

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

Northeast Ohio Medical University

College of Medicine

Pediatrics Clerkship, PEDS 83004
5 Weeks / 5 Credit Hours
Course Syllabus
Academic Year –2023 – 2024

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COURSE LEADERSHIP

Dr. Kenneth Wyatt is Clinical Experiential Director for the Pediatrics Clerkship. He is responsible for ensuring that implementation of the Pediatrics Clerkship curriculum is comparable across all teaching sites. Dr. Wyatt and the respective Clerkship Site Directors can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. These are the 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.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Pediatrics Clerkship is a five-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in Pediatrics, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within Pediatrics practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> BLS OSHA ACLS HIPAA Responsible Conduct of Research Human Subjects Research 	<ul style="list-style-type: none"> Criminal Background Check Toxicology Screen TB Test 	<ul style="list-style-type: none"> Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot COVID vaccination required at some sites and strongly encouraged at others.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED’s College of Medicine Educational Program Objectives \(COM EPO\)](#). 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 (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. 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.	1.1, 1.2
2. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing for patients presenting with symptoms such as respiratory distress, rash, fever, nausea, and vomiting.	1.3
3. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventative care needs such as asthma, bronchiolitis, and jaundice.	1.4
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically related to well child care, sick visits (ambulatory and emergency) as well as the care of the hospitalized child.	2.1
5. Apply knowledge of evidence-based medicine to answer patient care related questions.	3.1
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families in providing anticipatory guidance as well as in the management of the child with chronic and life-threatening illnesses.	4.2
7. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms including appropriate participation on family-centered rounds.	7.1
8. Fulfill one’s professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles, particularly in care of the adolescent (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest).	5.1, 5.2, 5.3
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1

CLERKSHIP 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.

Primary Resources

1. Bickley, Lynn S. Bates' Guide to Physical Examination and History Taking, 13th Edition. Philadelphia: Lippincott Williams and Wilkins, 2020.
2. Kleinman, Keith; McDaniel, Lauren; and Molloy, Matthew. The Harriet Lane Handbook, A Manual for Pediatric House Officers, 22nd Edition. Philadelphia: Mosby Elsevier, 2018.

Online Resources

Aquifer

Resource that provides essential knowledge and clinical reasoning skills for health profession students.

CANVAS

The online learning and collaboration system, CANVAS, will be used in M3 to post Clerkship educational materials including, but not limited to, course and Clerkship syllabi, Clerkship materials and core curriculum lecture videos. The web address for CANVAS is:

<https://neomed.instructure.com/>.

OASIS

It is the sole responsibility of the student to check for updates daily. Grades, CSEP submittal, and schedules will be accessible through OASIS. The web address for OASIS is

<https://neomed.oasisscheduling.com/>. Your Office 365 credentials are used to login to both systems.

ScholarRx

uWorld

Resource that provides clinical and knowledge-based questions as a study option.

<https://lp.uworld.com>

CLERKSHIP STRUCTURE

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.

Newborn Experience

Students may be scheduled to spend time in the newborn nursery or NICU. In preparation for any newborn experience, students are to complete the Aquifer cases:

- Pediatrics Case #1 – Newborn male infant evaluation and care
- Pediatrics Case #8 – 6-day-old female with jaundice

Review the video Newborn Exam by Nina Gold for OPENPediatrics.

- Link: <https://www.youtube.com/watch?v=cracmPo3iYo>

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.

First Day Reporting

First day reporting information varies by clinical site. Please see OASIS for first day reporting information.

Call and Work Hours

All 5-week Clerkships (Family Medicine, Obstetrics and Gynecology, 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, complete enrichment activities, or as time to prepare for the upcoming subject exam.

Night Float/Evening Call

Students will be assigned night float shifts or evening call with their team. Both night float and evening call provide educational opportunities not always available on the day service. Students are expected to take every opportunity to learn while on evenings. 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! This 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.

Inpatient/Outpatient Assignments

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, emergency medicine and neonatal medicine.

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). Supplemental information will be given during conferences, inpatient rounds, discussions regarding individual patients, etc., but this information will vary based on assigned patients.

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site.

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 Lectures (live, virtual, or recorded)
- Web-Based Clinical Modules (Aquifer)

- Practice-Based Learning and Improvement (PBLI) Project
- Textbooks
- Web-Based Resources

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.

Overview

Week	Topics	Aquifer Cases	Highly Recommended	Other NEOMED Requirements <i>Due Sunday by 11:59 pm</i>
Pre-Work		<u><i>Newborn Evaluation</i></u> <ul style="list-style-type: none"> • Pediatrics 01 – Newborn male infant evaluation and care • Pediatrics 08 – 6-day-old female with jaundice 		<u><i>OPENPediatrics Video</i></u> <ul style="list-style-type: none"> • Newborn Exam
1	<ul style="list-style-type: none"> • Respiratory • Well Child 	<ul style="list-style-type: none"> • Pediatrics 12: 10-month-old female with cough • Pediatrics 13: 6-year-old female with chronic cough • Pediatrics 25: 2-month-old with apnea 	<u><i>Aquifer Cases with Outpatient Focus</i></u> Pediatrics 02: Infant well-child visits Pediatrics 03: 3-year-old well-child visit Pediatrics 08: 6-day-old jaundice Pediatrics 07: 2-hour-old newborn with respiratory distress Pediatrics 26: 9-week-old not gaining weight	<ul style="list-style-type: none"> • Update CSEP • Aquifer Cases • uWorld Questions • Develop & Submit Individualized Learning Goals (ILG)
2	<ul style="list-style-type: none"> • Cardiology • Infectious Disease 	<ul style="list-style-type: none"> • Pediatrics 10: 6-month-old infant with fever • Pediatrics 23: 15-year-old with lethargy and fever • Pediatrics 11: 4-year-old fever and adenopathy • Pediatrics 18: 6- 		<ul style="list-style-type: none"> • Update CSEP • Aquifer Cases • uWorld Questions

		week-old with poor feeding		
3	<ul style="list-style-type: none"> Gastroenterology Neurology 	<ul style="list-style-type: none"> Pediatrics 4-year-old and 8-week-old with vomiting Pediatrics 7-year-old abdominal pain/vomiting Pediatrics 19: 16-month-old first seizure 	<u>Aquifer Cases to expand your GI and Neurology differentials</u> <ul style="list-style-type: none"> Pediatrics 27: 8-year-old female with abdominal pain Pediatrics 20: 7-year-old with headache 	<ul style="list-style-type: none"> Update CSEP Aquifer Cases uWorld Questions Recommend practice NBME subject exam (No NEOMED voucher provided)
4	<ul style="list-style-type: none"> Adolescent Medicine 	<ul style="list-style-type: none"> Pediatrics 6: 16-year-old preparticipation evaluation Pediatrics 22: 16-year-old female with abdominal pain 	<u>Aquifer Cases with Heme Focus (often not seen during rotation)</u> <ul style="list-style-type: none"> Pediatrics 05: 16-year-old health maintenance visit Pediatrics 30: 2-year-old with sickle cell 	<ul style="list-style-type: none"> Update CSEP Aquifer Cases uWorld Questions
5		Complete any remaining requirements		<ul style="list-style-type: none"> Complete CSEP Aquifer Cases End of Clerkship Survey Finalize Learning Goals

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 2-3 learning goals, including a personal wellness goal. 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 CANVAS, 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. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each 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. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

Clinical Skill Experience Portfolio (CSEP)

The Pediatric 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

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that become available to you during your rotation. A list of supplemental or alternative activities is also available as an [Appendix](#) and in CANVAS in the unlikely event that a student is not exposed to a particular experience.

Students are required to:

1. update the CSEP in OASIS on a weekly basis,
2. review their CSEP progression and completion of items with the Clerkship Site Director at the midpoint,
3. review the CSEP progress and completion of items with the Clerkship Site Director at the end of the Clerkship.

Pediatrics Clerkships Clinical Skills Experience Portfolio Content		
Diagnosis		
• Asthma	• Dehydration	• Fever
• Headache	• Jaundice	• Lower Respiratory Tract Infection (Bronchiolitis or Pneumonia)
• Nausea, Vomiting and/or Diarrhea	• Otitis Media	• Rash
• Respiratory Distress	• Upper Respiratory Tract Infection (URI) Symptoms (Rhinitis, Sinusitis, Pharyngitis)	
Physical Examination		
• Anterior Fontanelle in an Infant	• Ear Exam for Otitis Media	• Elicit Neonatal Reflexes
• Eye Exam for Red Reflex	• Femoral Pulse Exam in Infant	• Pulmonary Exam
Procedures/Technical Skills		
• Observe Administration of Immunization (intramuscular/subcutaneous injection)		

Additional Clinical Activities		
<ul style="list-style-type: none"> Calculate Maintenance Intravenous Fluids 	<ul style="list-style-type: none"> Complete at Least Two SOAP Notes 	<ul style="list-style-type: none"> Complete at Least Two Written H&Ps
<ul style="list-style-type: none"> Completion of a Supervised H&P 		
Additional Learning Activities		
<ul style="list-style-type: none"> Complete mid-course feedback session with site director. 		
<ul style="list-style-type: none"> Complete PBLI presentation. 		
<ul style="list-style-type: none"> Complete required Aquifer Pediatrics cases. Any required diagnoses not encountered should be fulfilled with the appropriate Aquifer Pediatrics case. 		
<ul style="list-style-type: none"> Develop and submit personal rotation goals by end of week one. 		
<ul style="list-style-type: none"> Primary contact with at least 25 patients. 		
<ul style="list-style-type: none"> Review article on newborn experience distributed at orientation. 		
<ul style="list-style-type: none"> Review newborn exam video. 		
<ul style="list-style-type: none"> Review progress on personal goals midway and submit progress by end of Clerkship. 		

Formative and Mid-course Feedback

The Pediatric 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. Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship 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 (CSEP),
- plan activities for the week to match your learning objectives and individual learning goals, and
- address any problems or concerns.

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 12 cases. Fifteen of these cases are specifically assigned and are listed below. 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. See CANVAS for directions to access. Each case will take 30 to 60 minutes to complete.

Required Aquifer Cases

- Pediatrics 06: 16-year-old male preparticipation evaluation
- Pediatrics 10: 6-month-old female infant with a fever
- Pediatrics 11: 4-year-old male with fever and adenopathy
- Pediatrics 12: 10-month-old female with a cough
- Pediatrics 13: 6-year-old female with chronic cough
- Pediatrics 15: Two siblings 4-year-old and 8-week-old with vomiting
- Pediatrics 16: 7-year-old female with abdominal pain and vomiting
- Pediatrics 18: 6-week-old male with poor feeding

- Pediatrics 19: 16-month-old male with a first seizure
- Pediatrics 22: 16-year-old female with abdominal pain
- Pediatrics 23: 15-year-old female with lethargy and fever
- Pediatrics 25: 2-month-old male with apnea

Highly Recommended Aquifer Cases

- Pediatrics 02: Infant well-child visits (2, 6, and 9 months)
- Pediatrics 03: 3-year-old well-child visit
- Pediatrics 04: 8-year-old well-child visit
- Pediatrics 05: 16-year-old female health maintenance visit
- Pediatrics 08: 6-day-old female with jaundice
- Pediatrics 07: 2-hour-old newborn with respiratory distress
- Pediatrics 20: 7-year-old male with a headache
- Pediatrics 26: 9-week-old male not gaining weight
- Pediatrics 27: 8-year-old female with abdominal pain
- Pediatrics 30: 2-year-old male with sickle cell

uWorld

You are required to complete UWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. www.uworld.com

uWorld Question Topics

- Week 1 – Respiratory; Well Child
- Week 2 – Cardiology; Infectious Disease
- Week 3 – Gastroenterology; Neurology
- Week 4 – Adolescent Medicine

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 in 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:

1. investigate and evaluate patient care practices,
2. appraise and assimilate scientific evidence, and
3. improve patient care practices

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

1. formulate a focused clinical question directly related to a current patient care situation;
2. complete the PPICO for the clinical question;
3. conduct a literature search to answer the question;
4. evaluate the literature selection for relevance to the question, and reliability and validity of the article; and
5. make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.

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

- Students may be asked to repeat project with new topic in same specialty discipline as the failed project.
- Students must contact the Course Director to discuss the remediation process.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in Pediatrics, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills 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 which will support each medical student in a life-long study of medicine.

Pediatrics National Board of Medical Examiners (NBME) Practice Subject Examination

For the Pediatrics Clerkship, students are strongly encouraged to purchase and complete one practice subject examination prior to their mid-Clerkship meeting with their site directors. Prepare to share the results during the meeting. Psychiatry Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://www.nbme.org/taking-assessment/self-assessments>. We strongly recommend taking the second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship.

Consider using [study tips](#) for NBME subject exams put together by NEOMED students in the Class of 2018.

COURSE GRADING AND ASSESSMENT

Grading Assessment Table

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Clinical Performance			
Student Performance Evaluation (SPE)	<ul style="list-style-type: none"> • Behavioral anchors for each rating in each competency and formula for final rating/grade 	<ul style="list-style-type: none"> • Rubric with Narrative Feedback 	<ul style="list-style-type: none"> • 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. • Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). <i>Items include: onboarding, CSEP completion, UWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.</i>

Clinical Skills Experience Portfolio (CSEP)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required activities 	<ul style="list-style-type: none"> Mid-course and end-of-rotation meeting with Site Director.
Practice-Based Learning and Improvement Project (PBLI)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required items 	<ul style="list-style-type: none"> Completion by the last Friday of the course.
Examination(s)			
National Board of Medical Examiners (NBME) Subject Examination	<ul style="list-style-type: none"> See Table below 	<ul style="list-style-type: none"> Numerical score and Fail, Pass, or Pass with Commendation 	<ul style="list-style-type: none"> Last day of the course

National Board of Medical Examiners (NBME) 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 on the last day of each Clerkship. Reporting time and location for each examination administered on NEOMED’s campus is posted on the Outlook Calendar. Below is a summary of expected performance measurements. 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 (NBME). 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 content examples](#) for each Clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 61	62-82	≥ 83
Psychiatry Clerkship	≤ 70	71-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Extended Time or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. ***Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Honors (H) <ul style="list-style-type: none"> only applicable to Clerkships that require a NBME subject exam 	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
High Pass (HP)	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass the NBME subject exam on first attempt</i>
	<i>Pass</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
Pass (P)	<i>Pass</i>	<i>Pass</i>
	<i>Pass</i>	<i>NBME subject exam not required</i>
Fail (F)	<i>Fail</i>	<i>Pass</i>
	<i>Pass</i>	<i>Fail</i>
	<i>Fail</i>	<i>NBME subject exam not required</i>
Incomplete (I) or Extended Time (EX)	<ul style="list-style-type: none"> Temporary grade indicating that work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. 	

Grade Dispute

Grade Dispute guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). 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 Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

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.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.
- Repetition of Clerkship will be scheduled by the College of Medicine /and Enrollment

Services.

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

Committee on Academic and Professional Progress (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 NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

COURSE POLICIES & PROCEDURE

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

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](#), 2023-2024, for further details.

Attendance and Time Off Clerkship

[Attendance guidelines](#) for all sessions are set forth in NEOMED's policy Attendance at Instructional Sessions

- Absences must be discussed with your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.
- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.

Blood Born Pathogen Policy

If the Exposure Incident occurs at a clinical site, first notify the clinical director or preceptor and then report to the Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

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.

Clinical Supervision and Safety

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.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves)

as directed by the clinical site.

- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

Mistreatment

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Experiential Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

Professionalism

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

Subject Examination and Illness Protocol

Updated 2.10.22

1. If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu
 - c. The assessments team assessments@neomed.edu
2. If ill during the week of an examination, please reach out to the following people to notify them that you are ill and discuss a plan going forward. We will work with an assessments team that week if necessary.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the campus is closed.

Safety/Clinical Supervision

1. The availability of emergency care. All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to

purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.

2. The possibility of natural disasters, political instability, and exposure to disease. Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department (travel.state.gov) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where the student will be staying so that the student can be located easily in case there would be a need for evacuation.
3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

[Student Accessibility Services](#)

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form ([linked above](#)).

APPENDICES

Appendix A: Optional Aquifer Cases

Aquifer Case Pediatric Clerkship	
Additional Cases (Optional)	
Pediatrics 7	2-hour-old male newborn with respiratory distress
Pediatrics 9	2-week-old female with lethargy
Pediatrics 17	4-year-old female refusing to walk
Pediatrics 24	2-year-old female with altered mental status
Pediatrics 31	5-year-old female with puffy eyes
Pediatrics 32	5-year-old female with rash
Culture in Health Care (Optional)	
1	6-year-old Girl with Seizures
2	2-year-old Boy with Fever and Headache
3	2-year-old With Pneumonia and Probable Empyema
Medical Home (Optional)	
1	16-year-old Girl Presents with Status Asthmaticus
2	11-year-old Girl with Meningomyelocele
3	2-year-old with Language Delay
4	Newborn with Multiple Congenital Anomalies

Appendix B: CSEP

Pediatrics CSEP	
Supplemental Activity Listing	
Diagnosis	
Asthma	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Pediatrics 13: 6-year-old female with chronic cough Medical Home 01: 16-year-old female presents with status asthmaticus
Dehydration	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Pediatrics 15: Two siblings: 4-year-old male and 8-week-old male with vomiting Pediatrics 16: 7-year-old female with abdominal pain and vomiting
Fever	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Pediatrics 10: 6-month-old female with a fever Pediatrics 11: 4-year-old male with fever and adenopathy Pediatrics 19: 16-month-old male with a first seizure Pediatrics 23: 15 -year-old female with lethargy and fever
Headache	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Pediatrics 20: 7-year-old male with headache

Jaundice	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 8: 6-day-old female with jaundice • Pediatrics 9: 2-week-old female with lethargy
Lower Respiratory Tract Infection (Bronchiolitis or Pneumonia)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 12: 10-month-old female with a cough
Nausea, Vomiting, and/or Diarrhea	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 15: Two siblings: 4-year-old and 8-week-old male with vomiting • Pediatrics 16: 7-year-old female with abdominal pain and vomiting <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • OSCE Video: Vomiting (Pediatrics)
Otitis Media	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 14: 18-month-old female with congestion
Rash	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 32: 5-year-old female with rash
Respiratory Distress	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 7: 2-hour-old newborn with respiratory distress
Upper Respiratory Tract Infection (URI) Symptoms (Rhinitis, Sinusitis, Pharyngitis)	<p><u>Online Resources</u></p> <p>Aquifer Case</p> <ul style="list-style-type: none"> • High Value Care 10: 16-year-old female - Statistics and clinical decision making
Physical Examination	
Anterior Fontanelle in an Infant	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 25: Children: Infancy through Adolescence <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • Volume 2: Head-to-Toe Assessment: Infant
Ear Exam for Otitis Media	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 18: Children: Infancy through Adolescence <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • Volume 2: Head-to-Toe Assessment: Infant • Volume 3: Head-to-Toe Assessment: Child
Elicit Neonatal Reflexes	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 25: Children: Infancy through Adolescence <p><u>Video Resources</u></p>

	<p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • Volume 2: Head-to-Toe Assessment: Infant
Eye Exam for Red Reflex	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 25: Children: Infancy through Adolescence <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • Volume 2: Head-to-Toe Assessment: Infant • Volume 3: Head-to-Toe Assessment: Child
Femoral Pulse Examination in Infant	
Pulmonary Examination	
Procedures/Technical Skills	
<ul style="list-style-type: none"> • Observe Immunization Administration (intramuscular/subcutaneous injection). 	
Additional Clinical Activities	
<ul style="list-style-type: none"> • Calculate maintenance intravenous fluids. • Complete at least two SOAP notes. • Complete at least two written H&Ps • Complete a supervised H&P. 	
Additional Learning Activities	
<ul style="list-style-type: none"> • Complete mid-course feedback session with site director. • Complete PBLI presentation. • Complete required Aquifer Pediatrics cases. Any required diagnoses not encountered should be fulfilled with the appropriate Aquifer Pediatrics case. • Develop and submit personal rotation goals by end of week one. • Primary contact with at least 25 patients. • Review article on newborn experience distributed at orientation. • Review newborn exam video. • Review progress on personal goals midway and submit progress by end of Clerkship. 	