectations for their participation and supervision in patient care.
 - iii. Course/clerkship directors and department designee are responsible for assigning students to designated faculty and resident supervisors for all patient care experiences and for ensuring that faculty, residents, and students are notified of these assignments.
 - iv. Medical students on duty for patient care activities must be directly supervised by qualified faculty and/or resident physicians at all times. Direct supervision implies a physician is either physically present with a

student or is on duty and rapidly available to provide personal supervision.

- v. Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.
- vi. The degree of direct supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student's level of training, education and clinical experience.
- vii. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.
- viii. Course/clerkship directors and department designee are responsible for determining the types of patient interactions and the clinical procedures that medical students can perform during patient care experiences and the levels of direct supervision required for these interactions and procedures. Clerkship directors will provide faculty, resident physicians and students with a list of the types of patient interactions and the clinical procedures that students may perform and the level of direct supervision required for each of them.
- ix. Course/clerkship directors and department designee will stratify the types of student--- patient interactions and clinical procedures that may be performed by medical students according to the potential risk incurred by the student and patient. The level of supervision required for each procedure must be adequate and appropriate for the potential level of risk.
- x. Course/clerkship directors or departmental designee are responsible for providing the list of procedures allowed by medical students to faculty physicians, resident physicians, and the students on each clinical service.
- xi. A supervising physician may delegate some medical student teaching and supervising responsibilities to non-physician care providers after ensuring the non-physician providers are appropriately credentialed and working within the scope of their practice.
- xii. Physician supervisors should provide students with proximate and constructive feedback related to problem areas that are encountered during direct patient care experiences.
- xiii. Students should immediately report any deviation from this policy, or concern regarding inadequate supervision to one of the following entities: Clerkship director, Associate Dean for Clinical Education, Faculty LIFE Community Mentor or the Office of Medical Education. Students from the Regional Campuses may also report to the Assistant Dean for Regional Campuses, or to the assistant clerkship director or Assistant Dean at their regional campus.

- b. Expected Level of Supervision based on Student Level of Training and Experience (may be adapted by each clerkship based upon type of interaction and level of student experience):
 - i. Pre-clinical students must be supervised during all patient-care interactions. Residents or attending physicians should be either physically present or in the near proximity and rapidly available. (level two as defined below)
 - ii. Pre-clinical students may observe or participate in procedures with close direct supervision at all times. (level one as defined below)
 - iii. Third-year clinical students may complete history and physical examinations, place orders in the electronic medical record and participate in minor procedures (iv, venipuncture, foley placement) under supervision that is determined by past experience with the skills being utilized. As all third-year students will have completed history and physical examinations they may do these under level three supervision (as defined below). The first time a student does a procedure level one supervision is expected. Subsequently level two to three supervision is expected determined by the experience of the student and risk of the procedure.
 - iv. Fourth-year clinical students may complete history and physical examinations and perform the procedures signed off in their skills books under level three supervision. Which level applies is ultimately determined by the experience of the student and risk of the skill being performed.
- c. Defined Levels of direct supervision:
 - i. Level one - Supervision by a resident or attending physician is physical presence with the student during the patient interaction / procedure.
 - ii. Level two – Supervision by a resident or attending physician is within the immediate vicinity of the patient interaction / procedure.
 - iii. Level three – Supervision by a resident or attending physician is on duty and rapidly available to provide assistance or answer questions.

10. Learning Environment Survey

- a. This goes directly to the Dean's Office and is not accessible by the peds clerkship.



11. Generative AI

- a. The use of generative artificial intelligence (AI) tools such as ChatGPT, Google Bard, Grammarly Go, in educational settings may be appropriate in some instances, but unnecessary in this course. Using AI to generate content (text, video, audio, images) for any assignments that are part of the course, unless the instructors have provided explicit permission to do so, will be considered a violation of academic integrity. If permitted, the student should properly cite the use of such tools using the citation convention that are specified.

12. Contact Us

- a. If you need help, have questions, or would like clarification on anything, please reach out to Liza via email or telephone.
- b. We are here for you, so please reach out if anything is unclear!
 - i. We would rather you reach out to ask a question rather than assume or presume.
 - ii. If you think things are going well, feel free to drop a note as well!

III. Values

1. Our mission
 - a. Our mission is to train and grow Christian physicians who exemplify character, exhibit compassion, and demonstrate competence.

2. Our commitment
 - a. General pediatrics as a specialty advocates for the well-being of children and their families.
 - b. The pediatrics clerkship strives to advocate for your development as a future physician. This involves starting to treat you and expect you to act as physicians.
 - c. We will advocate for you to have the best training and educational experience possible and we will always keep an eye on this as we make decisions.
 - d. Prepare you for the real world ahead.

3. Our culture
 - a. "High expectations, high grace." (Andrew Wai)
 - b. "Punching above your weight." (Morgan Green)
 - c. We hope to promote a culture of humility, learning, warmth, caring, growth, and teamwork, and have fun while we do it!

IV. Objectives

1. Students will recognize and be able to discuss the basic knowledge of growth and development (physical, physiologic, and psychosocial) and apply it to patient care for appropriate ages/development birth through adolescence.
Students will formulate patient care plans based on this information and will be evaluated by residents, attendings as well as by exam/quiz scores. Students will also complete Aquifer cases.
2. Students will recognize and interpret information for the diagnosis of common pediatric acute and chronic illnesses. They will incorporate and integrate principles learned from the basic sciences.
The student will be able to organize information obtained to formulate initial management plans for common pediatric acute and chronic illnesses. The students will be evaluated by their attendings and will be assessed by the clerkship directors during case-based discussions, simulations, as well as quizzes and exams.
3. Students will be able to recognize the unique approach of pediatricians to the health care of children and adolescents.
They will then be able to apply and demonstrate these approaches in their own approach to pediatric health care. Assessments will then be done via attending observation/evaluations, OSCEs, and simulation sessions. Students will also complete Aquifer cases.
4. Students will identify the influence of family, community, and society on the child in health and disease.
The students will then use this information in the management of the pediatric patient and demonstrate this on attending evaluations as well on exams/quizzes. Students will also complete a whole person care assignment and participate in a reflection session.
5. Students will recognize the communication skills that facilitate the clinical interaction with children, adolescents, and their families.
The students will then employ these techniques to obtain complete, accurate patient data. Assessments of these skills will be done with attending observation/evaluation, and with simulations and OSCEs.
6. Students will demonstrate competency in the physical examination of infants, children and adolescents.
The students will practice these skills via OSCEs, simulations, bedside rounds, as well as via attending evaluations.

7. Students will develop their clinical problem-solving skills.
Students will be expected to demonstrate these skills during simulations, case-based discussions, OSCEs, written assignments and journal club. Students will also be evaluated by their attendings.
8. Students will recognize the strategies and importance for health promotion (including healthy lifestyles) as well as disease and injury prevention in the pediatric setting.
Students will be expected to employ these strategies in the care of the pediatric patient. They will be able to demonstrate their understanding of these factors through their OSCEs, clinical duties, and exams. Students will complete Aquifer cases.
9. Students will be able to recognize and demonstrate the attitudes and professional behaviors appropriate for clinical practice.
These attitudes and behaviors will be assessed through the emotionally challenging reflection exercise and evaluations through their inpatient and outpatient experience.
10. Students will develop an understanding of how to deal with personal bias or another team member's bias towards a patient or patient group and apply this to their own approach to their patients.
They will be able to demonstrate their understanding through an emotionally challenging reflection exercise. They will also be able to demonstrate their understanding in their patient care and be observed by supervising attendings.
11. The student will acquire the skills necessary for obtaining a social history. This will include screening for abuse, adverse childhood events, performing an adolescent HEADS exam and exploring gender and sexual health.
These skills will be assessed through the whole person care assignment and also whole person care reflection session. Students will also be evaluated through their OSCEs, simulations, case-based discussions, and role-plays.
12. The students will recognize and understand the ways by which multidisciplinary teams function and the role of each team member.
Students will participate as a member of the team during their inpatient portion of the clerkship. They will also attend multidisciplinary clinics and complete a reflection assignment.
13. Students will develop an understanding of the local medically underserved patient population including understanding the impact of social determinants of health and use this information to demonstrate whole person care.
Students will submit a whole person care assignment for one of their patients as well as a whole person care reflection exercise.

14. Students will further their understanding of health systems science including principles of evidence-based medicine, value-based care, systems thinking, patient safety, and interprofessional care.

Students will participate as a member of the team during their inpatient portion of the clerkship. Students will be expected to demonstrate these skills during simulations, high value care discussions, and journal club.

15. Students will develop differential diagnoses and appropriate workups based on radiologic imaging studies. Students will review basic principles of x-rays and also determine appropriate imaging for clinical scenarios.

This will be done through radiology Aquifer cases and radiology review sessions.

16. Students will utilize the principles of motivational interviewing after identifying and acting on patient's readiness for change based on the transtheoretical model.

This will be done through a preventive medicine assignment.

17. Students will develop skills of reflection to better understand how they can improve ways to connect with and interact with patients to improve whole person care.

This will be done through the emotionally challenging reflection, high value care, whole person care and last lecture exercise. This will also be done through a whole person care assignment.

V. Schedule and Timeline

1. Tracks

- a. There are two tracks on this rotation
 - i. DC
 - 1. Outpatient for first 4 weeks
 - 2. Inpatient for last 4 weeks
 - ii. Marvel
 - 1. Inpatient for first 4 weeks
 - 2. Outpatient for last 4 weeks

2. Academic Half Days

- a. These are every Tuesday and Thursday afternoon (except on 11/22)
 - i. They will run from 1:30 PM to 4:30 or 5 PM PST
 - 1. We recommend you arrive around 1:20 to get settled in before the quiz starts promptly at 1:30 PM.
 - ii. The general structure for the academic half day is a quiz, announcements, case-based didactic, and then an activity.
 - 1. Quizzes run from 1:30-1:40 PM
 - 1) Door closes and no late starts allowed after 1:30 PM
 - 2. Announcements run from 1:45-1:50 PM
 - 3. Case based didactic from 1:50-3:00 PM
 - 4. Activities from 3:10-4:30 PM.
 - iii. Other times, the academic half day may be some other combination of activities like ethics and radiology, final exam, or mock board review.

3. Schedules

- a. Amion
 - i. Schedules for most things can be found on the Amion website.
 - ii. See Canvas for directions. Password is **llupeds**
 - iii. You will need to sign up for a Doximity account in order to get access.
 - iv. Please use only the website version of Amion in order to not miss any activities (the Amion app and 3rd party apps/calendars have been known to not present all the correct information at times)
 - v. You will receive an email if there are any changes to your schedule.
- b. Outlying sites
 - i. Some outlying sites will also give you schedules.
 - ii. Please compare those with your schedule on Amion and report any discrepancies to Liza.

VI. Grading

1. Integrity

- a. We expect the highest standards of honesty and ethical behavior of each student. We expect this of ourselves and we will expect it of you as well.
- b. If any student is found to be dishonest or unethical in any aspect of their work or interpersonal interactions (i.e. plagiarism, signing in for a required activity but not staying for the activity, calling in sick when not ill, sharing quiz answers, etc.) we reserve the right to give an automatic failure for the rotation.

2. Components

a. Clinical Performance

i. Evaluations (25%)

ii. OSCE (20%)

1. OSCE Part 1 (6.7%)
2. OSCE Part 2 video encounter (6.7%)
3. OSCE Part 2 H&P/SOAP note (6.7%)

iii. Supplemental Clinical (15%)

1. Radiology (4%)
2. Preventive medicine (4%)
3. Clerkship choice (5%)
4. Professionalism (2%)

b. Medical Knowledge

i. Clerkship Quizzes (15%)

1. 12 quizzes
2. 1 final exam

ii. NBME Shelf Exam (25%)

- c. The clinical performance is 60% of your overall grade while your assessments are 40% of your overall grade
- d. Based on your score in each component, you will be given points that will then be added up to create your final grade.
- e. These components have been standardized across all 3rd year clerkships

3. Grading

a. Table

- i. Please see attached table for further explanation of how final grades will be determined

CLINICAL PERFORMANCE			MEDICAL KNOWLEDGE	
Clinical Evaluations (Based on points from faculty evaluations) (Clerkship dependent).	OSCE (100 percentage points possible)	Supplemental Clinical (Prev Med / Radiology / Professionalism)	Clerkship Quizzes (100 percentage points possible)	Subject Exam (100 percentage points possible) <i>(Percentile compared to national average will be used for the grade Not percent correct.)</i>
25%-2.5	20%-2.0	15%-1.5	15%-1.5	25%-2.5
≥ 80% (2.5)	≥ 85% (2.0)	≥ 95% (1.5)	≥ 90% (1.5)	≥ 80% (2.5)
≥ 71% (2.0)	75-84% (1.5)	≥ 90% (1.0)	≥ 80% (1.0)	70-79% (1.75)
≥ 62% (1.5)	65-74% (1.0)	≥ 65% (0.5)	≥ 65% (0.5)	50-69% (1.25)
≥ 60% (1.0)	61-64% (0.5)	< 65% (0)	< 65% (0)	23-49% (0.75)
≥ 57% (0.5)	< 61% (0)			15-22% (0.5)
≤ 56% (0)				7-14% (0.25)
				≤ 6% (0)
				Must achieve 65% correct to pass

8.5 - 10.0	Honors
7.25 - 8.4	High Pass
3.0 - 7.24	Pass
1.6 - 2.9	Marginal Pass
0 - 1.5	Fail

b. Honors

- i. The School of Medicine Dean's Office's intention is to award honors to approximately 16% of students by standardizing this grading schema across clerkships.
- ii. However, since the majority of these components are not curved, the actual number of students who are awarded honors may be above or below 16%.
- iii. **You also must earn the entire 2% professionalism percentage points in order to be awarded honors.**
- iv. Overall, if you earn between 8.5 to 10 points, you will earn an honors designation.

c. High Pass

- i. If you earn between 7.25 to 8.4 points, you will earn a high pass designation.
- ii. **You also must earn the entire 2% professionalism percentage points in order to be awarded high pass.**

d. Pass

- i. If you earn between 3.0 to 7.24 points, you will earn a pass designation.

e. Marginal Pass

- i. If you earn between 1.6 to 2.9 points, you will earn a marginal pass designation.

f. Fail

- i. If you earn between 0 to 1.5 points, you will earn a fail designation.

g. Pass/Fail

- i. In the case that students do not have enough direct patient contact (for whatever reason), the School of Medicine Dean's office reserves the right to change this rotation to a pass/fail rotation without honors designation.

VII. Evaluations

1. Weight

- a. This component will account for 25% of your final grade
- b. Points to be assigned according to the table

2. Outpatient Evaluations

- a. For each 4-week outpatient block, some sites will have two attending evaluations (that you choose) and other sites will have a group evaluation.
 - i. Sites where you will choose two attendings to do your final evaluation:
 1. LLU Highland Clinic
 2. LLU Redlands Clinic
 3. LLU Meridian (LLPC) Clinic
 4. LLU Moreno Valley Peds Clinic
 5. LLU Moreno Valley Med-Peds Clinic
 6. RUHS Clinic
 7. SAC SBC Gen Peds
 - ii. Sites where they will do a group evaluation for your final evaluation:
 1. Kaiser Fontana
 2. Kaiser Moreno Valley
 3. SACHS-PTO
 4. Dr. Sam Catalon (Riverside Medical Group)
 5. AHO (please ask Dr. Williams for update)
 6. Dr. Jesse Tweed (Tweed Pediatrics)
 7. Dr. Sid Wu (AltaMed)
- b. We will send you an email during the last week of your outpatient (week 4 or week 8) where you will indicate the attendings for your final evaluations. You have three responsibilities:
 - i. **Please do inform your attendings that you will be designating them as your evaluator. This will ensure you get the best evaluations possible.**
 - ii. **Please initiate and deploy a MedHub evaluation to the attendings.**
 - iii. **Please input the attendings onto the spreadsheet sent by Claudia.**
- c. Please do seek to obtain feedback throughout your entire outpatient rotation.
- d. We may have you repeat part of your pediatric rotation if the comments do not support that you have adequately demonstrated mastery.

3. Inpatient Evaluations

- a. For each 4-week inpatient block, most of you will obtain 3 final evaluations from the attendings that you worked with
 - i. The exception is AHWB where it is a group evaluation
- b. You will work with a different attending for each week that you are on wards.

- c. We will send you an email at the start of each week asking you to input on a spreadsheet the attending for that week. You have three responsibilities:
 - i. **Please do inform your attendings that you will be designating them as your evaluator. This will ensure you get the best evaluations possible.**
 - ii. **Please initiate and deploy a MedHub evaluation to the attendings.**
 - iii. **Please input the attendings onto the spreadsheet sent by Claudia.**
 - iv. The exception to this is the week that you are on your swing shifts. You will not be getting an evaluation from your attendings that week since you will not have enough time with them. Please input on the spreadsheet that you are on swing shift.
- d. We may have you repeat part of your pediatric rotation if the comments do not support that you have adequately demonstrated mastery.

4. Resident Evaluations

- a. Each student will work one stretch of 3 swing shifts where most of the time you will work alongside a resident.
- b. At the end of the 3 swing shifts, you will need to ask a resident to fill out an evaluation with comments at that time.
- c. This is an assignment.

5. Mid-Rotation Evaluations

- a. You will meet with either the clerkship director or associate clerkship director to review evaluation comments that you have received so far and discuss your individualized learning plan.
 - i. This will usually occur between week 3 and week 6.
- b. A mid-rotation evaluation will be filled out after this meeting.

6. Clerkship Director Final Evaluation

- a. Between outpatient and inpatient evaluations, you will have anywhere from two to six final preceptor evaluations.
- b. The clerkship director will assign point values based on all faculty evaluations taking into account the narrative assessment (from both attending and residents) in addition to numerical scoring.
- c. The clerkship directors will determine the clerkship director final evaluation score which will be the evaluation component score for the final grade.

7. Medical Student Performance Evaluation

- a. Comments made by attendings in your evaluations will be reviewed and compiled and incorporated into your Medical Student Performance Evaluation (MSPE, AKA Dean's Letter).

VIII. OSCE

1. Weight

- a. This component will account for 20% of your final grade
- b. Points to be assigned according to the table

2. OSCE Part 1

- a. This is a live patient OSCE at the SACHS clinic, LLPC Meridian clinic, or AHO.
- b. It will be scheduled during your outpatient rotation.
- c. An attending will be observing you during this OSCE and will give you feedback immediately after the OSCE.
- d. You will not get the graded score until after the rotation ends, but you will be given detailed feedback and informed if you passed (which is $\geq 70\%$). However, if the attending does not feel like a portion of your OSCE was done adequately, we may have you repeat your OSCE.
- e. If you fail the OSCE, you will need to remediate it which will be arranged by Liza.
- f. See Canvas for further details.
- g. This will be worth 6.7% out of the 20% OSCE component.

3. OSCE Part 2 Video Encounter

- a. This is a video OSCE with a standardized parent at the Clinical Skills Lab.
- b. You will have 15 minutes to obtain a history, give an assessment and plan, and inform the parent of a calculated medication dose.
- c. It is scheduled for the Thursday afternoon of week 8.
- d. This is a summative OSCE and therefore no attending feedback will be given for this OSCE. However, you will be able to do a self-assessment.
- e. If the clerkship determines that you have not satisfied key components of your video OSCE, you may be subject to remediation including redoing your OSCE.
- f. See Canvas for further details.
- g. This will be worth 6.7% out of the 20% OSCE component.

4. OSCE Part 2 H&P/SOAP Note

- a. You will be writing an H&P (SOAP) note after your video OSCE encounter.
- b. This will also include a written (typed out) prescription.
- c. You will have 15 minutes to complete this H&P (SOAP) note and prescription.
- d. If the clerkship determines that you have not satisfied key components of your SOAP note, you may be subject to remediation including redoing your OSCE.
- e. See Canvas for further details.
- f. This will be worth 6.7% out of the 20% OSCE component

IX. Supplemental Clinical

1. Weight

- a. This component will account for 15% of your final grade
- b. Points to be assigned according to the table

2. Radiology

- a. This assignment involves doing two Aquifer cases, one of which must be completed before the radiology workshop.
- b. Please see Canvas for further details on this assignment.
- c. You do not need to submit anything after completing this assignment.
- d. Late assignments will affect the likelihood to receive distinction of honors/high pass.**
- e. This will be worth 4% out of the 15% supplemental clinical component.

3. Applied Preventive Medicine

- a. This assignment involves interviewing a patient, development of a SMART plan, motivational interviewing, and evaluation.
- b. This is graded by the preventive medicine clerkship.
- c. Please see Canvas for further details and grading on this assignment.
- d. Late assignments will affect the likelihood to receive distinction of honors/high pass.**
- e. This will be worth 4% out of the 15% supplemental clinical component.

4. Clerkship Choice

a. Assignments

i. Aquifer Cases

1. These cases are based on a national curriculum developed by pediatrics clerkship directors.
2. All 32 cases must be completed in order to obtain full credit.
3. While each case usually takes 45 to 60 minutes on average, we recognize that not everybody learns in this way.
 - a. You may choose to spend more or less time on each case depending on how you learn.
 - b. There is **no minimum time** you must spend on each case.
4. See Canvas for login instructions.

ii. SMART Goal

1. Please submit one SMART goal on Canvas for your study plan.

2. "A goal is a dream with a deadline."
 3. Please include a practice NBME test on this plan. The Dean's Office requires you to take at least one test during the rotation.
 4. Your progress on this will be discussed during your mid-rotation evaluation meeting.
 5. You can mark on the course evaluation survey at the end of the rotation stating whether you were able to accomplish this plan.
 6. You are welcome to come up with other SMART goals for the rotation that are clinically oriented.
- iii. Multidisciplinary
1. You will be writing up a reflection on your experience with a multidisciplinary clinic.
- iv. Aquifer Case Analysis Tool (CAT)
1. Use case analysis tool worksheet to analyze Aquifer case # 11.
- v. Whole Person Care Assignment
1. Talk to the parent of one of your patients and obtain a detailed social history that explores life challenges and sources of support.
 2. Write a one-page narrative exploring and detailing the patient's understanding of their struggles and supports.
- vi. Swing Shift
1. Have the resident fill out the Qualtrics evaluation at the end of 3 nights with you.
- vii. Student Evaluation of Resident
1. Please go on MedHub and submit an evaluation of a resident that you have worked with.
 2. You can submit more than one evaluation, but you are required to do a minimum of one during the clerkship.
- viii. Inpatient H&P Assignment
1. Choose one H&P you have written and have your **attending** on your inpatient team annotate it and **sign it (needs to be a wet signature with pen)**.
 - a. When you submit this to Canvas, please make sure that no protected health information (PHI) is on the H&P.
- ix. Inpatient Patient Log
1. Please use the Excel spreadsheet to keep a log of each patient that you see on inpatient.

2. This is only needed for patients that you are responsible for and not all the patients on the team.
 3. Please also check off which of the pre-determined patient experiences you have seen and skills you have done.
 4. **You do not need to see all the pre-determined patient experiences during your inpatient rotation.**
- x. Outpatient Patient Log
1. Please use the Excel spreadsheet to keep a log of each patient that you see on outpatient.
 2. Please log each and every patient that you see (not just one of each type).
 3. Please also check off which of the pre-determined patient experiences you have seen and skills you have done.
 4. **You do not need to see all the pre-determined patient experiences during your outpatient rotation.**
- xi. Practice NBME Assignment
1. Please upload your completed practice NBME exam with your name and score onto Canvas.
 2. **If you score below the passing threshold on this, you will be required to do and submit another assessment (either another practice NBME or a UWorld practice test of 50 questions).**
 3. The Dean's Office will be giving you a voucher for this.
- xii. Course Evaluation Survey
1. Please fill this survey out after the clerkship is over so that we can continue to improve this rotation.
 2. The link will be available to you after the peds subject exam on Canvas.
- xiii. Canvas
1. See Canvas for more detailed instructions on all assignments.
 2. Please check Canvas for due dates as they can vary depending on your track.
 3. All assignments to be submitted on Canvas.
- xiv. Credit
1. You will receive full credit for each assignment turned in by the due date. Late assignments receive partial credit.
 2. **Late assignments will affect the likelihood to receive distinction of honors/high pass.**
 3. **If there are extenuating circumstances that prevent you from turning in an assignment, you will need to email us within 72**

hours of when the assignment is due and explain the circumstances.

4. All assignments will be due on Sundays so that you will only need to check once per week to ensure all your assignments are in.
 5. Please ensure that you are uploading the right assignment. If you submit the wrong document, the consequence is that you will not get full credit.
 6. Please read the specific instructions on Canvas for how to turn in each assignment.
 - 7. All assignments must be completed in order to pass this rotation.**
- xv. Collectively, these 12 assignments will be worth 3% out of the 15% supplemental clinical component.

b. Participation

- i. Attendance will be taken at all activities via sign-in sheets if it is in person.
- ii. If an activity is on Zoom/Microsoft Teams, you will need to login with your own account so that your full name shows. Liza is unable to tell if you are on an activity if you only join via the team sign on.
- iii. This will be worth 2% out of the 15% supplemental clinical component.

5. Professionalism

a. Mindset

- i. We believe in a grace and growth mindset. All people make mistakes and can grow by learning from them.
- ii. We also believe that actions (or inaction) have real-world consequences whether this deals with administrative matters, interpersonal matters, or patient care matters. In this clerkship we will strive to mirror the consequences of the real world.
- iii. We will strive to be fair and balanced as we serve you in this clerkship.
- iv. We will aim to commend excellence in your professional identity formation.
- v. However, we will also not hesitate to remediate any behaviors, attitudes, or actions that are not becoming of a physician in training.

b. Logistics

- i. This will be worth 2% out of the 15% supplemental clinical component.
- ii. All students will start off with the full 2% as believe that you are all professionals.

- iii. However, if we do determine there to be concerns, we will seek to meet with you in person or via Zoom.
- iv. A lack of professionalism could result in consequences such as a loss of percentage points in the professionalism category.
- v. **Late assignments will affect the likelihood to receive distinction of honors/high pass.**
- vi. The final determination of whether this will occur will lie with the clerkship administration.
- vii. In terms of integrity, the clerkship does reserve the right to give an automatic failure for the rotation.
- viii. **The Dean's Office has determined that if you lose any of the professionalism percentage points, that this will automatically disqualify you from receiving an honors or high pass designation in this clerkship.**

X. Clerkship Quizzes

1. Weight

- a. This component will account for 15% of your final grade
- b. Points to be assigned according to the table

2. Quizzes

- a. There will be 12 quizzes during the pediatrics rotation.
- b. They will be given at the start of the academic half days on Tuesdays and Thursdays at 1:30 PM sharp. **If you arrive after 1:30 PM (door closed at that time), you will not be allowed to start the quiz and will forfeit your points.**
- c. For those who are offsite, you will be proctored via Zoom so you will need to have another device for video in addition to your iPad for the quiz.
- d. There will be 6 questions per quiz.
- e. **You will take all quizzes on your iPads (for quiz # 12 which is short answer, you can use an optional Bluetooth keyboard).** Please download quizzes the day before.
- f. You will have 10 minutes to take the quiz and 2 minutes to review your quiz answers afterwards.
- g. The quizzes are based on the **topics** and Aquifer cases for that week. However, we reserve the right to have quiz questions be cumulative.

Quiz #	Week	Topics covered on quiz
1	Week 1 Tuesday	Syllabus
2	Week 1 Thursday	Week 1 Topics: Growth and development, environmental hazards, newborn/premature
3	Week 2 Tuesday	Week 1 Topics: Growth and development, environmental hazards, newborn/premature
4	Week 2 Thursday	Week 2 Topics: Infectious disease, orthopedics, hematology/oncology
5	Week 3 Tuesday	Week 2 Topics: Infectious disease, orthopedics, hematology/oncology
6	Week 3 Thursday	Week 3 Topics: Allergy/immunology, pulmonary/ENT, rheumatology, adolescent
7	Week 4 Tuesday	Week 3 Topics: Allergy/immunology, pulmonary/ENT, rheumatology, adolescent
8	Week 4 Thursday	Week 4 Topics: Gastroenterology/nutrition, cardiology, dermatology, neurology
9	Week 5 Tuesday	Week 4 Topics: Gastroenterology/nutrition, cardiology, dermatology, neurology
10	Week 5 Thursday	Week 5 Topics: Endocrine/metabolic disorders, nephrology/urology, genetics
11	Week 6 Tuesday	Week 5 Topics: Endocrine/metabolic disorders, nephrology/urology, genetics
12	Week 6 Thursday	Cumulative
Final	Week 7 Tuesday	Cumulative

3. Final Exam

- a. This will take place on Tuesday afternoon of week 7.
- b. There will be 43 questions on the final.
- c. You will have 65 minutes to take the final.
- d. You will take the final on your iPad.
- e. There is a required review after the final exam.
- f. If you have special accommodations by the Dean's Office, please let Liza know on the first day of the rotation.

4. Grading

- a. Each question will be worth the same amount whether on a quiz or final.
- b. There will be more than 100 questions overall, however, your overall percent correct will be based on how many you get correct divided by 100.

XI. NBME

1. Weight

- a. This component will account for 25% of your final grade
- b. Points to be assigned according to the table

2. NBME Subject Exam

- a. Please note for the subject exam, your grade will be based on the percentile you score based on which quarter of the year (based on the 2021-2022 NBME Academic Year Norms) that you took the test.
 - i. Track 1 and 2 will be based on Quarter 1 percentile ranks
 - ii. Tracks 3 will be based on Quarter 2 percentile ranks
 - iii. Track 4 and 5 will be based on Quarter 3 percentile ranks**
 - iv. Tracks 6 will be based on Quarter 4 percentile ranks
- b. However, for the purposes of passing, you will need to score a minimum of 7th percentile or greater based on the entire academic year percentile ranks.
 - i. The 7th percentile is equivalent to a scaled score of **65** (65% correct).
- c. If you score below the 6th percentile (scaled score of 64 or below), this would be considered a failure of the subject exam.
- d. If you fail the subject exam you will be required to contact the Dean's office to make arrangements to retake the exam.
- e. Students failing the examination twice will be expected to repeat the entire pediatric rotation before retaking the subject exam.
- f. The score achieved on the repeat examination will be recorded for the Medical Student Performance Evaluation (Dean's Letter).
- g. If you have special accommodations approved by the Dean's Office, please let Liza know and Rosalyn Hamilton in the Dean's Office know.
 - i. Please let us know on the first day of the rotation in order to give us time to find accommodations.**
- h. If you fail the subject exam, then you will receive an in-progress grade until you retake and pass the exam. You will need to meet with Dr. Codorniz (set up an appointment through Debbie Warmouth) to schedule your retake.
- i. We are basing the percentiles on the 2021-2022 academic year norms for the NBME subject exam. This will be used for the entire academic year.

XII. Topics

1. Week 1

- a. Topics
 - i. Growth and Development
 - ii. Environmental Hazards
 - iii. Newborn/Premature
- b. Aquifer Cases
 - i. Case 1: Prenatal and newborn visits
 - ii. Case 3: 3 year old well child visit
 - iii. Case 7: Newborn with respiratory distress
 - iv. Case 8: 6 day old with jaundice
 - v. Case 24: 2 year old with altered mental status
- c. Case Based Didactics Chief Complaint
 - i. Week 1 Tuesday: paleness
 - ii. Week 1 Thursday: acute fever

2. Week 2

- a. Topics
 - i. Infectious Disease
 - ii. Orthopedics
 - iii. Hematology/Oncology
- b. Aquifer Cases
 - i. Case 2: Infant well child (2, 6, 9 months)
 - ii. Case 5: 16 year old girl's health maintenance visit
 - iii. ***Case 11: 4 year old with fever and adenopathy (Case Analysis Tool # 1)**
 - iv. Case 14: 18 month old with congestion
 - v. Case 17: 4 year old refusing to walk
 - vi. Case 23: 15 year old girl with lethargy and fever
- c. Case Based Didactics Chief Complaint
 - i. Week 2 Tuesday: prolonged fever
 - ii. Week 2 Thursday: limp

3. Week 3

- a. Topics
 - i. Allergy/Immunology
 - ii. Pulmonary/ENT
 - iii. Rheumatology
 - iv. Adolescent

- b. Aquifer Cases
 - i. Case 6: 16 year old boy's pre-sports physical
 - ii. Case 12: 10 month old with a cough
 - iii. Case 13: 6 year old with chronic cough
 - iv. Case 21: 6 year old with bruising
 - v. Case 22: 16 year old with abdominal pain
 - vi. Case 26: 9 week old not gaining weight

- c. Case Based Didactics Chief Complaint
 - i. Week 3 Tuesday: none
 - ii. Week 3 Thursday: cough

4. Week 4

- a. Topics
 - i. Gastroenterology/Nutrition
 - ii. Cardiology
 - iii. Dermatology
 - iv. Neurology

- b. Aquifer Cases
 - i. Case 15: Two siblings with vomiting
 - ii. Case 18: 6 week old with poor weight gain
 - iii. Case 19: 16 month old with first seizure
 - iv. Case 20: 7 year old with a headache
 - v. Case 25: 2 month old with apnea
 - vi. Case 27: 8 year old with abdominal pain
 - vii. Case 32: 5 year old with rash

- c. Case Based Didactics Chief Complaint
 - i. Week 4 Tuesday: immunology
 - ii. Week 4 Thursday: vomiting

5. Week 5

a. Topics

- i. Endocrinology/Metabolic Disorders
- ii. Nephrology/Urology
- iii. Genetics

b. Aquifer Cases

- i. Case 9: 2 week old with lethargy
- ii. Case 10: 6 month old with a fever
- iii. Case 16: 7 year old with abdominal pain and vomiting
- iv. Case 29: Infant with hypotonia
- v. Case 30: 2 year old with sickle cell disease

c. Case Based Didactics Chief Complaint

- i. Week 5 Tuesday: poor weight gain
- ii. Week 5 Thursday: eye swelling

6. Week 6

a. Topics

- i. Review

b. Aquifer Cases

- i. Case 4: 8 year old well child check
- ii. Case 28: 18 month old with developmental delay
- iii. Case 31: 5 year old with puffy eyes

c. Case Based Didactics Chief Complaint

- i. Week 6 Tuesday: joint swelling
- ii. Week 6 Thursday: hotseat

7. Week 7

a. Final Exam

b. Mock Board Review

c. Aquifer Cases

- i. None

XIII. Required Clerkship Experiences

1. These are the pre-determined patient care experiences and skills that you will be required to see and do on your rotation.
 - a. Observe – watching what is done
 - b. Participation – involved in some of it for that experience/diagnosis
 - c. Perform – performing the procedure, doing the skill yourself
 - d. **We expect all the following to be marked as “perform” on your Redbook app**
 - i. Except ethics workshop and journal club. Mark those as “participate”

2. Pre-determined patient experiences:
 - a. Well child check 0-12 months
 - b. Well child check 12-60 months
 - c. Well child check 5-12 years
 - d. Adolescent physical exam
 - e. Abnormal growth (failure to thrive or short stature)
 - f. Obesity
 - g. Delayed development
 - h. Upper respiratory infection (viral URI, viral pharyngitis, strep pharyngitis, croup, or acute otitis media)
 - i. Lower respiratory tract infection (bronchiolitis, pneumonia, asthma)
 - j. Diarrhea
 - k. Rash
 - l. Dehydration
 - m. Fever
 - n. Emergency presentation

3. Pre-determined skills:
 - a. Perform a newborn exam
 - b. Perform a well child exam
 - c. Perform an adolescent exam (including HEADS exam)
 - d. Give anticipatory guidance
 - e. Calculate a drug dose
 - f. Write a prescription
 - g. Inpatient order entry

4. Activities/Assignments
 - a. Pediatric H&P
 - b. Ethics workshop
 - c. Journal club

XIV. Activities

1. Tuesday and Thursday Afternoon Activities

- a. Didactics
 - i. These are case based didactics that involve active participation.
 - ii. There may be occasional formal lectures on topics that are not easily covered by case-based didactics.
- b. Journal Club
 - i. EBM session led out by the pediatrics department chair.
 - ii. There is no assignment due before this activity but there is reading.
- c. Emotionally Challenging Reflection Exercise
 - i. We'll discuss an emotionally challenging experience that you've had during your 3rd year.
 - ii. There is no assignment due before this activity.
- d. Adolescent/Gender and Sexual Health
 - i. Workshop on adolescent and gender and sexual health conversations.
 - ii. There is no assignment due before this activity but there is reading.
- e. High Value Care Exercise
 - i. Please read two articles on Canvas
 - ii. Come prepared to discuss a high value care (or low value care) case that you have had during 3rd year.
 - iii. There is no assignment due before this activity but there is reading.
- f. Case Analysis Tool # 1
 - i. We'll discuss the case analysis tool worksheet on Aquifer case # 11.
 - ii. There is an assignment due before this activity.
- g. Dermatology Fishbowl
 - i. Come prepared to have fun in a fishbowl style game on pediatric rashes.
 - ii. There is no assignment due before this activity.
- h. Genetics Family Feud
 - i. Come prepare to have fun in a family feud game on genetics
 - ii. There is no assignment due before this activity.
- i. Radiology Workshop
 - i. Come prepared to discuss the radiology Aquifer cases led by radiology.
 - ii. There is an assignment due before this activity.

- j. Ethics
 - i. Come prepared to discuss an ethics case.
 - ii. There is no assignment due before this activity.

- k. Radiology Review
 - i. This is a general pediatrics clerkship review of radiology imaging done by the pediatrics clerkship.
 - ii. There is no assignment due before this activity.

- l. Whole Person Care Reflection
 - i. Come prepared to discuss your whole person care assignment as we explore the social determinants of health that impacts our patients.
 - ii. There is an assignment due before this activity.

- m. Switch Orientation
 - i. This will occur on week 4 Thursday.
 - ii. DC will get an inpatient orientation. Marvel will get an outpatient orientation.
 - iii. There is no assignment due before this activity.

- n. Child Life Orientation
 - i. This will serve as an introduction to the child life specialty and be led by child life specialists.
 - ii. There is no assignment due before this activity.

- o. Telehealth
 - i. This will serve as an introduction into telemedicine's role in medicine.
 - ii. There is no assignment due before this activity.

- p. Final Lecture Activity
 - i. This will serve as a time to share stories of patients or families that have inspired you on this rotation.
 - ii. There is no assignment due before this activity.

2. Activities at Other Times

- a. Super Tuesday Conferences
 - i. This is a resident led conference usually every Tuesday from 8-9 AM.
 - ii. Students on inpatient at LLUCH and RUHS will need to attend.
 - iii. Students on outpatient SACHS-PTO, SAC SBC Gen Peds and RUHS will need to attend. Other outpatient sites are excused.
 - iv. Students at AHO and AHWM are excused.

- b. Grand Rounds

- i. This is a faculty or resident led conference usually the first, second, and fourth Friday of each month from 8-9 AM.
- ii. All students regardless of inpatient or outpatient will need to attend.
- iii. Students at AHO are excused given that Florida has their own lectures.
- iv. Students at AHWB will attend grand rounds via Zoom.

c. Simulation Lab

- i. All students will participate in a simulation lab during their outpatient block.
- ii. See Canvas for more details.

d. Newborn Nursery

- i. All students will participate in a newborn nursery experience during their outpatient block
 - 1. The exception is that some students will do newborn on inpatient.
- ii. See Canvas for more details.

e. Child Life Playroom

- i. All students will participate in a child life playroom experience during their outpatient block.
- ii. See Canvas for more details.

f. Multidisciplinary Clinic

- i. All students will participate in a multidisciplinary experience during their outpatient block.
- ii. This could be in craniofacial, high risk, spina bifida, complex care, or another multidisciplinary clinic.
- iii. There is an assignment to be done after this clinic.
- iv. See Canvas for more details.

g. CLEAR/Whole Person Care Rounds

- i. These are whole person care rounds for the students on inpatient (including those at RUHS inpatient). AHWB inpatient students will do this on outpatient portion of their rotation.
- ii. These will be on selected afternoons.

h. Aquifer Cases

- i. All students will be given two half days during their outpatient block for study time to do Aquifer cases.
- ii. See Canvas for more details

3. Participation

- a. Attendance and participation will be taken at all activities and lectures

XV. Resources

1. Textbook

a. BRS Pediatrics

- i. **By Brown/Collier/Miller. Published by Lippincott Williams and Wilkins. 2nd Edition. 2018.**
- ii. Copies of this are available at the Alumni Association Lending Library.
- iii. BRS is more organized and systematic while Aquifer is more case-based and loosely organized.

2. Reference Book

a. Nelson Essentials of Pediatrics.

- i. By Marcdante/Kliegman. Published by Elsevier. 8th Edition. 2019

3. Other Resources

- a. Here is a list of other resources that students have found most helpful in the past listed in order of what is most commonly mentioned.
 - i. UWorld
 - ii. NBME Practice Tests (especially taking multiple!)
 - iii. Anki
 - iv. Amboss
 - v. OnlineMedEd
 - vi. Emma Holliday Videos
 - vii. Lange Q&A Pediatrics
 - viii. Divine Intervention Podcasts

4. SMART Goals

- a. We will ask that you all develop an individualized study plan during your first week on this rotation (see assignment above).
- b. This is consistent with the School of Medicine's goal to continue to foster self-directed learning.
- c. This involves identifying a personal learning need and also creating a study schedule.

XVI. Technology

1. This rotation will be a hybrid rotation with a mix of in-person and online.
 - a. iPad
 - a. Please have your iPad fully charged before coming to each session.
 - b. The quizzes will be available for download the day before.
 - b. EEDS
 - a. Sign up for an account in order to attend/login to Grand Rounds
 - b. Go to lluhcme.eeds.com and select login for employees
 - c. Virtual Private Network (VPN)
 - a. You should have been given VPN access to the Loma Linda network.
 - b. This will enable you to get remote access to campus portals and LLEAP.
 - d. Zoom
 - a. All sessions will have a component of Zoom for offsite students.
 - e. Exemplify/ExamSoft
 - a. Your quizzes and final will be taken on Exemplify.
 - b. If there are any issues with Exemplify**
 - i. Uninstall and reinstall the application and try again.
 - ii. Reach out to ExamCentral at examcentral@llu.edu and cc Liza.
 - iii. If there are still issues, call ExamSoft at 866-429-8889 (ext 1)
 - f. Voalte
 - a. This is the new paging system that replaced Spok Mobile
 - g. Canto
 - a. You should be able to access LLEAP via your iPad.
 - h. Vidyo Connect
 - a. This will be used to conduct video visits through Canto on your iPad
 - i. Doximity
 - a. Please set up an account and send them an email so that you are verified.
 - b. This will allow you to access amion and have an alternate way to do video visits with your patients.
 - j. Microsoft Teams
 - a. Please ensure this is set up as some conferences will be done via Teams

XVII. Acronyms

1. The peds clerkship as in the rest of medicine wouldn't be complete without a bunch of acronyms! Please reference the following for their meanings.
 - a. AHO = Advent Health Orlando (Florida)
 - b. AHWM = Advent Health White Memorial
 - c. CAT = Case Analysis Tool
 - d. DC = Detective Comics
 - e. H&P = History and Physical
 - f. LLUCH = Loma Linda University Children's Hospital
 - g. NBME = National Board of Medical Examiners
 - h. OSCE = Objective Structured Clinical Exam
 - i. RUHS = Riverside University Health System
 - j. Sim = Simulation

XVIII. Master Calendars

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 1 AM	1-Jan	2-Jan	3-Jan	4-Jan	5-Jan
		Big Orientation	Sim		Grand Rounds
Week 1 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 1		Quiz # 2	CLEAR Rounds
1:45-3:00 PM		Morning Report # 1		Morning Report # 2	
3:00-4:30 PM		Activity (Dermatology Fishbowl)		Activity (Child Life Orientation)	
				Activity (Epic Hacks) - Recorded	
Week 2	Andrew - Team D	Andrew - Team D	Andrew - Team D	Andrew - Team D	Andrew - Team D
Week 2 AM	8-Jan	9-Jan	10-Jan	11-Jan	12-Jan
			Sim		Grand Rounds
Week 2 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 3		Quiz # 4	CLEAR Rounds
1:45-3:00 PM		Morning Report # 3		Morning Report # 4	Grades Due
3:00-4:30 PM		Activity (Journal Club) - Confirmed		Activity (Adolescent) - Confirmed	
Week 3	Morgan - Leave	Morgan - Leave	Morgan - Leave	Morgan - Leave	Morgan - Leave
Week 3 AM	15-Jan	16-Jan	17-Jan	18-Jan	19-Jan
	Andrew - Team D		Sim		
Week 3 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 5		Quiz # 6	CLEAR Rounds
1:45-3:00 PM		Ethics 1:45pm -3:45pm		Morning Report # 5	
3:00-4:30 PM		Radiology Workshop 4pm -5pm		Activity (High Value Care)	
		Ethics-Confirmed/Rad - Confirmed			
Week 4					
Week 4 AM	22-Jan	23-Jan	24-Jan	25-Jan	26-Jan
			Sim		Grand Rounds
Week 4 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 7		Quiz # 8	CLEAR Rounds
1:45-3:00 PM		Morning Report # 6		Morning Report # 7	Mid-Rotation Evaluations
3:00-4:30 PM		Activity (CAT # 1)		Activity (Switch Orientation)	
Week 5					
Week 5 AM	29-Jan	30-Jan	31-Jan	1-Feb	2-Feb
			Sim		Grand Rounds
Week 5 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 9		Quiz # 10	
1:45-3:00 PM		Morning Report # 8		Morning Report # 9	
3:00-4:30 PM		Activity (Genetics) - Confirmed		Activity (Emotionally Challenging)	
Week 6				Andrew - Vacation	Andrew - Vacation
Week 6 AM	5-Feb	6-Feb	7-Feb	8-Feb	9-Feb
			Sim	OSCE	Grand Rounds
Week 6 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Quiz # 11		Quiz # 12	CLEAR Rounds
1:45-3:00 PM		Morning Report # 10		Morning Report # 11	
3:00-4:30 PM	LIFE Community Reflection 4-5 PM	Activity (Radiology Review)		Activity (Whole Person Care Reflection)	
Week 7					
Week 7 AM	12-Feb	13-Feb	14-Feb	15-Feb	16-Feb
			Sim		
Week 7 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		Final Exam		Mock Board Review	CLEAR Rounds
1:45-3:00 PM				1:30-5 PM	
3:00-4:30 PM		Final Exam Review			
Week 8					
Week 8 AM	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb
			Sim		NBME Subject Exam
Week 8 PM		Academic Half Day		Academic Half Day	
1:30-1:40 PM		OSCE Orientation	OSCE	OSCE Part 2	
1:45-3:00 PM		Morning Report # 12 (Patient Stories)		1-5 PM	
3:00-4:30 PM		Activity (Telehealth)			

Jr Track Dates AY 2023-2024

	4/24-4/28/23	05/01-05/14/23	05/15-05/28/23	05/29-06/11/23	06/12-06/25/23	06/26-07/9/23	07/10-07/23/23	07/24-08/06/23	08/07-08/20/23	
Track		Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	
1	Orientation	Surgery	Surgery	Surgery	Surgery	OB	OB	OB	Elective	
2	Mandatory	OB	OB	OB	Elective	Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych	
3		Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych	Surgery	Surgery	Surgery	Surgery	
4		Medicine	Medicine	Medicine	Medicine	Elective	Family	Family	Family	
5		Family	Family	Family	Elective	Peds Trk 2	Peds Trk 2	Peds Trk 2	Peds Trk 2	
6		Peds Trk 1	Peds Trk 1	Peds Trk 1	Peds Trk 1	Medicine	Medicine	Medicine	Medicine	
	08/21-08/25	08/28-09/10/23	09/11-09/24/23	09/25-10/08/23	10/09-10/22/23	10/23-11/05/23	11/06-11/19/23	11/20-12/03/23	12/04-12/17/23	12/18-1/1/24
Track	Inter 1	Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	Rotation	winter break
1		Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych	Medicine	Medicine	Medicine	Medicine	
2		Surgery	Surgery	Surgery	Surgery	Elective	Family	Family	Family	
3		OB	OB	OB	Elective	Peds Trk 4	Peds Trk 4	Peds Trk 4	Peds Trk 4	
4		Peds Trk 3	Peds Trk 3	Peds Trk 3	Peds Trk 3	Surgery	Surgery	Surgery	Surgery	
5		Medicine	Medicine	Medicine	Medicine	OB	OB	OB	Elective	
6		Elective	Family	Family	Family	Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych	
	01/02-01/14/24	01/15-01/28/24	01/29-02/11/24	02/12-02/25/24	02/26-03/01/24	03/04-03/17/24	03/18-3/31/24	04/1-04/14/24	04/15-04/28/24	4/29-5/3/24
Track	Rotation	Rotation	Rotation	Rotation	Inter 2	Rotation	Rotation	Rotation	Rotation	CCSE/Ethics
1	Elective	Family	Family	Family		Peds Trk 6	Peds Trk 6	Peds Trk 6	Peds Trk 6	Sr. Orientation
2	Peds Trk 5	Peds Trk 5	Peds Trk 5	Peds Trk 5		Medicine	Medicine	Medicine	Medicine	
3	Medicine	Medicine	Medicine	Medicine		Elective	Family	Family	Family	
4	OB	OB	OB	Elective		Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych	
5	Neuro/Psych	Neuro/Psych	Neuro/Psych	Neuro/Psych		Surgery	Surgery	Surgery	Surgery	
6	Surgery	Surgery	Surgery	Surgery		OB	OB	OB	Elective	