

PEDIATRICS CLERKSHIP COURSE INFORMATION

Welcome to Pediatrics! We are thrilled to have you with us. We know that you will learn a lot about how to care for children during your time here. We expect that by the end of this rotation, you will feel comfortable talking to and examining pediatric patients. We hope that you will find pediatrics to be a diverse and rewarding specialty.

The rotation consists of time on outpatient pediatrics, urgent care, general and subspecialty inpatient ward services, and time in the newborn nursery and NICU. There are many resources for you in addition to direct clinical experiences: didactics, independent work, and conference attendance.

OUTPATIENT

Please use the QR-based link to read about the office in which you have been placed, and contact the pediatrician (by email) or the office staff (by phone) with whom you will be working 3-5 days prior to start of the rotation, unless the info for that practice is provided for you at or before orientation (e.g., for Dr. Silveria, Uptown Clinic and Dr. Kaltman). Your pediatrician may have office times that are closed during your time with them which is ok. When you are on the outpatient block, you are not expected to be at conferences. As caring for children is usually entirely new for you, shadowing in private practices is common. You may work with several different doctors and your evaluation will be a compilation of these experiences into a single CPA form.

INPATIENT

You will be expected to assign yourselves 2-3 patients per student each morning when you arrive; the residents should not need to do this for you. *Our goal is for **every patient** to be covered by a student, even if it is a discharge, a chronic patient, or a complicated social situation.* Each service is generally staffed by an attending physician and between 2-4 residents of differing years. You will be assigned to work with a resident (please make sure it is a Pediatric resident and not a rotating resident from ED, FM or Psych). You will be responsible for performing a history and physical examination and daily care on assigned patients. Set a time each morning to discuss patient plans with your intern prior to rounds, and to review your note-writing and assigned tasks in the afternoon.

New Patients

If you are able to admit a patient during the day, perform your own history and physical and write an admission note to be cosigned by your resident and attending. In the mornings, expect to "pick up" and follow a patient even if you were not the one to admit them. When you do so, you should still obtain your own history and perform a physical examination on that patient so you know the patient well. You can follow up to a maximum of 3 patients at one time. You can pend orders in Epic, and they should be sent to your resident for cosignature.

Progress Notes

Progress notes should be signed by you before **2pm** each day and sent to your resident for cosignature. If you are comfortable, please **sign your notes before rounds begin**, the plan may be edited later by your supervisors before the note is finalized. Since all of your written notes are part of the official medical record, they have medical and legal implications; therefore, it is important to be both precise and factual. **Please refrain from expressing conjecture or opinion. Just state the facts.** Now is the time to develop the habit of critically evaluating everything you say and/or write for its factual content. Also, please do not use unapproved abbreviations when writing orders or in your progress notes/history & physical examination.

You should **never copy and paste** anyone else's note or portion thereof and pretend it is your own. This is grounds for failure.

- If you chose to copy forward your own progress note from the previous day (not recommended), you need to make sure that you update all the relevant elements of the note for the current day. Physical exams, patient assessments and plans should be updated daily.
- If you adapt someone else's note (e.g. HPI from the admit H & P to be used in your discharge summary), document whose note you are summarizing from—adapted from Dr. XXX's H & P.

Family-Centered Rounds

Rounds will generally occur at the bedside of each patient, or outside of the patient's door, and have all team members present, including family members/parents and the bedside RN. You will be expected to prepare the family and RN by walking ahead to the room, knocking on the door, and calling the RN on his/her phone listed outside the room. Please stand closest to the patient and/or family so you can be heard. Presentations are generally 2-4 minutes in length, and can be much shorter for known patients. Begin with an identifying statement and then use the typical SOAP or H&P format. We want to hear your thoughts! You will be expected to read about your patients' problems and understand the rationale for the evaluation and management of the patient. **Please pay close attention to your 'assessment' of the patient, which should change each day based on their clinical status. Your plan should ALWAYS contain a discharge plan (5pm, tomorrow, next week), and a small "sparkle" of information to be used for a teaching point (basic science, evidence from the literature, a patient-friendly diagram).** While you may use medical jargon in your presentation, take a moment at the end to summarize and translate for the family and ask for teach-back confirmation.

RN EXPERIENCE

At some point during your rotation may have an opportunity to work with an RN on the 21st floor of Lurie. You may meet for a Q&A or shadow to learn how they chart, triage pages, give medications

and breathing treatments, feed patients, manage IVs, give baths, speak to parents, among many other tasks. This is a great opportunity to obtain your PAT form!

URGENT CARE

The Urgent Care section of the Emergency Department at Lurie Children's sees patients with non-emergent illnesses (POD 3 of the ED). Most of you have been assigned to work 2 to 3 shifts in Urgent Care. Urgent Care is busy and the patient turnover is rapid. We are certain that you will find the educational experience tremendously valuable. When you arrive to the ED please ask for the Pediatrician seeing Urgent Care patients. You should remind your attending physician at the beginning of the shift that he/she will need to complete a **CPA shift evaluation for each shift within Emerg ("CPA-Urgent Care")**. **If you make any changes in your shift schedule with another student, please let Dr. Nair in advance (dnair@luriechildrens.org) as well as the attending physician when you arrive.** If for any reason, you think you will have difficulty getting to your assigned shift on time, please call the Emergency Room 312-227-3800 to let the attending physician know.

NORMAL NEWBORN & DELIVERY SHIFT

During your time at Prentice you will work with interns to learn the newborn exam and provide anticipatory guidance to new parents. You will pre-round and present on 1-2 babies per day. You should also stay close to your intern to examine as many babies as possible with their supervision. Please do not examine newborns alone. One afternoon you may be asked to give a short 5 minute talk on a topic of your choice. You should enter one resident name who can fill out an evaluation for you.

You will also spend an evening (4-8pm) on the 10th floor NICU with a Neonatal Hospitalist attending deliveries of newborns who may require additional care. You should arrive wearing Feinberg scrubs and your white coat (hair tied back, no jewelry below the elbow) to the 10th floor, contact the "Team 4 Hospitalist" via the unit secretary to begin your shift. If there are no deliveries, please ask for a tour of the NICU and to see an isolette with a very small baby.

SUBSPECIALTY SELECTIVE

You will be assigned to one of the following services for 3-5 days: Inpatient Kidney, Inpatient Pulmonology, Inpatient Neurology, Inpatient Overnights, Almost Home Kids ("**AHK**" in Naperville or Streeterville, <https://www.luriechildrens.org/en/patients-visitors/almost-home-kids/>), or Outpatient Endocrinology. For the inpatient services, please note that you may be carrying only a patient or two. This experience is meant to have you see what a Pediatric subspecialty service is like rather than for you to be truly immersed as an integral team member (although that is also terrific). In Outpatient Endocrinology, you will see a variety of primary endocrine disorders (short stature, congenital hypothyroidism, and hypopituitarism). Arrival time and location is variable; please see schedule for details. For AHK, **email Ponda (pobarnes@almosthomekids.org) the week before your shift.**

EDUCATIONAL ACTIVITIES

You are expected to attend the following conferences/rounds, however they are hosted (Zoom, in-person, etc) **primarily during your inpatient time at Lurie Children's**. Thus, you should plan to attend unless:

- a) you are on your Outpatient Preceptor Block
- b) you are working in Urgent Care, or
- c) you have an urgent patient care situation (patient care always comes first!)

Simulation Session

During this rotation you will attend a simulation at the KidSTAR simulation center on the 11th Floor at Lurie from 1-3pm. These are learning sessions, and although they are ungraded, it is **mandatory that you attend your assigned session and be on time.**

Core Student Didactics

These are lectures and discussions emphasizing core topics in Pediatrics. A schedule will be provided to you at orientation for these conferences which mostly occur on Orientation and at Mid- Clerkship Day. **For many of the interactive sessions, the cases to be discussed are posted on eMerg. You are expected to review these cases beforehand so you can contribute to the discussion in a meaningful way.** *If a Zoom/in-person lecture does not begin by 5mins past start time please email Quiana Smothers. Some highlights:

- **Student Report** These are sessions led by the clerkship directors in which **students** present cases for discussion of the differential diagnosis, workup, and management.
- **Clinical Reasoning Workshop** During this workshop, you will learn how to think through a case or two and how to reason clinically to come up with the correct assessment and treatment plan.
- **Jeopardy Sessions** Dr. Julie Stamos, former clerkship director, often hosts these fun sessions. You will not be graded in any these sessions; all of these didactic sessions are purely for the purpose of learning.

Lurie Children's Conferences

You will attend these during the flow of the day while with your residents on inpatient, newborn, and subspecialty teams.

- **Resident Morning Report**
Interesting admissions from various services are presented by the residents. The conference takes place at 8AM on Mon/Thurs and at NOON on Tues/Fri. If you are on the inpatient service at Lurie Children's you should plan to attend these sessions (in-person) unless you are busy with urgent patient care issues.
- **Monday, Wednesday & Thursday Resident Noon Conferences**
These are general teaching conferences geared primarily to the residents. If you are on the inpatient service at Lurie, you should plan to attend these conferences in-person unless you are busy with urgent patient care issues.
- **Pediatric Grand Rounds**
This conference is held each Friday at 8:00 AM. You should plan to attend this conference while on the inpatient service at Lurie Children's unless you are busy with patient care.
- **FIRM Rounds:**

This is an in-depth discussion of one case by the pediatric faculty. It is primarily geared toward the faculty and residents; nonetheless, it will be a unique educational experience, and is usually quite entertaining. You should plan to attend this conference while on the inpatient service unless you are busy with patient care. It is held at 8:00 AM on Tuesday mornings.

ASSIGNMENTS

1) Written Documentation

Two of your notes will be evaluated using validated templates, and you will receive either verbal (at assigned times) or written feedback on them. Together they will be worth 7.5% of your grade. A detailed video on this process is available on Panopto. Please submit:

- De-identified, typewritten H&P by the end of your first week of Inpatient
- The MRN of one of your inpatient progress notes, at random, from the EMR.

2) AQUIFER (formerly known as CLIPP) Cases

AQUIFER is a series of 30+ interactive computer cases developed by the Council on Medical Student Education in Pediatrics (COMSEP). The objectives for this clerkship are based on the COMSEP curriculum. Using the national pediatric curriculum objectives as the underlying foundation, Aquifer provides a general pediatric and evidence-based approach to common pediatric problems. Aquifer's 30+ interactive cases are designed to cover all of the core content of the curriculum of the Council on Medical Student Education in Pediatrics (COMSEP). You are encouraged to complete all the CLIPP cases. **You are REQUIRED to complete the 10 CLIPP cases #2, 3, 4, 6, 8, 10, 14, 17, 18 and 25 before taking the Clinical Reasoning Quiz.**

3) ETHICS CASE Submission & Conference

Most students will be scheduled to attend one ethics conference during the rotation. Please see the Pediatrics Ethics Case section of eMerge for more information. **You will need to submit your assignment online about a week prior to your ethics session (make sure your case includes no patient identifiers and is HIPAA acceptable). Please include 3 to 4 sentences describing the clinical scenario and specify the ethics dilemma/issue.** You need only to post one case, before your specific assigned ethics session. One of the ethicists or directors will provide you with individual feedback on your case. Please do not post a child abuse or sexual abuse case. Refer to eMerge for case submission instructions.

FEEDBACK, EVALUATIONS, & FORMS

✓ CPA Forms (UC, OP, IP, NN)

We will solicit a CPA form evaluation from Urgent Care attendings (one per shift), residents (PL3 or PL2) and attending physicians on General Medicine, residents on Newborn Nursery, and a cumulative form filled out by doctors you worked with in the Outpatient Setting.

✓ EPA Mobile Observation tool

You will need to obtain 6 Mobile Observations before the end of the rotation. One of these must be "EPA 1" and count as your "Directly Observed History and Physical" and other recommended are EPA 8 and EPA 9.

✓ Mid-Rotation Feedback Form

Timely feedback helps you become a better doctor. We require that a brief feedback form be

completed during the first half of your rotation. Please choose the resident or attending physician who knows you the best to fill out this form and have him/her go over it with you. Please bring this form, **completed**, to your mid-rotation interview. This and any other feedback available will be reviewed during an individual, approximately 10-minute meeting with a clerkship director during Mid-Clerkship Day/Week 4 of the clerkship.

✓ **Clerklog**

As you proceed through your clinical environments, we expect you to fill out your AWOME Clerklog to track your experiences. Once you have completed our requirements it is no longer necessary to track your experiences, though you may if you wish.

✓ **Evaluators Online Form**

As a means of double-checking, we ask that you fill out a form with the names of all those with whom you work closely during the rotation, **here**:

<https://docs.google.com/spreadsheets/d/169hTR4cROUIUTCQIBMNI58f47bIRVsjxF3P6cotSvQ/edit?usp=sharing>.

A checklist has been provided to help you keep track of what documents need to be turned in as well as the due dates (in the orientation packet as well as on eMerg).

GRADING

Students are responsible for being aware of the following assessment policies:

- Assessment policy for Phases 2 and 3
- Examination policy

SECTION 1: COMPONENTS OF THE GRADE

Component	Percentage of total grade
CPA Evaluations from Inpatient (22.5 %) CPA Evaluation from Outpatient (15%) CPA Evaluation from Newborn Nursery (5%) CPA Evaluation from Urgent Care (7.5%)	50%
NBME Exam	15%
OSCE	15%
Oral Exam	5%
Clinical Reasoning Assessment	7.5%
Written Documentation	7.5%

A. CLINICAL PERFORMANCE: (50 points)

Your score will be determined by a weighted average of all your different CPA forms from your clinical experiences. An average numerical score is calculated for each EPA across multiple (or single, depending on the site) forms. Each EPA average is then added together to get a total score, divided by the maximum possible points achievable on the form. We will directly solicit CPA forms from your Outpatient Preceptor and General Medicine Teams; you yourself will submit names for those you work with in Urgent Care and Newborn Nursery. CPA forms are not as likely to come from your subspecialty

service unless you really were very involved for several days and worked closely with at least one senior resident or attending.

B. FINAL EXAM: (15 points)

The final examination for pediatrics is the National Board Subject Examination (NBME). This is a multiple-choice exam comprised of 100 questions and accounts for 15% of your grade. Full points (15/15) will be awarded if a student passes the exam. The passing score for clerkship purposes is a subject NBME test score that meets the annual 10th percentile nationally for the prior academic year. This score is currently a 67. If a student fails the final examination, he/she may repeat the exam provided his/her cumulative point total for the clerkship is in the passing range (> 62 points). If a student passes the repeat examination, a "PASS" will be awarded for the final clerkship grade. For studying tips for the NBME exam, here is a link from our Feinberg M4 students on how they studied: <https://www.tribute.co/nbme-studying/>

C. OSCE: (15 points)

At the conclusion of the rotation you will participate in an OSCE. This OSCE will assess your history-taking, communication, knowledge, and clinical reasoning skills. There are three cases with an SP interaction followed by post-encounter questions. There will be no actual children; you will encounter a caregiver of a child and be handed an exam card containing elements of their physical exam. This is very similar to your experience in your first and second year. You will receive more information about the OSCE as we near the end of the rotation.

D. CLINICAL REASONING ASSESSMENT: (7.5 points)

A 30-minute online assessment will be administered on Mid-Clerkship Day through Canvas. Material is based on the content of the Clinical Reasoning Workshop and the 10 required Aquifer Cases.

E. WRITTEN DOCUMENTATION: (7.5 points)

Our Assessment Director will 1 submitted full written de-identified H&P of your choice, and one progress note chosen at random from your time on inpatient wards, using the electronic medical record. Validated templates will be used and you will receive timely feedback on your documentation.

F. PROFESSIONALISM: (5 points)

Expected professional behaviors include attendance to clerkship didactics, responsiveness to emails/pages, clear communication regarding absences and other activities, professional demeanor/comportment (honesty, integrity, respect), and ability to support patient care team goals and appropriate EHR documentation. Examples of a lack of professionalism include: inappropriate behavior, unexcused absences or tardiness, inappropriate dress, responding poorly to feedback, use of inappropriate language, and failure to complete assignments by the designated deadlines.

SECTION 2: GRADE BREAKDOWN

Honors	86.00 and above
High Pass	79.00 and above
Pass	62.00 and above
*Requires extra time	Below 62.00
**Fail	See Below

When a numerical score falls closely between two grades, the clerkship director will evaluate all components of the student's performance and narrative commentary to determine the final grade. A clerkship director may decide a student needs additional time on the clerkship to meet the objectives. The

amount of time needed will vary. In this case, the grade will be “Pass” and the number of additional weeks needed will be noted on the transcript.

A grade of “Fail” will be given in the following circumstances.

- Failing the NBME shelf exam three times.
- Being unable to meet requirements of the clerkship after completing additional time twice.
- Any egregious professionalism issues.

Example benchmarks for student behaviors are presented below.

Honors

Honors-level students are viewed as exceptional learners and teachers! They are typically thought of as the primary caregiver and consistently handle complex patients and present thoughtful, organized oral presentations that synthesize extensive data in a logical manner. They extensively pre-round for clinic and ward presentations, apply their knowledge to formulate relevant differential diagnoses and granular management plans, always reading independently to bring in primary literature that is pertinent to their patients. They establish effortless rapport with families and always find joyful moments in their interactions with children. They work seamlessly with the medical team and forge professional connections with nurses and other bedside interdisciplinary personnel. They write accurate and clear notes, follow-up on clinical questions or patient needs after encounters, and seek varied resources to advocate for their patients across settings. In addition, they complete all required assignments, pursue varied resources for additional study, and actively participate in all mandatory and optional clerkship activities. They seek and respond productively to feedback and are viewed as indispensable to their teams and are highly engaged, professional, and courteous in all clinical settings.

High-Pass

Students receiving “High Pass” are viewed as important members of the team. They are sometimes thought of as the primary caregiver for their patients and handle patients of moderate complexity with organized oral presentations that contain most relevant data. They pre-round for clinic and the wards, and apply their knowledge to generate relevant differential diagnoses and management plans. They read independently to bring in some relevant primary literature and establish a nice rapport with children and families. They work nicely with the medical team and make connections with interdisciplinary personnel. They write accurate notes, usually follow-up on clinical questions or patient needs, and occasionally seek resources to advocate for their patients across settings. They complete all required assignments related to the clerkship, pursue varied resources for additional study, and actively participate in all mandatory and optional clerkship activities. They respond to feedback are highly engaged, professional, and courteous in all clinical settings.

Pass

Passing students handle patients of basic complexity with organized oral presentations that contain some relevant data. They prepare for clinic and the wards and occasionally have difficulty generating relevant differential diagnoses and management plans. They rarely bring in relevant primary literature to their plans. They are learning to work with children and families and connect with interdisciplinary personnel. They document appropriately and occasionally seek resources to advocate for their patients. There are no concerns about their performance, either clinically or professionally. They complete all required assignments related to the clerkship and attend all mandatory activities. They are engaged, professional, and courteous in all clinical settings.

Extra-Time

Failing students exhibit performance that is below expectations for a similar student at their level of

training. Faculty and resident evaluations may indicate significant concerns about their performance (either clinical or professional) as demonstrated by scores of less than an average of 2 on clinical evaluations. They may be unable to consistently handle the work-up of a patient or require assistance to generate differential diagnoses or management plans. There may be concerns related to their physical examination skills or their knowledge base may contain critical gaps. They may be unable to performed all yclinical care duties despite regular prompting and guidance. They may demonstrate unethical or unprofessional behavior, outlined above. A student's grade may be lowered or a student may fail the rotation for egregious professional behavior despite academic success.

PROFESSIONALISM

Attendance

It is expected that you be at your assigned location on each day of the clerkship and for you to be present at any expected virtual activities. Exceptions are made if you are ill or have urgent personal issues. You need to inform the directors and your team ASAP if you need to miss any workdays or on call duty. **Make-up time will be required if more than TWO of any clinical sessions are missed and professionalism points will be deducted for unexcused absences.** You should contact your senior resident (if you are on an inpatient service), your outpatient attending (if you are on outpatient service), **Quiana Smothers**, and copy all of the clerkship directors if you are unable to attend your inpatient or outpatient assignment. If you must leave early (e.g., for a meeting with an advisor, doctor's appointment, etc), you should let us and the senior resident/outpatient preceptor know in advance. Lastly, please be on time for everything, including conferences and rounds.

Zoom

For the live Zoom lectures, you are expected to have your video and microphone on and be actively engaged in the sessions in a quiet place and not in transit. Please dress as you would to attend a lecture on campus, and be mindful of your background. Northwestern offers multiple options for Zoom backgrounds which can be found here: <https://www.northwestern.edu/brand/resources/downloadable-assets/zoom-backgrounds/index.html>

Dress Code

You are expected to behave and dress in a professional manner at all times. You are expected to adhere to Lurie Children's standards for personal appearance. When in the clinical setting the following dress code applies:

- business casual, closed-toed shoes and appropriate length skirts, pants and tops. If leggings are worn, please ensure the corresponding top is of appropriate length.
- White coats need to be kept clean.

- Scrubs and clean t-shirts (with appropriate slogans for being in Pediatrics) are acceptable for the NICU delivery shift, and in other settings as needed during the COVID-19 pandemic.

Cell Phone Usage

You should not utilize your cell phone in any didactic situation. Use your laptop with discretion.

Propriety of Clinical Conversation

Please be discrete in your discussion of clinical material, particularly when discussions occur in hallways, elevators or in the cafeteria.

Lockers

Lockers are available for your use on the 18th floor of Lurie-Room 232--combination to get in room is 18232*(you must press * for door to open). You can use any available locker and supply your own lock. In special circumstances, private Call Rooms may be used with permission of the Clerkship Directors, please contact Quiana Smothers for access.

POLICIES

On our clerkship we strive to:

- Treat others (peers, faculty, staff, patients, etc.) fairly, respectfully and without bias related to their race, color, religion, national origin, sex, sexual orientation, gender identity or expression, parental or marital status, age, disability, citizenship or veteran status.
- Acknowledge and use correct pronouns
- Acknowledge diversity: <https://www.northwestern.edu/brand/editorial-guidelines/inclusive-language-guide/index.html>
- Be aware of the impact of bias: http://idd.northwestern.edu/elm/addressing_bias/story.html

Unacceptable Behaviors:

- Unwanted physical contact or threat of the same
- Sexual harassment
- Discrimination based on race, color, religion, national origin, sex, sexual orientation, gender identity or expression, parental or marital status, age, ability, citizenship or veteran status
- Requiring learners to perform personal chores

The university and the medical school prohibit the taking of any retaliatory action for reporting or inquiring about alleged improper or wrongful activity. Please see the Feinberg [Policy on Non-retaliation](#).

Lurie Children's Policy on Harassment, Mistreatment, and Bias:

- We promote inclusive training and education for all who interact with students:
<https://www.feinberg.northwestern.edu/diversity/resources/unconscious-bias-training.html>
- We encourage bias reporting when appropriate:
<https://www.feinberg.northwestern.edu/diversity/resources/unconscious-bias-training.html>
- Feinberg encourages students, residents and fellows to bring attention to any breach or perceived breach of the Safe and Healthy Learning Environment and wishes to be open about [the process](#) the university has in place should such a claim be made.

COVID-19 Care

We strive to provide you with a safe environment that is academically robust for learning Pediatrics. We intend that team rooms and meetings will contain adequate physical space and computers and you have access to sanitizing supplies and PPE. We will have in-person events with precautions and expect you to fully engage with virtual alternatives to in-person learning for conferences, didactics, simulations, and other meetings.

- All students should utilize appropriate PPE for all patients (including COVID positive and unknown COVID-status inpatients), which includes eye protection as well as face mask.
- Students should comply with twice daily symptom screening and universal masking per Lurie and NM protocol.
- Feinberg will provide student masks for those in outpatient private offices. Some offices may ask that you change into clean scrubs after your arrival.
- CTA use is expected with appropriate precautions.

Medical Student Hours Policy

Please see the Feinberg School of Medicine Policy posted on the Pediatric rotation eMerg site.

Needle Stick Policy

Please let your senior resident and the charge nurse know immediately in the event you incur a needle stick injury. They will know what to do; the instructions are clearly documented on the Lurie homepage website.

READING MATERIALS

A hard copy of Nelson's Essentials of Pediatrics is available to you for use during the clerkship. You may check it out through **Quiana Smothers**, with pickup/drop-off at her desk on the 12th floor of Lurie.

For a concise, but complete review of key pediatric topics, we recommend the Harriet Lane Handbook, free through [Galter library](#).

There are numerous textbook that students have found helpful including:

Blueprints Pediatrics (editors: Bradley S Marino, Katie S Fine, Julia A McMillan)

Schwartz's Handbook of Pediatrics

Frank's Inpatient Pediatrics

Bernstein's Pediatrics for Medical Students

Gigante's First Exposure: Pediatrics Woodhead's

Pediatric Clerkship Guide Green's Pediatrics:

Just the Facts

A great resource for the outpatient portion of the rotation is also www.brightfutures.org. This website goes through each well child care visit and questions that you should consider asking at each visit.

The following are other online resources:

Bright Futures Pocket Guide:

https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_POCKETGUIDE.pdf

Download the Human Diagnosis Project app to review pediatrics cases and teaching points on your phone:

<https://www.humandx.org/product/upgrade>

PedsCases Podcasts:

https://www.pedscases.com/search?search_api_aggregation_1=&type=podcast&field_clinical_presentation=All&field_specialty_area=All

OnlineMedEd: <https://onlinemeded.org/spa/pediatrics>

OPENPediatrics: <https://www.youtube.com/playlist?list=PLJmgkNI4ruzy7TGO4eh47fr5YSeuU3N79>

CDC Milestones in Action: <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html>

CDC Developmental Milestones Videos: <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Aquifer Milestone Review: https://feinberg-md.meduapp.com/document_set_document_relations/85353

CDC Vaccine Schedule: <https://www.cdc.gov/vaccines/schedules/hcp/index.html>

Stanford Newborn Photo Gallery: <http://med.stanford.edu/newborns/professional-education/photo-gallery.html>

NEJM Otoscopy Video: https://www.youtube.com/watch?v=kms7P_eRg0o

Asthma Care Quick Reference: https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf

Low Risk BRUE Guideline: <https://pediatrics.aappublications.org/content/137/5/e20160590>

High Risk BRUE Guideline: <https://pediatrics.aappublications.org/content/144/2/e20184101.long>

University of Washington Heart Sounds & Murmurs: <https://depts.washington.edu/physdx/heart/demo.html>

Johns Hopkins University Congenital Heart Disease Animations: <http://www.pted.org/?id=list#1>

We hope you have a rewarding and inspiring experience on Pediatrics!

Sincerely,

Alanna Higgins, M.D., M.P.H., M.S.T. Pediatric Clerkship Director
Robyn Bockrath M.D. MEd, Associate Pediatric Clerkship Director
Quiana Smothers, Medical Education Coordinator