

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
Course Syllabus
AY 2021-22**

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COURSE LEADERSHIP

Dr. Kenneth Wyatt is Clinical Experiential Director for the Pediatrics Clerkship. 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. The Clerkship Site Directors and their institutions are listed below. 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.

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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. This core curriculum is designed to develop clinical competence, professional responsibility as a physician and introduce the student to collaborative patient care in the specialty of Pediatrics. Children are not just small adults. Students will learn through direct patient care experience in inpatient and ambulatory settings. Learning will be supplemented by Family Centered Teaching Rounds, small group discussions, lectures, and case-studies. The emphasis will be on the pediatrician's approach to care of the infant, toddler, and adolescent patient.

Course Enrollment Requirements

Successful completion of M1 and M2 years of study.

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

Clerkship Structure

- **First Day Reporting**

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

- **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.

- **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.

- **Newborn Experience**

Students will be scheduled to spend time in the newborn nursery or NICU. In preparation for any newborn experience, students are to complete Aquifer Pediatrics cases 1 and 8. In addition, students should take the opportunity to view the Newborn Exam video available at: [“Newborn Exam” for OPEN Pediatrics](#).

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.

- **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.

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, complete enrichment activities, or as time to prepare for the upcoming shelf exam.

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.

The recommended 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.

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.

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 15 cases. Fifteen of these 21 cases are specifically assigned and are listed in bold type in the following table. 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)	
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

Aquifer Culture in Health Care <i>The following cases may be helpful but not required:</i>
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
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
2. Enter your institutional e-mail under “Need to Register?” option

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.**

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven clerkships and are aligned with [NEOMED’s College of Medicine 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. 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.
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.
3. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventive care needs such as asthma, bronchiolitis, and jaundice.
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.
5. Apply knowledge of evidence-based medicine to answer patient care related questions.
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.
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.
8. Display professional behavior and a commitment to ethical principles including respecting patient autonomy, particularly in the care of the adolescent, and responding to patient needs that supersedes self-interest.
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.
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.

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 in CANVAS in the unlikely event that a student is not exposed to a particular experience. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship to review student progress and completion of items.

M3 Clerkships Clinical Skills Experience Portfolio Content		
Pediatrics Clerkship		
Diagnosis		
Anemia	Headache	Otitis Media
Asthma	Jaundice	Rash
Dehydration	Lower Respiratory Tract Infection (Bronchiolitis or Pneumonia)	Respiratory Distress
Fever	Nausea, Vomiting and/or Diarrhea	Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)
Physical Examination		
Anterior fontanelle in an infant	Elicit Neonatal Reflexes	Femoral pulse exam in infant
Ear exam for otitis media	Eye exam for red reflex	Pulmonary exam
Procedures/Technical Skills		
Administer Immunization (intramuscular/subcutaneous injection)	Cerumen removal	
Additional Clinical Activities		
Calculate maintenance intravenous fluids	Complete at least two written H&Ps	Complete at least two SOAP notes
Completion of a supervised H&P		
Additional Learning Activities		
Develop and submit personal rotation goals by end of week one	Complete 15 required Aquifer Pediatrics cases. Any required diagnoses not encountered should be fulfilled with the appropriate Aquifer Pediatrics case.	Complete PBLI presentation
Review progress on personal goals midway and submit progress by end of clerkship	Review article on newborn experience distributed at orientation.	Primary contact with at least 25 patients
Complete mid-course feedback session with site director	Review newborn exam video	

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.

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:

- 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 based on the requirements of your site.

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

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Student must contact the Course Director to schedule remediation presentation.

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 psychiatry, 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.

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provide 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 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.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday 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.

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,
- plan activities for the week to match your learning objectives and individual learning goals, and
- address any problems or concerns.

CANVAS and OASIS

The online learning and collaboration system, CANVAS and OASIS, 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://web.neomed.edu/web/ats/Canvas/discovery.html>. The web address for OASIS is <https://neomed.oasischeduling.com/>. It is the sole responsibility of the student to check for updates daily.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation	Behavioral anchors for each rating in each competency and 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)	Satisfactory completion required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
Practice-Based Learning and Improvement Project (PBLI)	Satisfactory completion required	Checklist of required items	Completion by the last Friday of the course
National Board of Medical Examiners (NBME) subject exam	See Table below	Numerical score and Fail, Pass or Pass with Commendation	Last day of the course

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 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	≤ 58	59-82	≥ 83
Psychiatry Clerkship	≤ 68	69-85	≥ 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. Academic Incomplete 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) (only applicable to clerkships that require a NBME subject exam)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	“Pass with commendations”
High Pass (HP)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass the NBME subject exam on first attempt
	“Pass” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass with commendations
Pass (P)	Pass	Pass
	Pass	NBME subject exam not required
Fail (F)	Fail	Pass
	Pass	Fail*
	Fail	NBME subject exam not required
Incomplete (I) or Academic Incomplete (AI)	*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 policy 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 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 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: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

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 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*, 2021-2022, for further details.

Policy	Description	Additional Information
<u>Attendance and Time Off Clerkships</u>	Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions	<ul style="list-style-type: none"> Absences must be discussed 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.
<u>Curriculum Contact Hours</u>	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.	
<u>Clinical Supervision & Safety</u>	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	<ul style="list-style-type: none"> 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).
<u>Mistreatment</u>	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.	<ul style="list-style-type: none"> 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.
<u>Professionalism</u>	NEOMED students sign and are held to the “Expectations of Student Conduct and	<ul style="list-style-type: none"> Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose

	<p><u>Professional Behavior</u>” and must abide by all student policies contained within <i>The Compass</i>. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.</p>	<p>additional requirements.</p>
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