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Clerkship Goals

The pediatric clerkship addresses issues unique to childhood and adolescence by focusing on human developmental biology 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 and other health professionals is stressed. As one of the core clerkships during the third year of medical school, pediatrics shares with family medicine, internal medicine, obstetrics/gynecology, psychiatry, and surgery the common responsibility to teach the knowledge, skills and attitudes basic to the development of a competent general physician.
Clerkship Objectives

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children and adolescents.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.
- Development of clinical problem-solving skills.
- An understanding of the influence of family, community and society on the child in health and disease.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.
- An understanding of the approach of pediatricians to the health care of children and adolescents.

Clinical Learning Activities

The pediatric rotation is a 7 week clerkship that is divided between inpatient and outpatient pediatrics. On the inpatient services, students encounter a broad range of pediatric patients from birth through age 18-21. The students are involved in the care of patients hospitalized for acute illnesses, chronic conditions with exacerbations, scheduled or emergent surgeries, and minor to life threatening injuries. Students may work with a team of resident physicians and pediatric faculty, or one on one with attending physicians. Indianapolis students are expected to take four evening “calls” on their inpatient portion to focus on admission histories and physicals as well as cross coverage skills. On the inpatient month, students will perfect their focused physical examination skills, work to solidify common differential diagnoses for pediatric problems, practice their oral presentation skills, and complete multiple histories and physicals.

On the outpatient portion of the pediatric clerkship, students will learn the basics of health supervision and preventative medicine, including immunization schedules and developmental milestones. They will see children and adolescents for acute care visits as well. Students will understand the importance of the longstanding patient-physician relationship as it relates to health maintenance. During the outpatient portion of the rotation, most students will spend one week in the normal newborn nursery with emphasis on the normal newborn exam and anticipatory guidance for parents.

Non-Clinical Learning Experiences

- Expanded History and Physical with literature review
- Modules on Oncourse (substance abuse and pediatric obesity)
- Weekly pediatric grand rounds (video feed available for students off site)
- Inpatient lecture series (available in IU catalog)
- Outpatient lecture series (available in IU catalog)
Formal Competency Content

The following competencies will be reported on for all students on the pediatric clerkship:

1. Effective Communication
2. Basic Clinical Skills
3. Using Science to Guide Diagnosis, Management, Therapeutics and Prevention
4. Lifelong Learning

Effective Communication Skills - pediatrics has been asked to provide a progress report to the communication competency director for effective communication skills after your pediatric clerkship. Your faculty and residents will be reporting on your communication skills (they have a chance to evaluate your oral presentation and written presentation skills) during both the inpatient and outpatient rotations. Parents of your patients on the inpatient services will also have opportunities to provide an evaluation of your communication skills. During the inpatient rotation, students will also be making oral presentations during Physical Diagnosis rounds and sometimes at conferences, and communication skills will be assessed during these times as well. During the outpatient rotation, there will be a session on communication skills and use of an interpreter during pediatric encounters (particularly focused on Spanish speaking patients). Students need to be sure that at their midpoint evaluation that their communication skills are at an appropriate level. If not, the student needs to immediately contact the clerkship director's office to set up a meeting. Satisfactory evaluations from the faculty and residents are required to receive a satisfactory evaluation in this competency for the pediatric clerkship.

Basic Clinical Skills - The faculty and residents will evaluate students during both the inpatient and outpatient rotations on their clinical skills. The unique aspects of obtaining historical and physical exam information from pediatric patients and their families at various ages and appropriate involvement in the medical care of pediatric patients are components of the basic clinical skills for the pediatric clerkship. Students need to be sure that at their midpoint evaluation their basic clinical skills are at an appropriate level. If not, the student needs to immediately contact the clerkship director's office to set up a meeting. Satisfactory evaluations from the faculty and residents are required to receive a satisfactory evaluation in this competency for the pediatric clerkship.

Using Science to Guide Diagnosis, Management, Therapeutics and Prevention - There is a large amount of knowledge to learn about pediatrics during the pediatric clerkship. This is outlined quite specifically in the clerkship curriculum. While we do ask our faculty and residents to comment on your fund of medical knowledge and application of knowledge, your final objective assessment is on the end of clerkship written examination. A National Board of Medical Examiners Subject Exam in Pediatrics (sometimes referred to as a "shelf exam") is used for this rotation. A passing score is required in order to receive a satisfactory evaluation in this competency for the pediatric clerkship.

Lifelong Learning - Several activities will take place during the rotation to allow students the opportunity to practice and demonstrate skills required for lifelong learning. Actually, this happens with each of your patient encounters. Specific opportunities for you to formally document your lifelong learning skills will occur during your inpatient and outpatient pediatric rotation. Each student
is required to track clinical encounters through CERTTS. Each student will also turn in to their faculty one expanded H&P (see expanded H&P handout) which will include a literature search and appropriate article(s). Satisfactory completion clinical encounters and the expanded H&P are required to receive a satisfactory evaluation in this competency for the pediatric clerkship.

**Mid-Rotation Feedback**

Students are required to complete a mid-rotation feedback form midway through their inpatient rotation. This should be completed by the student, resident, and faculty member they are working with.

**Evaluation of Student Clerkship Performance**

**GRADING OF YOUR PEDIATRIC CLERKSHIP PERFORMANCE**

Your grade in this clerkship will be weighted in the following manner:

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
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<tbody>
<tr>
<td>Final Examination</td>
<td>25%</td>
</tr>
<tr>
<td>Inpatient Experience</td>
<td>35%</td>
</tr>
<tr>
<td>Ambulatory Experience</td>
<td>35%</td>
</tr>
<tr>
<td>Expanded H&amp;P, Parent Evaluations, Clinical Encounter Tracking, Call Card</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
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Grades will be assigned as follows:

1. **Honors**: Approximately 15-20% of the class. In general, students who receive an Honors grade have received honors on their clinical evaluations and on the written examination.
2. **High Pass**: Approximately 30 – 50% of the class. In general, students have received high pass or honors on their clinical evaluations and a passing score on their final examination.
3. **Pass**: Approximately 40% of the class. In general, students have received pass or high pass evaluations and a passing score on their final examination.
4. **Fail**: Approximately 1-2% of the class. In general, students have received inadequate or marginal clinical evaluations and a marginal or failing score on their final examination. Students who receive clinical evaluations that are two standard deviations below the mean, on either inpatient or outpatient or both, will not receive a passing grade and may receive a final grade of Fail.
5. **Written Examination Failures**: In the case of a failure on the final written examination, a student will not receive a passing grade for the course. In some cases, an ID-3 grade may be given, which notes the examination deficiency and will require additional work and repeating the examination. If a student fails the examination and clinical evaluations from inpatient and /or outpatient (ranking in the bottom 20%) for the rotation, a final grade of Fail will be assigned. **Assignments**: Any deficiency, such as not completing assignments (e.g. Expanded H&P, Clinical Encounter Tracking, Physical Diagnosis Rounds, CLIPP, etc) in a satisfactory fashion (as determined by the clerkship director) combined with a failing examination grade will also receive a final grade of Fail.
Questions regarding grades:
Our policy is that we do not discuss grades and/or evaluations via email. In order to affectively discuss your evaluations or concerns please contact Sara to set up time to meet with Dr. Harris.

Student's Evaluation of the Clerkship

Each student is required to complete a survey about the rotation and its different elements. Suggestions on improving the course are welcome. The evaluation is on the MECA website.

Clinical Venues

Ft. Wayne =

Indianapolis = Riley Hospital for Children/Simon Family Tower, Methodist Hospital, Wishard Hospital and University Hospital

Lafayette =

South Bend =

Terre Haute = Union Hospital

Ambulatory rotations vary. Some students will be placed at IUMG sites, while others may be at a private office.

Accommodations

Any student at any IUSM campus requesting accommodations for a disability must apply to the Indiana University School of Medicine Disabilities Accommodations Committee and must register with the adaptive educational services office at the host campus. Guidelines for applying along with a list of the adaptive services offices on each campus are available in the Student Handbook at http://msa.medicine.iu.edu/files/3113/3252/6774/DisabilitiesAccommodationsPolicy.pdf

Resources

Student resources from the Indiana University School of Medicine can be found from on the UME or MSA websites.

Additional Resources for the Pediatric Clerkship can be found on the Pediatric Clerkship
OnCourse site.