

## GOALS & OBJECTIVES

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### Pediatric Clerkship Goals

The Phase 2 Pediatrics Clerkship will provide the foundation of knowledge and skills which you will need in pediatric medicine, regardless of the specialty you decide to enter. We do not expect mastery of all goals listed but through efficient use of your time, we anticipate good progress will be made in attaining these goals. The overarching goal is to prepare you to care for children and their families and gain exposure to “bread and butter” pediatrics.

- Synthesis of medical knowledge and history-taking to formulate appropriate assessments and plans
- Generation of succinct and organized presentations on family-centered rounds and at the clinic bedside
- Becoming comfortable with your Pediatric exam, both of infants and children
- Recognition of normal and abnormal growth and development of children
- Recognition and management of emergent issues via Simulation sessions
- Practice providing age-appropriate anticipatory guidance

To be successful on the Pediatrics Clerkship, we feel ownership is key. To demonstrate ownership:

- You will gather information that no one else has obtained to diagnose your patients
- You will identify changes in the clinical exam that will be key to the management of your patients.
- You have time to establish relationships with patients and families and provide extra support to them.
- You will find primary literature which you will share with the team to help advance their care.
- Patients can and should identify you as the key member of the team..... **as their doctor.**

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## Phase 2 (All Clerkships) Common Objectives

**Objective 1: Perform complete or directed pediatric-focused histories and physicals when appropriate, and document efficiently in the medical record (EPA 1, EPA 2, EPA 5) (PCMC-1; PCMC-2; PCMC-3; PCMC-5; ECIS-1; ECIS-2)**

### *Expectations*

It is expected that all students should demonstrate proficiency with the basic newborn and pediatric exam and complete a focused physical exam on all patients the student is directly caring for during the clerkship. Faculty and residents will teach students the important and unique components of the pediatric workup and how to document these findings. Sample pediatric H&Ps are included in the Introduction to Phase 2 Purple Book. Ongoing feedback on written H&Ps will be provided throughout the clerkship.

### *Assessment*

The ability to obtain a pediatric H&P will be assessed in the clinical performance assessments from inpatient, outpatient and urgent care. Components of gathering and writing an H&P are also assessed in the OSCE. Feedback will be incorporated into the final grade narrative.

**Objective 2: Acquire and apply evidence-based knowledge about pediatric-specific conditions and diseases.** (EPA 2, EPA 3, EPA 7) (MKS-1b,1c,1d,1e,1f ; MKS-3a,3b; CLQI-3; PBMR-1; PBMR-2 ; PCMC-3)

*Expectations*

All students are responsible for each of the knowledge-based learning objectives. This list of required knowledge objectives aligns with the Counsel on Medical Student Education in Pediatrics objectives and is available on Canvas. Students will care for patients with a variety of medical conditions in both the inpatient and outpatient settings. In addition, students will practice constructing clinical questions and answering them by retrieving and analyzing the pertinent medical literature.

*Opportunities to achieve the objective*

1. Students will actively participate in the evaluation and care of patients presenting with a variety of pediatric-related concerns or needs.
2. Students will participate in scheduled educational time at orientation, mid-clerkship-day, student report, simulation and jeopardy.
3. Students will complete all required Aquifer cases.
4. Students will participate in a conference focused on identifying, discussing, and analyzing ethical issues specific pediatrics.

*Assessment*

1. Students will document all relevant patient encounters in the online clerkship log.
2. If the student has not been actively involved with an actual patient in each of the assigned clerk log categories by the end of the last week of the clerkship, the student will fulfill the requirement by utilizing the online Aquifer cases.
3. Students will demonstrate their acquisition of knowledge by successful completion and passage of the NBME Subject Examination in Pediatrics (minimum score above the 10<sup>th</sup> percentile nationally).
4. Students will identify and submit a brief description of an ethical dilemma they encountered during their clerkship for online and in-person discussion.
5. Students may be assessed specifically on their ability to search and analyze the literature using CPA forms (EPA 7).

**Objective 3: Demonstrate effective interpersonal communications skills with patients and as a member of the healthcare team** (EPA 6, EPA 9) (ECIS-1; ECIS-3; ECIS-4; PCMC-6; SATBC-2a-2b)

*Expectations*

Students will:

- Establish rapport with patients.
- Work cooperatively with others.
- Establish sufficient visibility and rapport with residents, fellows and attendings to be fairly evaluated.
- Communicate in a way patients understand by avoiding medical jargon and checking back for understanding.
- Contribute information effectively to the team in a clear and timely manner.

*Assessment*

Students will be assessed specifically on these interpersonal skills through the use of the CPA forms (communication domains and EPA 9). Students will request assessments from nurses. Feedback will be reflected in the Final Grade Narrative.

**Objective 4: Demonstrate professional characteristics as a student doctor and a member of the healthcare team**  
(EPA 9) (PBM-3; PBM-5; PBM-6; PBM-7; SATBC-2a-2b; CLQI-1a-1b; CLQI-2)

*Expectations*

Students will:

- Demonstrate dependability, truthfulness and integrity.
- Participate actively in learning opportunities and work assignments.
- Acknowledge and demonstrate awareness of own limitations.
- Take initiative for their own learning and patient care.
- Remain open to feedback and implement it.
- Treat all patients with respect and compassion
- Protect patient confidentiality.
- Students participating in patient care activities are expected to present a professional image in both conduct and attire, including the following:
  - Personal cleanliness
  - Attire appropriate to professional environment
  - Clean white coat
  - Jade green scrubs only in the proper locations, covered when appropriate and never worn outside the hospital
- Professional conduct also includes the following:
  - Charting is to be completed in a timely manner
  - Do not remove hard copies of medical records from the hospital
  - Do not discuss patients in public places
  - Do not argue diagnoses or management plans in front of patients or in the medical record
  - Arrive for clinics on time and well-prepared

*Assessment*

Students will be assessed specifically on these professionalism skills on the Clinical Performance Assessment (EPA 9 and Professionalism Domains). Feedback will be incorporated into the Final Grade Narrative where appropriate.

**Objective 5: Advocate on behalf of patients. (CES-1, CES-2, SATBC-1)**

*Expectations*

Students will:

- Identify social barriers to care and link patients to resources to address them.
- Effectively call on system resources to provide care that is of optimal value.

*Assessment*

Students will be assessed specifically on these skills through the use of the CPA forms and Professionalism Assessment Tool (PAT form) requested from nurses. This will be reflected in the Final Grade Narrative.

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## Pediatric Clerkship Objectives

### PATIENT-CENTERED MEDICAL CARE

- Efficiently obtain an age-appropriate medical/developmental/social history in a sensitive manner from a child and/or the accompanying adult. PCMC-1, ECIS-1 (CPE, DO, UCE, OSCE)
- Efficiently obtain age-appropriate information about household safety PCMC -1, ECIS-1 (CPE, DO, OSCE)
- Efficiently obtain a HEADDSS exam on an adolescent patient. PCMC-1, ECIS-1 (CPE)

- Independently perform an age-appropriate pediatric physical exam in a sensitive manner that is tailored to the nature of the visit or complaint. **PCMC-2 (CPE, DO, UCE)**
- Efficiently report findings of history, physical exam, studies and prior records in all settings, including on inpatient family-centered rounds using non-medical jargon. **ECIS-2, PCMC-3 (CPE)**
- Interpret history and physical exam findings to generate age-appropriate differential diagnosis. **PCMC-3 (CPE, SR, OSCE, UCE, NBME)**
- Formulate a patient care plan based on the most likely differential diagnoses. Include necessary diagnostic tests, therapeutic treatment, and family education. **PCMC-3, PCMC-6 (CPE, SR, OSCE, NBME)**
- Recognize criteria for admission and discharge from the hospital. **PCMC-3 (CPE, UCE)**
- When appropriate, reassess patients after initial examination. **PCMC-2 (CPE)**
- Efficiently share relevant clinical information with primary care providers after hospital discharges. **ECIS-3(CPE)**
- Write admission orders for straightforward patients. **PCMC-5 (SR)**
- Practice appropriate infection control measures while caring for patients. **PCMC-4 (DO)**

#### **MEDICAL KNOWLEDGE AND SCHOLARSHIP, CONTINUOUS LEARNING AND QUALITY IMPROVEMENT**

- Identify normal developmental milestones in infancy, childhood, and adolescence, and recognize deviations or delays. **MKS-1a (CPE, OSCE, NBME)**
- Identify normal linear growth and weight gain in infancy, childhood, and adolescence and recognize deviations or delays. **MKS-1a (NBME, CPE)**
- Recognize proper nutrition in the newborn, infant, child, and adolescents. **MKS-1a (CPE, CLIPP, OSCE, NBME,CL)**
- Recognize neglect and/or signs of physical/sexual abuse in children and their families. **MKS-1c (NBME, OSCE)**
- Provide age-appropriate anticipatory guidance about: newborn care, nutrition, behavior/development, immunizations, and injury prevention/household safety. **MKS-1f (OSCE, CPE, CL)**
- Describe the indications and use of the following screening tests: lead, anemia, hearing and vision, newborn screen, tuberculosis testing. **MKS-1f, MKS-3b (NBME, CPE, OSCE)**
- Describe the general science of immunizations, recognize the recommended vaccination schedule, and list the most common vaccine-preventable illnesses. **MKS-1f, MKS-3b (NBME, CPE)**
- Perform a thorough physical exam of a normal newborn infant. Specifically identify normal newborn reflexes, fontanelle, palate, red reflex, Barlow/Ortalan hip maneuvers, sacral dimples, and common skin findings. **PCMC-2, MKS-1a (NBME)**
- Recognize exam findings and treatment guidelines of acute otitis media. **MKS-1d (OSCE, NBME, CPE)**
- Recognize common pediatric rashes and associated diagnoses, including viral exanthems, jaundice, petechiae, purpura, bruising, vesicles, urticaria, and dermatitis. **MKS-1d (CPE, UCE, NBME)**
- Evaluate common pediatric conditions including: Fever, rash, sore throat, otalgia, rhinorrhea, cough, respiratory distress (asthma, viral-induced wheeze, bronchiolitis, pneumonia), vomiting and diarrhea with dehydration, abdominal pain, limp, heart murmurs, lymphadenopathy, failure to thrive, altered mental status (lethargy, irritability, seizure), newborn jaundice, headache, anemia, “BRUE” or brief resolved unexplained event. **MKS-1d, PCMC-3 (CPE, UCE, OSCE, NBME, SIM, CL, CLIPP)**
- Recognize variations in common laboratory findings and vital signs (heart rate, respiratory rate, blood pressure, complete blood count and differential, chest x-ray, cerebrospinal fluid, electrolytes). **MKS-**

#### 1d (CPE, SIM, OSCE)

- Recognize signs and symptoms that suggest urgent intervention for respiratory distress or dehydration, and take initial management steps in a simulated setting. MKS-1d, MKS-3b, PCMC-3 (SIM)
- Calculate the appropriate weight-based rate and describe appropriate components of intravenous fluids for Pediatric patients. MKS-1e (SR)
- Write complete prescriptions with age-appropriate, weight-based dosing for common medications (acetaminophen, ibuprofen, and amoxicillin). MKS-1e, MKS-3b (SIM, OSCE)
- Consistently apply relevant literature to daily patient care. MKS-3a,3b, CLQI-3 (CPE)

### COMMUNICATION AND INTERPERSONAL SKILLS

- Communicate effectively with patients and families using non-medical jargon and checking for understanding. ECIS-1, ECIS-3 (CPE, UCE, OSCE, RN)
- Provide culturally-sensitive patient education at an appropriate literacy level. ECIS-3, CES-1 (CPE, RN)
- Communicate patient information accurately and efficiently to all health care team members in a timely manner. ECIS-3 (CPE, RN)
- Deliver clear, properly-timed, and well-formatted oral presentations. ECIS-3 (CPE, RN, MC, SR)
- Write concise, accurate admission and progress notes in the EHR with up-to-date information including current patient assessments, appropriate physical exams, and problem-based plans. ECIS-2, PCMC-3, PCMC-5 (CPE)

### PROFESSIONAL BEHAVIOR AND MORAL REASONING, PERSONAL AWARENESS & SELF-CARE

- Consistently take initiative for own learning and patient care. PASC-3, PBMR-7 (CPE, RN)
- Demonstrate accountability, dependability, and integrity when interacting with patients, families, and members of the health care team. PBMR-3, PBMR-5, SATBC-2a (CPE, RN, UCE, MC)
- Demonstrate respect, compassion, accountability, dependability, and integrity. PBMR-3 (RN, CPE)
- Observe all patient privacy guidelines. PBMR-6 (RN, CPE)
- Adhere to standards regarding punctuality, dress, and professional boundaries. PBMR-3,5 (RN, CPE, MC)

### SYSTEM AWARENESS AND TEAM-BASED CARE

- Work as an effective member of the healthcare team in an outpatient clinic, inpatient teaching team, or urgent care setting. SATBC-2a, 2b (UCE, RN, CPE, MC)
- Interact effectively with clerical staff, nurses, physician assistants, nurse practitioners, and physicians in a cooperative manner to effectively and efficiently provide patient care. SATBC-2a, 2b (UC, RN, CPE)
- Collaborate effectively to help the healthcare team achieve its goals. SATBC-2a, 2b (CPE, RN)
- Implement provided feedback. CLQI-1a (CPE, DO)

### COMMUNITY ENGAGEMENT AND SERVICE

- Identify a patient's medical needs and assess barriers in accessing care. CES-1, SATBC-1 (CPE)
- Appropriately utilize community resources and multidisciplinary consultants including social work,

nutrition, and physical therapy, for patients in both inpatient and outpatient settings. CES-2, SATBC-1 (CPE, OSCE)

- Assess and reflect on ethical challenges when caring for pediatric patients. PBMR-1,2 (ES)
- Demonstrate awareness of community/social factors that influence medical decision-making. CES-1, PBMR-2 (CPE, ES)

Assessment Type

CPE	Clinical Performance evaluation
RN	Nurse Professionalism Evaluation
NBME	Shelf Exam
OSCE	Observed Simulated Clinical Encounter
ES	Ethics Session
UCE	Urgent Care Evaluation
CL	Clerklog
SIM	Simulation
MC	Mid-Clerkship Feedback Form
SR	Student Report
DO	Direct Observation
CLIPP	CLIPP Cases