

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, PEDS-83004
5 Credit Hours
Course Syllabus
AY 2020-21**

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COURSE DESCRIPTION

General Description

The Northeast Ohio Medical University College of Medicine M3 Pediatrics Clerkship is a five-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

All 5-week clerkships (FM, OBGYN, Pediatrics Surgery and Psychiatry) will schedule one half day of independent study time during the last week of the clerkship. This time can be used to make up missed clinical assignments from earlier in the clerkship, enrichment activities chosen by the student, or time to prepare for the upcoming shelf exam.

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

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.

Night Float

Students will be assigned night float shifts with their team. 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 April 21, 2020).

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.



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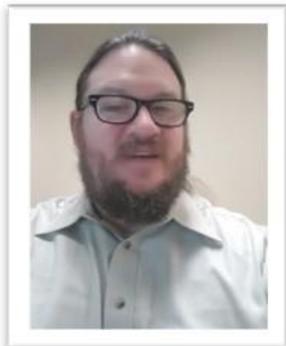


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Hospital Sites and Clerkship Site Directors

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, D.O.
Akron Children's Hospital



Megan Knowles, M.D.
Akron Children's Hospital



Shannon Wronkowicz, 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 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 OBJECTIVES

Educational Program Objectives are consistent across all seven clerkships and are aligned with NEOMED's overall program objectives. Throughout the clerkships, students will continue to learn and refine skills, knowledge, attitudes and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation that is used to assess student performance in all clerkships.

Students will:

1. Provide general and preventative care for a diverse pediatric patient population in a variety of health care settings.
2. Demonstrate empathetic, honest and bi-directional communication with patients and families and respect for caretakers.
3. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination for patients of varying ages including newborns, infants, children and adolescents.
4. Demonstrate clear, effective and complete communication with the interprofessional health care team in both written and verbal forms.
5. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing
6. Students will be able to apply their medical knowledge of ambulatory and acute pediatric conditions in order to generate an assessment and management plan and reasoning for the plan by applying their medical knowledge of clinical disorders. This will include knowledge of well childcare, sick visits (ambulatory and emergency) as well as the care of the hospitalized child.
7. Students will apply knowledge of evidence-based medicine to answer patient care related questions.
8. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.
9. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and responding to patient needs that supersedes self-interest.

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.

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)
- 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
- Web-based resources

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 daily.

COURSE GRADE

Final Grade Determination

Assignment/Assessment	% of Final Grade	Grade Criteria*	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation <ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Knowledge for Practice • Practice-Based-Learning and Improvement • Systems-Based Practice • Professionalism & Personal and Professional Development 	50%	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 to the Clinical Experience Director.
Clinical Skills Experience Portfolio (CSEP)	0%	Satisfactory completion required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
National Board of Medical Examiners (NBME) subject exam	50%	See Table below	Numerical score and Fail, Pass or Pass with Commendation	Last Friday of the course
Total Course	N/A			

*A copy of Student Performance Evaluation with grading criteria as well as Competency Objectives are posted under Clerkship Overview on AIMS

National Board of Medical Examiners Subject Examination

The National Board of Medical Examiners (NBME) subject examination is the final written examination for each clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus, virtually by NEOMED or at designated Prometric Center in Toledo and Columbus area the last day of each clerkship. For additional details, see academic policy titled “Administration of Examinations at Remote Sites” in the Compass. Reporting time and location for each examination administered on NEOMED’s campus is posted on AIMS. Following is a summary of expected performance. The subject examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are based on the most recent recommendations of the National Board of Medical Examiners. Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores.

NBME Subject Exam

Subject Examination	Failing Range	Passing Range	Pass with Commendation Range
Family Medicine	≤ 60	61-79	≥ 80
Internal Medicine	≤ 58	59-79	≥ 80
Obstetrics/Gynecology	≤ 66	67-81	≥ 82
Pediatrics	≤ 58	59-82	≥ 83
Psychiatry	≤ 68	69-85	≥ 86
Surgery	≤ 59	60-78	≥ 79

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.

The goals of the project are to:

- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve patient care practices

For each clerkship (except Emergency Medicine), students will be required to:

- Formulate a focused clinical question directly related to a current patient care situation
- Complete the PPICO for the clinical question
- Conduct a literature search to answer the question

- Evaluate the literature selection for relevance to the question, and reliability and validity of the article
- Make a formal presentation of the case, clinical question, search process and findings
- Upload the clinical question, in the form of a properly stated clinical question, and article citation, using a proper standard citation format, to the designated AIMS site

Clinical Skill Experience Portfolio (CSEP)

The 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 review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship. Instructions for accessing and entering data into CSEP in OASIS are under Clerkship Overview on AIMS.

Pediatrics CSEP

1. Anemia
2. Asthma
3. Lower Respiratory Tract Infection (Bronchiolitis or Pneumonia)
4. Dehydration
5. Rash
6. Fever
7. Headache
8. Jaundice
9. Nausea, Vomiting and/or Diarrhea
10. Otitis media
11. Respiratory distress
12. Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)

PHYSICAL EXAMINATION

13. Anterior fontanelle in an infant (PS)
14. Ear exam for otitis media (PS)
15. Elicit neonatal reflexes (PS)
16. Eye exam for red reflex (PS)
17. Femoral pulse exam in infant (PS)
18. Pulmonary exam (PS)

PROCEDURES/TECHNICAL SKILLS:

19. Administer immunization (intramuscular/subcutaneous injection) (O)
20. Cerumen removal (O)

ADDITIONAL CLINICAL ACTIVITIES

21. Calculate maintenance intravenous fluids
22. Completion of a supervised History and Physical
23. Complete at least two written History and Physicals
24. Complete at least two SOAP notes

ADDITIONAL LEARNING ACTIVITIES:

25. Clarify and submit personal rotation goals by end of Week One.
26. Review progress on personal goals midway and submit progress by end of clerkship.
27. Complete mid-course feedback session with site director
28. Complete required Aquifer Pediatrics cases: 21/32 required including cases 1 and 8 prior to newborn nursery. Any required diagnoses not encountered should be fulfilled with the appropriate Aquifer Pediatrics case.
29. Review article on newborn experience distributed at orientation prior to newborn nursery.
30. Review newborn exam video prior to newborn nursery.
<http://learn.pediatrics.ubc.ca/videos/newborn-exam/>
31. View AIMS videos: Pediatric Palliative Care and You and Pharmacologic Pain Management in the Child with Life Threatening Illness
32. Complete PBLI presentation
33. Primary contact with at least 15 patients

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical students' self-assessment of learning needs and the independent identification, analysis and synthesis of information relative to their learning needs. Therefore, at the beginning of each clerkship rotation, each student will identify 3-5 learning goals, as appropriate. At the end of each clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via a link on AIMS, which will provide a cumulative record of their personal learning goals for the entire clerkship year. Students also will be expected to make their site directors aware of their goals so that the clerkship learning experience may be enhanced and/or feedback provided accordingly.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday of the first week of each clerkship. This will give students sufficient time to become oriented to and familiar with the expectations of the clerkship. At the end of the clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. Guidelines for writing SMART goals are provided on the AIMS site.

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.

- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed

Formative and Mid-course Feedback

The Pediatrics Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your Student Performance Evaluation will reflect the feedback provided to you throughout the rotation. Mid-rotation communication will 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 Student Performance Evaluation by Site Directors.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

Remediation Process: Remediation forms must be signed by the Director of M3 Clinical Experiences. It is the responsibility of the Director of M3 Clinical Experiences in conjunction with the specialty Clinical Experiential Director to oversee and guide the remediation process to assure consistency with the policy.

Remedial Actions

Failed NBME subject exam only:

- For the first failed NBME exam only, initial clerkship grade of “incomplete” will appear on your official transcript.
- One initial failed subject examination will not trigger a CAPP referral, even in the context of aggregate performance concerns. Student must retake subject examination (refer to NBME and Remediation Schedule for specifics). You will receive a remediation contract via e-mail.
- The dates of administration for subject examination retakes have been

predetermined so that students do not retake an examination at the same time as they are participating in another clerkship.

- After successful retake of the subject exam, the highest overall grade for the clerkship will be “Pass”. A passing grade will replace the “incomplete” grade on the transcript.
- If the student fails the retake exam, the “incomplete” will be replaced with a “fail” that will remain visible on the official transcript. This would be considered a failed remediation that would then trigger a CAPP review.
- Any subsequent subject exam failure that results in a clerkship grade of “fail” will remain visible on the official transcript.

Failed Practice-Based Learning and Improvement (PBLI) project only:

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Project remediation must occur within next clerkship cycle of same discipline.
- Student must contact the Course Director to schedule remediation presentation.
- The Course Director will notify student’s present Clerkship Site Director of need for student to be excused from the current clerkship/elective for up to ½ day, the time of which must be made-up.

Failed competency or “Below Expectations” rating in five or more individual items or “Below Expectations” in professionalism items on Student Performance Evaluation.

- Student must repeat clerkship in its entirety including the subject exam. The highest grade for a repeated clerkship is “Pass”.
- Repetition of clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- Exception: Failure of Practice-Based Learning and Improvement Core Competency due only to failure of project only. In this case, remediation is as described above.

*Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Standards set forth by CAPP will supersede the Course Director’s intention to allow the student to remediate (i.e., a student who rises to the level of meeting with CAPP must first meet with this committee before being permitted to proceed with remediation plans).

CAPP Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns
- Failure of multiple subject exams
- Failure of any remediation
- Failure of a repeated clerkship

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. 12th 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 (last accessed March 7, 2017) under Educational Resources → COMSEP Curriculum link. e

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.

Aquifer Pediatrics Cases	
(required cases indicated in bold type, student must also complete 5 additional that are not bolded)	
1. Evaluation and care of the newborn infant - Thomas	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	19. 16-month-old with a first seizure - Ian
4. 8-year-old well-child check - Jimmy	20. 7-year-old with headaches - Nicholas
5. 16-year-old girl's health maintenance visit - Betsy	21. 6-year-old boy with bruising - Alex
6. 16-year-old boy's pre-sport physical - Mike	22. 16-year-old with abdominal pain - Mandy
7. Newborn with respiratory distress - Adam	23. 15-year-old with lethargy and fever - Sarah
8. 6-day-old with jaundice - Meghan	24. 2-year-old with altered mental status - Madelyn
9. 2-week-old with lethargy - Crimson	25. 2-month-old with apnea - Jeremy
10. 6-month-old with a fever - Holly	26. 9-week-old with failure to thrive - Bobby
11. 5-year-old with fever and adenopathy - Jason	27. 8-year-old with abdominal pain - Jenny
12. 10-month-old with a cough - Anna	28. 18-month-old with developmental delay - Anton
13. 6-year-old with chronic cough - Sunita	29. Infant with hypotonia - Daniel
14. 18-month-old with congestion - Rebecca	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

16. 7-year-old with abdominal pain and vomiting - Isabella	32. 5-year-old girl with rash - Lauren
The following cases may be helpful but not required:	
Aquifer Culture in Health Care (do not count for the 21 required)	
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	
Aquifer Medical Home (do not count for the 21 required)	
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

Enter your institutional e-mail under “Need to Register?” option

Need to Register?

Enter your institutional email

Register

2. Click “Register” button.
3. 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 NEOMED Policy Portal for a full list of Clerkship Course Policies (<https://www.neomed.edu/policies/>) and the NEOMED Compass, 2020-2021, for further details.

1. Attendance and Time Off Clerkships

Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions (available at: <https://www.neomed.edu/3349-ac-418-attendance-at-instructional-sessions/>).

Reason for Absence	Person(s) to Notify	When to Notify	Required Forms and Documentation
Emergency (e.g, flat tire, emergent health problem)	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and Curriculum Coordinator 	As soon as circumstances allow	Submit absence notification form available at https://www.neomed.edu/student-services/forms/ after you have discussed make-up plans with course/clerkship/elective site director.
Personal Illness	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and 	ASAP when you realize you are sick and will not be able to attend	

	Curriculum Coordinator		
<p>Health care appointment for yourself or to accompany a family member</p> <p><i>You do NOT need to state the reason for or type of health care appointment.</i></p>	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and Curriculum Coordinator 	With as much lead time as possible, preferably BEFORE clerkship/elective begins	
<p>Presentation at Conference or fulfill a professional obligation.</p>	<p>College of Medicine using <u>College of Medicine Professional Conference/Obligation Request Form</u></p>	<p><u>At least</u> six (6) weeks in advance of conference/professional obligation</p>	<p><u>College of Medicine Professional Conference/Obligation Request Form</u> along with evidence of acceptance to present at a professional conference or fulfill a professional obligation.</p> <p>→ THE PROCESS DOES NOT END once you have submitted the above form. DO NOT MAKE TRAVEL PLANS.</p> <ol style="list-style-type: none"> 1. The COM will send written confirmation to let you know your request was received. Follow-up instructions will be provided. 2. Check with course director/clinical site director to determine if you can be excused from the curriculum; 3. if excused, submit an absence notification form (https://www.neomed.edu/studentservices/forms/) after discussing make-up plans with course/clerkship/elective director.

Religious Holiday Observation	College of Medicine. Submit “Request for religious holiday observation” form (College of Medicine)	<p>By July 1 – 5:00 pm</p> <ul style="list-style-type: none"> Holidays falling between July 2 and December 31 <p>By November 1 – 5:00 pm</p> <p>Holidays falling between January 1 – June 30.</p>	Submit “Request for religious holiday observation” form (College of Medicine) → THE PROCESS DOES NOT END here. <ol style="list-style-type: none"> The COM will send written confirmation to let you know your request was received and date(s) verified. Follow-up instructions will be provided. Check with course director/clinical site director to determine if you can be excused from the curriculum; if excused, submit an absence notification form (https://www.neomed.edu/student-services/forms/) after discussing make-up plans with course/clerkship/elective director.
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* information for course/clerkship site directors and coordinators can be found on AIMS.

2. Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents. <https://www.neomed.edu/3349-ac-409-curriculum-contact-hours/>

3. Clinical Supervision & Safety

In accordance with LCME requirements, students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional. <https://www.neomed.edu/3349-ac-408-clinical-supervision/>

- 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

4. Grade Dispute

Grade Dispute guidelines are set forth in NEOMED's College of Medicine policy Grade Dispute (available at: <https://www.neomed.edu/3349-ac-405-grade-dispute/>). A Grade Dispute is a formal request to change a Final Grade based on: 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade within five (5) working days of posting of the Student Performance Evaluation, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

5. Mistreatment

Any issues or concerns regarding the clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Issues or concerns should be addressed as quickly as possible to foster early resolution. Every student has the right to learn in a professional atmosphere. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the Course Director or the Director of M3 Clinical Experiences. Concerns regarding misconduct also may be reported confidentially or anonymously using the Inappropriate Behavior Reporting Form found at <https://www.neomed.edu/student-services/forms/>. Students who feel they have been harassed or discriminated against should discuss the matter with their faculty advisor, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

6. Professionalism

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.

In accordance with the NEOMED policy on proper attire as stated in the *Compass*, students are required to dress appropriately and professionally for all clinical activities. The hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

7. Shadowing

No shadowing is permitted during M3 clerkships this year.