

**It is the sole responsibility of the student to check AIMS for schedule updates on a daily basis!**

**Northeast Ohio Medical University  
College of Medicine**

Pediatrics Clerkship, 83004  
6 Credit Hours  
Course Syllabus  
AY 2019-20

**CONTENTS**

	<b><u>Page</u></b>
Table of Contents	
COURSE DESCRIPTION .....	3
General Description.....	3
Course Type .....	3
Course Enrollment Requirements .....	3
Night Float.....	3
Rotations.....	3
Emergency Medicine Experience.....	3
Newborn Experience .....	4
Conferences and Morning Report .....	4
COURSE ADMINISTRATION .....	5
Course Coordinator(s).....	5
Hospital Sites and Clerkship Site Directors .....	5
Orientation.....	7
First Day Reporting.....	7
COURSE GOALS .....	7
Course Sequence and Links with College of Medicine Program Courses.....	7
Clerkship Goals .....	7
Core Clerkship Learner Objectives .....	7
Instructional Methods/Learning Strategies .....	9
Pathway Articulation.....	10
Academic Integrated Management System (AIMS).....	10

COURSE GRADE .....	10
Final Grade Determination.....	10
Formative and Mid-course Feedback.....	12
Narrative Feedback .....	13
Course Remediation .....	13
COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES .....	13
Required Textbooks and Resources .....	13
COURSE POLICIES .....	16
Attendance.....	16
Safety.....	16
Professionalism .....	16
Academic Misconduct: .....	17
Attire.....	17
COURSE SCHEDULE.....	17
Appendices.....	18
Appendix A. Peer Interactive Learning Sessions (PIL) Topics .....	18
Appendix B. APGO Self-Study Educational Case Topic Areas.....	20
Appendix C. Pediatrics CSEP .....	22

## **COURSE DESCRIPTION**

### **General Description**

The Northeast Ohio Medical University College of Medicine M3 Pediatrics Clerkship is a six-week clinical rotation. This core curriculum is designed to: a) develop clinical competence, b) foster appropriate attitudes toward professional responsibility as a physician and c) introduce the student to collaborative patient care in the specialty of Pediatrics. The emphasis will be on the pediatrician's method and approach to care of the patient. Both cognitive and non-cognitive learning will be primarily patient oriented.

### **Course Type**

This course is solely a College of Medicine Course for M3 students taking place at medical facilities under the supervision of clinical site supervisors and their designated staff.

### **Course Enrollment Requirements**

Successful completion of M1 and M2 years of study.

Trainings	Screenings	Immunizations
HIPPA BLS OSHA ACLS Responsible Conduct of Research Human Subjects Research	Criminal Background Check Toxicology Screen TB Test	Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot

### **Night Float**

Students will be assigned night float shifts with their team for five consecutive nights. Night float provides educational opportunities not always available on the day service. Students are expected to take every opportunity to learn while on night float. If it is a quiet night with few patient issues, students should take the time to talk with members of the team; ask them how they chose their field; ask them how they handle the multiple demands of being a resident or attending; ask!

The night float experience will include seeing new patients and completing their H&Ps, accompanying the intern, senior or attending to evaluate other patients on the floors, and preparing oral presentations to be given while on night float and/or during morning sign-out rounds. Students should take the opportunity to present new patients to the patients' attendings either in person or over the phone.

### **Rotations**

Students will spend time both on the inpatient service and in outpatient offices. This may include time in the emergency department and newborn nursery. They may be assigned to a variety of pediatric rotations that will include general pediatrics as well as a variety of subspecialty rotations such as infant care, ambulatory medicine and neonatal medicine.

### **Emergency Medicine Experience**

Students may be assigned to work in the pediatric emergency department. During the experience, students will be exposed to the wide breadth of illness seen in a tertiary care pediatric emergency

department. Students will work directly with the attending, fellow and resident emergency department staff. Resident staff may include pediatric, emergency medicine, family medicine and transitional residents from all levels of residency.

### **Newborn Experience**

Students will be scheduled to spend time in the newborn nursery or NICU. In preparation for the newborn experience, students are to complete Aquifer Pediatrics cases 1 and 8 and to review the articles provided on AIMS. In addition, students should take the opportunity to view the Newborn Exam video available at <http://learn.pediatrics.ubc.ca/videos/newborn-exam/> (last accessed July 19, 2018).

Upon completion of the Newborn Experience the student will be able to:

- Describe the basic elements of newborn care.
- Describe and perform a physical exam on a newborn.
- Discuss routine procedures performed on a newborn including the state metabolic screen, hepatitis B screen, circumcision, transcutaneous bilirubin checks, etc.

### **Conferences and Morning Report**

Formal teaching conferences specifically designed for students are scheduled throughout the clerkship. Attendance at these conferences is **mandatory**. Student are required to attend morning report along with the house staff and attending physicians.

## **COURSE ADMINISTRATION**

Dr. Kenneth Wyatt is Clinical Experiential Director for the Pediatrics Clerkship and in collaboration with Dr. David Sperling, Senior Director of Clinical Experiential Learning, and Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship. In his role as Clinical Experiential Director, Dr. Wyatt is responsible for ensuring that implementation of the Pediatrics curriculum is consistent across all teaching sites.



**Kenneth Wyatt, M.D.**

[kwyatt@akronchildrens.org](mailto:kwyatt@akronchildrens.org)



**David Sperling, M.D.**

[dsperling@neomed.edu](mailto:dsperling@neomed.edu)

330.325.6778



**Susan Nofziger, M.D.**

[snofziger@neomed.edu](mailto:snofziger@neomed.edu)

330.325.6582

## **Course Coordinator(s)**

**David Ruble, M.S.**

Email: [druble@neomed.edu](mailto:druble@neomed.edu)

330.325.6140

## **Hospital Sites and Clerkship Site Directors**

The facilities for clinical instruction in Pediatrics are those institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.



**Kenneth Wyatt, M.D.**

Akron Children's Hospital



**Megan Knowles**

Akron Children's Hospital



**Shannon Wronkowitz, M.D.**

Mercy Health, St. Vincent Medical Center



**Philip Fragassi, MD**

MetroHealth System

## **Orientation**

The clerkship begins with orientation focusing on clerkship goals and objectives, student responsibilities, schedules and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances (if applicable) and parking. The orientation will include instruction on the risks of infection, techniques for reducing the spread of infection and site specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury. A one-hour lecture on general pediatric care procedures and their rationale will be provided.

## **First Day Reporting**

First day reporting information varies by clinical site. Please see the AIMS M3 site for first day reporting information.

## **COURSE GOALS**

### **Course Sequence and Links with College of Medicine Program Courses**

This course immerses students in the clinical setting after their first two foundational years of medical education. This course introduces students to multiple medical disciplines in the clinical and simulated setting which prepares them for selecting electives in their M4 year.

## **Clerkship Goals**

*(adopted from the Council on Medical Student Education in Pediatrics COMSEP Curriculum 2005)*

The overall desired end point is the mastery of basic core competencies that are essential for practice as a competent physician, regardless of career focus to include:

- Acquisition of a body of knowledge and skills necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
- An understanding of the approach of pediatricians to the health care of children and adolescents.
- An understanding of the influence of family, community and society on the child in health and disease.
- 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.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.

## **Core Clerkship Learner Objectives**

*(adapted from the Council on Medical Student Education in Pediatrics COMSEP Curriculum 2005)*

Upon completion of the Pediatrics Clerkship, the student will be able to provide compassionate, effective **patient care** reflecting the ability to:

- Provide age-appropriate anticipatory guidance about nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality, and substance use and abuse.
- Measure and assess growth including height/length, weight and head circumference, and body mass index in patient encounters using standard growth charts.
- Counsel parents and children about the management of common behavioral concerns such as discipline, toilet training and eating disorders.
- Obtain a dietary history in children ranging in age from birth to adolescence.
- Provide age-appropriate anticipatory guidance for the following: motor vehicle safety, infant sleeping position, falls, burns, poisoning, fire safety, choking, water safety, bike safety, STI (formerly called STD), firearms and weapons.
- Interview an adolescent patient using the HEADSS method to ask sensitive questions about lifestyle choices that affect health and safety (e.g., sexuality, drug, tobacco and alcohol use) and give appropriate counseling.
- Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate.
- Conduct a pre-participation sports exam and demonstrate the key components of that exam necessary to clear an individual for participation in strenuous exercise (special senses, cardiac, pulmonary, neurological and musculoskeletal).
- Conduct a health supervision visit for a healthy adolescent, incorporating a psychosocial interview, developmental assessment and appropriate screening and preventive measures.
- Provide anticipatory guidance to parents of a newborn for the following issues: feeding, normal bowel and urinary elimination patterns, appropriate car seat use, SIDS prevention, disease prevention, identifying illness.
- Perform a complete physical exam of the newborn infant.
- Use the "ABC" assessment as a means to identify who requires immediate medical attention and intervention.

Upon completion of the clerkship the student will be able to apply their **knowledge** of pediatrics reflecting the ability to:

- Assess psychosocial development, language development, physical maturation and motor development in pediatric patients using appropriate resources.
- Identify behavioral and psychosocial problems of childhood using the medical history and physical examination.
- Use a family history to construct a pedigree (e.g., for the evaluation of a possible genetic disorder).
- Calculate a drug dose for a child based on body weight.
- Write a prescription, e.g., for a common medication such as an antibiotic.
- Negotiate a therapeutic plan with the patient and family to maximize adherence with the agreed-upon treatment regimens and assess the family's understanding of the plan.

- Obtain historical and physical finding information necessary to assess the hydration status of a child.
- Calculate and write orders for intravenous maintenance fluids for a child considering daily water and electrolyte requirements.
- Calculate and write orders for the fluid therapy for a child with severe dehydration to include "rescue" fluid to replenish circulating volume, fluid deficit and ongoing maintenance.

Upon completion of the clerkship the student will **demonstrate interpersonal and communications skills** reflecting the ability to:

- Explain to parents how to use oral rehydration therapy for mild to moderate dehydration.
- Provide anticipatory guidance regarding home safety and appropriate techniques to prevent accidental ingestions.
- Elicit a complete history when evaluating an unintentional ingestion or exposure to a toxic substance (including the substance, the route of exposure, the quantity, timing and general preventive measures in the household).
- Elicit a complete history surrounding the intentional ingestion of a toxic substance (including the substance, route of exposure, amount, timing, antecedent events and stressors).
- Provide appropriate anticipatory guidance to prevent life-threatening conditions (e.g., infant positioning for sudden infant death syndrome, locks to prevent poisoning, and the use of car seats and bicycle helmets).

**The degree of competence should be high enough for the student to be capable of doing the assessment unaided and, in the case of tests, to be able to interpret the results in relation to the patient.**

### **Instructional Methods/Learning Strategies**

A variety of learning strategies will be used during the clerkship to help students achieve their goals. Strategies include but are not limited to:

- Patient encounters (inpatient, private office, clinics, hospice centers)
- Standardized patient encounters
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Core educational lecture videos
- Web-based clinical modules (Aquifer)
- Practice-based Learning and Improvement (PBLI) Project
- Textbooks

Organized reading and study materials will be available to support learning about assigned subjects, pediatric problems of assigned patients and to prepare for comprehensive written examinations. This source material will include enumeration of concepts to be learned and

specific details pertinent to these concepts. These materials will be supplemented by conferences and lectures, which may include oral quiz sessions covering the assigned topics and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues of implementation is to provide a framework designed to help the student acquire the knowledge of selected pediatric subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skill, and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits that will support each medical student in a life-long study of medicine.

**Pathway Articulation**

Not applicable.

**Academic Integrated Management System (AIMS)**

The on-line learning and collaboration system, Academic Integrated Management System (AIMS) will be used to post all education materials including, but not limited to, course syllabus, schedules, assignments, and instructional materials including any core curriculum lecture videos.

It is the sole responsibility of the student to check for course updates on a daily basis.

**COURSE GRADE**

**Final Grade Determination**

Assignment/Assessment	% of Final Grade	Grade Criteria	Type of Feedback	Date Scheduled/Due
<b>Final Grade Report Form</b> <ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Interpersonal and Communication Skills</li> <li>• Knowledge for Practice</li> <li>• Practice-Based-Learning and Improvement</li> <li>• Systems-Based Practice</li> <li>• Professionalism</li> <li>• Interprofessional Collaboration</li> </ul>	50%	See overall Clerkships Course Guide including (1) behavioral anchors for each rating in each competency element and (2) the formula for final rating/grade	Rubric with Narrative Feedback	Feedback is recorded throughout the clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the clerkship site director submitted to for final review and grade

Assignment/Assessment	% of Final Grade	Grade Criteria	Type of Feedback	Date Scheduled/Due
<ul style="list-style-type: none"> <li>Personal and Professional Development</li> </ul>				assignment to the Clinical Experience Director.
<b>Clinical Skills Experience Portfolio (CSEP)</b>	0%	Satisfactory completion	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
National Board of Medical Examiners (NBME) subject exam	50%	Fail $\leq$ 58; Pass 59-80; Pass with Commendation $\geq$ 81	Numerical score and Fail, Pass or Pass with Commendation	Last Friday of the course
<b>Total Course</b>	N/A			

### **Practice-Based Learning and Improvement (PBLI) Project**

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each clerkship (except Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include: increasing preventive care, improving chronic disease management and enhancing patient safety. See the Clerkship Guide for additional details on PBLI.

### **Clinical Skill Experience Portfolio (CSEP)**

The Internal Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

**All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to submit their CSEP electronically to the Clerkship Site Director for review at both the midpoint and the end of the clerkship. See Appendix C for a complete list of Internal Medicine CSEP Requirements.**

**See instructions below for accessing and entering data into CSEP:**

- Links to clerkship-specific content for each CSEP are posted on AIMS M3 Clerkship Site homepage. Follow the link for CSEP and enter your Banner ID number (excluding the @ character and initial zeros);
- Click the fields in which you wish to enter information. Please be sure to mark Patient Type, Setting and Level of Responsibility for each item;
- click “**Submit**” when you have finished.
- You do not need to put in your email address because you will receive a copy automatically whenever you submit.
- To send a copy of your CSEP to your Clerkship Site Director or preceptor, enter their e-mail address at the bottom of the form.
- You can return to the site as often as necessary throughout the rotation to update your entries. All previous entries will be preserved.

### **Formative and Mid-course Feedback**

The Pediatrics Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation. A mid-rotation meeting may be scheduled around the middle of the rotation for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio,
- plan activities for the week to match your learning objectives, and
- address any problems or concerns.

An end-of-rotation meeting will be scheduled to:

- discuss your performance since mid-rotation,
- review your Clinical Skills Experience Portfolio,

- review clerkship objectives and your initial learning plan to assess if and how all objectives were met, and
- review your feedback forms.

### **Narrative Feedback**

Summative feedback will be provided on the Final Grade Reporting Form by Site Directors

### **Course Remediation**

Students should refer to the Course Guide for information related to course remediation.

Students who would like to access NEOMED resources available for academic support may contact the Learning Center at 330-325-6758, in the NEOMED Office of Student Affairs.

Remediation contracts may be signed by Course Directors, however, if a student is referred to CAPP for academic or professionalism issues, the opportunity to remediate will be the decision of CAPP. Students referred to CAPP should continue with their academic program; however, remediation opportunities cannot be approved until they are approved by CAPP.

## **COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES**

### **Required Textbooks and Resources**

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in pediatrics. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

The required textbooks for the clerkship are:

Bickley, LS, et al. (2016) Bates' Guide to Physical Examination and History Taking. 12<sup>th</sup> Edition. Philadelphia: Lippincott Williams and Wilkins.

Kahl, LK, Hughes, HK. (2017) The Harriet Lane Handbook: A Manual for Pediatric House Officers. 21st Edition. Philadelphia: Mosby Elsevier.

### **Curriculum Content**

The amount of information to be covered during the rotation is vast. In addition to clinical duties, students are expected to read, study and complete all required Aquifer Pediatrics cases (see next section). In addition to the Pediatrics cases, the curriculum is also comprised of two pediatric palliative care videos, and self-directed reading and studying. Supplemental information will be given during conferences, inpatient rounds, discussions regarding individual patients, etc., but this information will vary based on assigned patients. Goals and objectives specific to Pediatrics can be found on the COMSEP website at [www.comsep.org](http://www.comsep.org) (last accessed March 7, 2017) under Educational Resources → COMSEP Curriculum link.

### **Aquifer Pediatrics Online Cases**

A major portion of the Pediatrics Clerkship curriculum is covered in the 32 web-based interactive Aquifer Pediatrics cases. Aquifer Pediatrics cases are intended to be a transition from didactic presentation of information to the self-directed learning format students will need to develop and follow in a lifelong study of medicine. The cases are designed to help students advance their differential diagnosis and critical thinking skills as well as deepen their general pediatric knowledge.

Of the 32 available cases, students are required to complete a total of 21 cases. Sixteen of these 21 cases are specifically assigned and are listed in bold type in the following table. In addition, students are to select and to complete at least five additional cases of their choosing. The required cases will not necessarily be covered in a conference but are intended to provide students with a base of information prior to conferences and rounds.

Students are encouraged to access the Aquifer website early in the rotation and to complete all modules. Each case will take 30 to 60 minutes to complete.

<b>Aquifer Pediatrics Cases</b> (required cases indicated in <b>bold type</b> )	
<b>1. Evaluation and care of the newborn infant - Thomas</b>	17. 4-year-old refusing to walk - Emily
2. Infant well-child (2, 6 and 9 months) - Asia	18. 2-week-old with poor feeding - Tyler
3. 3-year-old well-child check - Benjamin	<b>19. 16-month-old with a first seizure - Ian</b>
4. 8-year-old well-child check - Jimmy	<b>20. 7-year-old with headaches - Nicholas</b>
<b>5. 16-year-old girl's health maintenance visit - Betsy</b>	<b>21. 6-year-old boy with bruising - Alex</b>
<b>6. 16-year-old boy's pre-sport physical - Mike</b>	<b>22. 16-year-old with abdominal pain - Mandy</b>
7. Newborn with respiratory distress - Adam	<b>23. 15-year-old with lethargy and fever - Sarah</b>
8. 6-day-old with jaundice - Meghan	24. 2-year-old with altered mental status - Madelyn
9. 2-week-old with lethargy - Crimson	<b>25. 2-month-old with apnea - Jeremy</b>

<b>10. 6-month-old with a fever - Holly</b>	26. 9-week-old with failure to thrive - Bobby
<b>11. 5-year-old with fever and adenopathy - Jason</b>	27. 8-year-old with abdominal pain - Jenny
<b>12. 10-month-old with a cough - Anna</b>	<b>28. 18-month-old with developmental delay - Anton</b>
13. 6-year-old with chronic cough - Sunita	<b>29. Infant with hypotonia – Daniel</b>
<b>14. 18-month-old with congestion - Rebecca</b>	30. 2-year-old with sickle cell disease - Gerardo
15. Two siblings with vomiting–Caleb (age 4 years) and Ben (age 8 weeks)	31. 5-year-old with puffy eyes - Katie
<b>16. 7-year-old with abdominal pain and vomiting - Isabella</b>	32. 5-year-old girl with rash - Lauren
<b>Aquifer Culture in Health Care</b>	
1. 6-year-old girl with seizures - Lily	
2. 2-year-old boy with fever and headache - Bao	
3. 2-year-old with pneumonia and probable empyema- Kenny	
<b>Aquifer Medical Home</b>	
1. 16-year-old girl presents with status asthmaticus - Amanda	
2. 11-year-old girl with meningomyelocele - Sally	
3. 2-year-old with language delay - Peter	
4. Newborn with multiple congenital anomalies - Angelo	

### **Aquifer Registration and Log-in Instructions**

Following are the instructions to gain access to the cases for first time users\*:

1. Go to: [https://www.meduapp.com/users/sign\\_in](https://www.meduapp.com/users/sign_in)
2. Enter your institutional e-mail under “Need to Register?” option

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## Need to Register?

Enter your institutional email

**Register**

3. Click “Register” button.

4. An email will be sent to you. Follow the instructions in the email to set up your account.

**\*You only need to register once with Aquifer to access Family Medicine, Internal Medicine, Pediatrics and Surgery (WISE-MD) modules. Separate registration is not required.**

### **Core Educational Lecture Videos**

In addition to the Aquifer cases, students are required to view two core educational lecture videos presented by Dr. Sarah E. Friebert available on AIMS.

- Pediatric Palliative Care and You
- Pharmacologic Pain Management in the Child with Life-threatening Illness

### **COURSE POLICIES**

**Students should refer to the Course Guide for a full list of Clerkship Course Policies.**

#### **Attendance**

Students are expected to communicate with their Clinical Site Directors prior to known absences and as early as possible for emergency absences to plan for any make-up duties.

#### **Safety**

- Follow OSHA guidelines
- Follow appropriate patient safety procedures (handwashing, mask, gloves as appropriate)
- Follow safety guidelines as directed by the clinical site
- Recognize a potentially aggressive patient - history of aggression, mental health issue, drug or alcohol withdrawal, physical sign of anger or agitation
- If you are in doubt, err on the side of caution - take a chaperone (fellow student or nurse, security)
- Defusing the situation - listen, speak softly, acknowledge the concern, keep space between you and the patient, have an exit

#### **Professionalism**

M3 students will be expected to:

- Demonstrate compassion, integrity and respect for others

- Demonstrate responsiveness to patient needs that supersede self-interest
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to diverse patient populations
- Demonstrate a commitment to ethical principles in all aspects of patient care
- Collaborate with other health professionals to establish mutual respect, integrity and trust
- Present appropriate attire and demeanor
- Practice flexibility in adjusting to change with the capacity to alter one's behavior
- Demonstrate trustworthiness in the clinical setting
- Demonstrate self-confidence appropriate to the level of training

**Academic Misconduct:** NEOMED students sign and are held to the “Expectations of Student Conduct and Professional Behavior” and must abide by all student policies contained within *The Compass*. Included within these expectations are policies regarding students’ academic conduct. NEOMED students are expected to comply with the following academic standards and to report any violations to the Office of Student Affairs. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

Definitions of academic misconduct include but are not limited to:

- Cheating (use of unauthorized assistance, submitting substantially the same work that has been submitted for another course, use of a prohibited source, inappropriate acquisition or distribution of academic materials, or engaging in any behavior specifically prohibited by a faculty member)
- Plagiarism (intentional or unintentional representation of ideas or works of another author as a student’s own without properly citing the source or the use of materials prepared by another person; violations of copyright laws)
- Falsifying or manufacturing scientific or educational data
- Misrepresentation of oneself or of another in an academic setting including, but not limited to, the use or possession of another’s clicker, sharing of a computer password, or taking exams for another student.

### **Attire**

Students are expected to follow the guidelines for attire as explained in the Clerkship Course Guide.

### **COURSE SCHEDULE**

Clerkship schedules will be made available to the students on the first day of each clerkship. For reporting instructions, refer to Site Information resource on AIMS.

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Last modified 7/1/19

## **Appendices**

### **Appendix A. Peer Interactive Learning Sessions (PIL) Topics**

**All case studies that you will use are available on AIMS.**

#### **Week 1**

Pelvic Exam/Annual Exam (History and Physical Exam in Obstetrics and Gynecology)

Antepartum Care

Intrapartum Care (Labor and Delivery)

Fetal Surveillance and Electronic Fetal Heart Rate Monitoring

#### **Week 2**

Normal and Abnormal Uterine Bleeding

Contraception and Sterilization

Climacteric (Menopause)

Urinary Incontinence

Gynecologic Procedures (Common)

#### **Week 3**

Preeclampsia-Eclampsia Syndrome (Hypertensive Disorders in Pregnancy)

Endometriosis (Dysmenorrhea/Premenstrual Syndrome)

Abortion (Spontaneous and Induced Abortions, and Ectopic Pregnancy)

Postpartum Hemorrhage (Obstetrical Hemorrhage – Antepartum and Postpartum)

Amenorrhea (Normal and Abnormal Puberty and Primary Amenorrhea)

#### **Week 4**

Reproductive Genetics (Genetics in Obstetrics and Gynecology)

Cervical Disease and Neoplasia (Premalignant and Malignant Diseases of Cervix)

Infertility (Secondary Amenorrhea, Infertility Management and Assisted Reproductive Technology)

Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI) (Infectious Diseases in Pregnancy)

**Week 5**

Ovarian Neoplasms (Pelvic Masses and Ovarian Cancer)

Gestational Trophoblastic Neoplasia (Uterine Cancer and Gestational Trophoblastic Disease)

Multifetal Gestation (Multiple Pregnancy)

Medical and Surgical Conditions in Pregnancy (Complication of Pregnancy)

Preterm Labor (Premature Labor and Premature Rupture of Membranes)

**Appendix B. APGO Self-Study Educational Case Topic Areas**

<b>APGO Self-Study Educational Case Topic Areas</b>	
Adapted from APGO Medical Student Curriculum 10 <sup>th</sup> Edition 2014	
1. History	30. Postterm Pregnancy
2. Examination	31. Fetal Growth Abnormalities
3. Pap Test and DNA Probes/Cultures	32. Obstetric Procedures
4. Diagnosis and Management Plan	33. Family Planning
5. Personal Interaction and Communication Skills	34. Pregnancy Termination
6. Legal and Ethics Issues in Obstetrics and Gynecology	35. Vulvar and Vaginal Disease
7. Preventive Care and Health Maintenance	36. Sexually Transmitted Infections and Urinary Tract Infections
8. Maternal-Fetal Physiology	37. Pelvic Floor Disorders
9. Preconception Care	38. Endometriosis
10. Antepartum Care	39. Chronic Pelvic Pain
11. Intrapartum Care	40. Disorders of the Breast
12. Immediate Care of the Newborn	41. Gynecologic Procedures
13. Postpartum Care	42. Puberty
14. Lactation	43. Amenorrhea
15. Ectopic Pregnancy	44. Hirsutism and Virilization
16. Spontaneous Abortion	45. Normal and Abnormal Uterine Bleeding
17. Medical and Surgical Complications of Pregnancy	46. Dysmenorrhea
18. Preeclampsia-Eclampsia	47. Menopause

19. Alloimmunization	48. Infertility
20. Multifetal Gestation	49. Premenstrual Syndrome and Premenstrual Dysphoric Disorder
21. Fetal Demise	50. Gestational Trophoblastic Neoplasia
22. Abnormal Labor	51. Vulvar Neoplasms
23. Third-Trimester Bleeding	52. Cervical Disease and Neoplasia
24. Preterm Labor	53. Uterine Leiomyomas
25. Premature Rupture of Membranes	54. Endometrial Hyperplasia and Carcinoma
26. Intrapartum Fetal Surveillance	55. Ovarian Neoplasms
27. Postpartum Hemorrhage	56. Sexuality and Modes of Sexual Expression
28. Postpartum Infection	57. Sexual Assault
29. Anxiety and Depression	58. Intimate Partner Violence

In addition to the cases listed, several available cases are specific to osteopathy:

- 59. Introduction to Osteopathic Principles in Obstetrics and Gynecology
- 60. Osteopathic History Taking
- 61. Osteopathic Structural Exam
- 62. Osteopathic Diagnosis and Management Plan
- 63. Osteopathy in Obstetrics
- 64. Osteopathy in Gynecology

**Appendix C. Pediatrics CSEP**

## M3 Clinical Skills Experience Portfolio (CSEP)

### Clerkship Required Clinical Activities

#### Pediatrics

AY 2019-20

At what clinical site is your rotation?

#### Diagnoses/Symptoms/Clinical Scenarios

*In all cases, active participation with real patients is strongly encouraged. Active participation means collecting the history and/or performing the physical exam and/or generating an assessment and plan and/or documenting the encounter and/or presenting the patient.*

*Please choose all options that apply for each diagnosis, e.g., if you actively participate in the care of a real patient and complete an online case for a diagnosis, please mark both "patient" and "online case" under "patient type." **All students, at minimum through completion of an online case, must document experience with all diagnoses.** If "patient" is marked in the first column, please also complete the setting (hospitalized or not hospitalized) and level of responsibility (actively participated or observed).*

#### Abbreviations for the text and online resources

**Aquifer Pediatrics:** Aquifer Pediatric Cases

**AIMS:** AIMS Core Educational Lecture Videos

**BatesVG:** Bates' Visual Guide-Physical Examination

**Bates Guide:** Bates' Guide to Physical Examination and History Taking

**Aquifer:** Aquifer Medical Home or Culture in Health Care

Question Text

	Patient Type	Setting	Level of Responsibility
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	Patient Type		Setting		Level of Responsibility	
	Patient Patient	Online Case	Hospitalized Hospitalized	Not hospitalized	Actively participated in care	Observed Observed
Attention deficit hyperactivity disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Anemia</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Asthma</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bronchiolitis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cough</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dehydration</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dermatitis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Diarrhea</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Domestic violence/abuse</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fever</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fracture</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Growth delay</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Headache</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Heart murmur</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Influenza</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Jaundice</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lymphadenopathy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nausea or vomiting</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Obesity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Otitis media</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pharyngitis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Red eye</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Respiratory distress</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Septic Appearing Infant/Child</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Urinary tract infection/pyelonephritis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Physical Exam

*If "patient" is marked in the first column, please document the setting and level of responsibility.*

**BatesVG:** Bates' Visual Guide-Physical Examination

**Bates Guide:** Bates' Guide to Physical Examination and History Taking

	Patient Type		Setting		Level of Responsibility		
	Patient	Simulated patient	Hospitalized	Not hospitalized	Performed with supervision	Assisted	Observed
<u>Anterior fontanelle in an infant (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Cardiac exam for murmur (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Ear exam for otitis media (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Elicit neonatal reflexes (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Eye exam for alignment (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Eye exam for red reflex (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Femoral pulse exam in infant (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Non-automated blood pressure in child less than 6 years of age (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Pulmonary exam for crackles (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Pulmonary exam for wheezes(PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Skin for eczema (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Skin for Mongolian spot (PS)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Throat exam for pharyngitis (PS)	<input type="checkbox"/> Patient Type	<input type="checkbox"/> Setting	<input type="checkbox"/> Level of Responsibility
	Simulated	Not	Performed with

### Procedures/Technical Skills

If "patient" is marked in the first column, please document the setting and level of responsibility.

	Patient Type		Setting		Level of Responsibility		
	Patient	Simulated patient	Hospitalized	Not hospitalized	Performed with supervision	Assisted	Observed
Administer immunization (intramuscular/subcutaneous injection) (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cerumen removal (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lumbar puncture (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pharyngeal swab for culture (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### Additional Clinical Activities

	Yes	No
Calculate maintenance intravenous fluids	<input type="radio"/>	<input type="radio"/>
Calculate mg/kg dose of antibiotic	<input type="radio"/>	<input type="radio"/>
Completion of a supervised History and Physical	<input type="radio"/>	<input type="radio"/>
Complete at least two written History and Physicals	<input type="radio"/>	<input type="radio"/>
Complete at least two SOAP notes	<input type="radio"/>	<input type="radio"/>
Perform a development screen	<input type="radio"/>	<input type="radio"/>
Review Growth Chart	<input type="radio"/>	<input type="radio"/>
Observed by resident or attending doing the relevant parts of a history at least once	<input type="radio"/>	<input type="radio"/>
Observed by resident or attending doing a focused physical exam at least once	<input type="radio"/>	<input type="radio"/>

### Additional Learning Activities

	Yes	No

	Yes	No
Review clerkship goals on page two of syllabus.	<input type="radio"/>	<input type="radio"/>
Clarify and submit personal rotation goals by end of Week One.	<input type="radio"/>	<input type="radio"/>
Review progress toward personal goals by end of Week Three.	<input type="radio"/>	<input type="radio"/>
Submit progress toward goals by end of Week Six.	<input type="radio"/>	<input type="radio"/>
Complete required Aquifer Pediatrics cases: 21/32 required including <u>cases 1 and 8</u> prior to newborn nursery. Any required diagnoses not encountered should be fulfilled with the appropriate Aquifer Pediatrics case.	<input type="radio"/>	<input type="radio"/>
Review article on newborn experience distributed at orientation prior to newborn nursery.	<input type="radio"/>	<input type="radio"/>
Review newborn exam video ( <a href="https://www.youtube.com/watch?v=787D5wz1Fpk&amp;feature=youtu.be">https://www.youtube.com/watch?v=787D5wz1Fpk&amp;feature=youtu.be</a> ) prior to newborn nursery.	<input type="radio"/>	<input type="radio"/>
View AIMS video: <u>Pediatric Palliative Care and You.</u>	<input type="radio"/>	<input type="radio"/>
View AIMS video: <u>Pharmacologic Pain Management in the Child with Life-Threatening Illness</u>	<input type="radio"/>	<input type="radio"/>
<u>Complete PBLI presentation</u>	<input type="radio"/>	<input type="radio"/>
Primary contact with at least 30 patients	<input type="radio"/>	<input type="radio"/>
Will have completed end-of-clerkship feedback survey by the deadline	<input type="radio"/>	<input type="radio"/>

Enter an e-mail address to send someone (e.g., site director) a copy of your log **in electronic form**.

*You do not need to put in your email address because you will receive a copy automatically whenever you submit.*

Note: Submission of the CSEP to the Clerkship Site Director between Monday and Friday of the final week of the clerkship **is a clerkship requirement**.

E-mail Recipient

Additional E-mail Recipient

With your submission of your CSEP, you attest to the accuracy and validity of its contents. Confabulated or misrepresented information is considered an Honor Code violation.

Submit

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