



Pediatrics Medicine Clerkship Handbook 2024-2025

Clinical Clerkship Director and Coordinators

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Pediatric Clerkship Goals

The primary goal of the Pediatric Clerkship is to equip medical students with the knowledge and skills of pediatric medicine in order to be competent medical professionals. A complementary goal is to promote the independent learning skills necessary for life-long learning.

Ten specific goals for the student to attain during the clerkship are:

1. Acquire a basic knowledge of growth and development (physical, physiological, and psychosocial) and of its clinical application from birth through adolescence.
After completing this rotation, the student will:
 - Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician caring for children; demonstrate the ability to acquire, critically interpret and apply this knowledge in pediatric patient care.
 - Interpret common diagnostic tests and procedures used to evaluate patients who present with common symptoms and diagnoses encountered in the practice of pediatrics.
 - Define, describe and discuss recommended from birth through adolescence. Identify and counsel patients whose immunizations are delayed.
 - Demonstrate understanding of common procedures, including indications, procedure, risks, and interpretation of results.
2. Develop communication skills that will facilitate the clinical interaction and collaboration with children, adolescents and their families.
3. Develop competence and comfort in the physical examination of infants, children, and adolescents.
4. Acquire the knowledge necessary for the diagnosis and initial management of common acute and chronic pediatric illnesses.
5. Develop clinical problem-solving skills necessary for life-long medical practice and medical education.
6. Promote an understanding of the influence of family, community, and society on the child in health and disease.
7. Develop an approach to health supervision of children and adolescents, to include disease and injury prevention.
8. Develop the professional behaviors and attitudes appropriate for clinical practice.
9. Acquire an understanding of the approach of pediatricians to the unique health care of children and adolescents.
10. Support the College of Medicine's goal of understanding the mission of the healthcare team and the physician's role.

Professionalism in Clinical Practice

Professionalism is a core competency of a qualified medical doctor. Furthermore, Pediatric Clerkship students may not:

1. "Use, attempt to use, or copy any unauthorized materials/aides during any examination or graded exercise."
2. (e.g., Copying material directly from external sources such as "UpToDate" or "MD Consult" without properly annotating the source and putting in quotes if copied.)
3. "Knowingly provide false information in any academic document or academic exercise." (e.g., Documenting false information in a medical record, including examination findings not elicited. Copy-forwarding electronic notes without appropriate daily updates.)
4. "Knowingly present someone else's work as their own."
5. (e.g., Turning in a graded history or physical examination completed by another individual, failing to appropriately use quotation marks or provide references for sources of information.)
6. "Forge or alter for advantage any academic document." (e.g., Forging or altering a medical record.)
7. "Knowingly disregard instructions for the proper performance during any examination or graded exercise."
 - a. (e.g., Disregarding instructions on proper completion of standardized patient encounters, documentation of patient encounters, graded H&Ps, or examinations.)
 - b. (e.g., Unreliability as a team member, such as demonstration of a pattern of failing to be on time for teaching conferences, rounds, on-call duties or patient checkout.)
 - c. (e.g., Failure to appropriately respond to feedback.)
8. "Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete academic work."
9. (e.g., Intentionally not sharing information (particularly related to patient care delivery) with a fellow student to impede either care delivery or the other student's clinical performance.)
10. "Make any attempt to compare answers with the examination of another medical student."
11. "Knowingly assist a fellow medical student [or any health care provider] in any of the above activities."

Student Mistreatment/Grievance Policy

Professionalism and respect is a two-way street. We expect our site faculty, preceptors, and support staff to uphold the core values set forth by our Dean, School of Medicine, which include Respect, Integrity, Safety, and Excellence. If any student feels they have been mistreated, assaulted, abused, discriminated against, or otherwise harmed we recommend the following:

1. If at all possible, address the issue at the lowest level where you feel comfortable. Consider talking directly with the person(s) involved.
2. Notify your site director immediately of the situation no matter how egregious.
3. Refer to the CNSU School of Medicine student manual for institutional policy on mistreatment. Contact the Associate Dean for Student Affairs as soon as possible to initiate a formal complaint, protection of yourself and all parties involved as well as protection from retribution as stated in SOM guidance on mistreatment.

Bloodborne Pathogen and Communicable Disease Exposures

In the case of a student exposure to a blood borne pathogen through needle stick should occur, the student on the pediatric clerkship can refer to CNUCOM BPCDE procedure or ask for onsite policy from the site director.

Standard Precautions

Refer to the CNU COM Student Handbook

HIPAA and Patient Confidentiality

All HIPAA and Patient Confidentiality agreements should be completed through the office of Student Affairs at the CNSU College of Medicine prior to beginning of clerkship.

Dress Code for Patient Care and Clinical Activities

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the ambulatory setting and hospital wards. Acceptable requirements for appearance include the following:

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats when required for an activity should be clean, wrinkle free and in good repair. White coats are not required for your pediatric experience.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
 - Men should wear dress shirts or polo shirts with collar. Ties are optional but are recommended for patient care.
 - For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
 - T-shirts with slogans or pictures are not allowed.
 - Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
 - Shoes should be clean with heels no greater than 2 inches.
 - Scrubs should only be worn in designated areas and for this clerkship that includes only the newborn nursery.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of $\frac{1}{4}$ " or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.

Educational Program Objectives (EPOs) and Course Learning Objectives (CLOs)

The Curriculum follows the 6 ACGME Curriculum General Competencies. These are mapped to the Educational Program Objectives (EPOs) as indicated on the table below. The Final Evaluation of the students in MedHub assesses the student's performance in each area. The Clerkship Learning Objectives (CLOs) are mapped to the EPOs in the second table.

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment*
CLO-1	DIAGNOSTIC DECISION MAKING Demonstrate knowledge of common medical problems in Pediatrics and key factors to consider in patient history, physical examination, and diagnostic tests. Gather patient related histories and physical examination findings and apply knowledge of scientifically established standards to develop diagnoses and differential diagnoses of acute and chronic system-based conditions encountered in Pediatrics, with sensitivity to differing cultures and backgrounds.	PC1-PC8 MSK1- MSK5	1,2,4,5
CLO-2	HISTORY TAKING, PHYSICAL EXAMINATION, AND CASE PRESENTATION Demonstrate an ability to obtain a patient's history, perform physical examination, prepare legible, comprehensive, and focused patient workups, and orally present them in logical, organized, and succinct manner.	PC1-PC8 MSK1- MSK5 C1-C2 P1-P4	1, 2, 4, 5, 6
CLO-3	MEDICAL MANAGEMENT Demonstrate knowledge of evidence-based management and treatment options for common conditions and diseases encountered in Pediatrics, with understanding and sensitivity to cultural and personal differences, based on gathered clinical information and laboratory data.	PC1-PC8 MSK1- MSK5	1, 2, 4, 5, 6
CLO-4	COMMUNICATION WITH PATIENTS AND COLLEAGUES Demonstrate appropriate listening skills and effective verbal and non-verbal techniques to communicate with patients and colleagues and ongoing commitment to self-directed learning regarding effective doctor-patient communication skills. Demonstrate the ability to communicate organized presentations and encounters both orally and in writing that include the unique clinical information appropriate to Pediatrics, with all members of the healthcare professions, patients, families, from a broad range of cultures and backgrounds.	C1-C2 P1-P4 RP1-RP4	1, 4, 5
CLO-5	PREVENTION Demonstrate knowledge of primary, secondary, and tertiary prevention and address preventive health care issues as a routine part of the assessment of patients.	PC1-PC8 MSK1- MSK5 C1-C2 P1-P4	1, 2, 4, 5
CLO-6	FOUNDATIONAL KNOWLEDGE Demonstrate knowledge of the basic sciences and pathophysiologic principles behind the manifestations of the disease conditions.	MSK1- MSK5	1, 2, 5

*** Assessment options:**

1. Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium, Clinical Case Based Learning (SDL) and Medical Skills courses.
2. Faculty and resident direct observation and evaluations during clinical clerkships.
3. Patient case logs.
4. Objective Structured Clinical Exam (OSCE).
5. Medical Skills: Standardized patient, simulation exercises
6. USMLE Step 1 and 2 Exam

Required Clinical Experiences (Must See Cases)

Required Clinical Experiences: PEDIATRICS				
List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility for each				
Pediatrics	Abdominal pain, Nausea/vomiting, Dehydration, Diarrhea, Electrolyte or acid base disorder	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Asthma (chronic cough/wheeze), Acute cough/wheeze, Dyspnea/respiratory distress, Allergies	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	ADHD/behavior or Development problem, Headache	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Ear pain/URI, pharyngitis/URI, Skin disorder, Fever: infant < 3 mos; child > 3 mos; Joint/limb pain/injury	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Health Maintenance: Infant (0-12 mos) well child visit; Determine immunization needs, provide immunization, circumcision	Comprehensive Evaluation	Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Health Maintenance: toddler (1-4 yrs) well child visit; Prescription writing; anemia; child abuse and neglect	Comprehensive Evaluation	Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Health Maintenance: school-age (5-11 year) well child visit; Growth problem, plot growth curve, calculate/plot BMI	Comprehensive Evaluation	Ambulatory	Perform
		Treatment/Management		Assist
Pediatrics	Health Maintenance: adolescent (12-18 yrs) well child visit; Substance abuse/HEADSSS assessment in adolescent; GU compliant	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist

Recommended Pediatric Resources

Berkowitz's Pediatrics: A Primary Care Approach. 4th edition. AAP, 2011.
 Bright Futures Guidelines Third Edition, Pocket Guide, American Academy of Pediatrics, 2008.
 Current Diagnosis and Treatment: Pediatrics 22nd edition. (Hay, 2014)
 The Harriett Lane Handbook, 20th edition. Engorn and Flerlage (ed.) Elsevier, Inc., 2014.
 Nelson's Textbook of Pediatrics, 20th edition. (Kliegman, 2015)
 NMS Pediatrics – Dworkin
 Pediatrics for Medical Students, 3rd edition. Bernstein D & Shelov S. , 2012.
 The Red Book: The Report from the Committee on Infectious Diseases, American Academy of Pediatrics (AAP)
 Smith's Common Malformations, (5th edition, Saunders)
 Zittellis Atlas of Pediatric Physical Diagnosis, (6th edition)

Review books

BRS Pediatrics — Brown & Miller
 Case Files Pediatrics — Toy et. al
 First Aid for the Pediatrics Clerkship — Stead, Kaufman & Waseem
 Pediatrics PreTest Self-Assessment and Review — Yetman & Hormann

Pediatric Clerkship Structure

Pediatric didactics

Sessions are from 5:15 p.m. through 7:45 pm on Mondays via Zoom. Student Doctors will receive a Zoom invite to these sessions. The schedule will be adjusted as needed for campus holidays and other changes.

Nursery rounds

Excluding the Kaiser and AHMC locations, students will round in the Nursery at Sutter Hospital if this is a part of the schedule their preceptor has set out for them.

Circumcisions

If you would like to observe a circumcision, Drs. McCrimons and Nazareno are open to students coming to observe.

Dr. Daniel McCrimons – Saturdays at East Sacramento Pediatric Medical Group

Dr. Angelo Nazareno – Timberlake Pediatrics

Note, sometimes patients do not present to the office for their appointments. To increase your chances of seeing a procedure, try going on a date where more than one is scheduled. Please share among one another if you know the scheduled circumcisions for the week instead of having the office bombarded with phone calls.

Shelf exam

The Pediatric Shelf exam is held on the last day of the clerkship. If you do not pass your initial Shelf exam, you will follow the progression policy outlined for the university, on remediation and re-take of the shelf exam.

Absences

Student Doctors are allowed one excused absence during this clerkship. If you are planning to miss a day in your preceptor's office, you need to complete an Unexcused Absence Form and get in contact with the Clerkship Director immediately. All absences must be made up during the clerkship. Attendance and participation at didactics are mandatory and required to pass the course.

Pediatric Clerkship Assignments

Clinical Preceptor Evaluations
NBME Pediatric Shelf Examination
Case Presentation
History & Physical Note
Participation/Didactic attendance
Professionalism
Must See List & Patient Encounter Log

History and Physical Note

This activity is for you to receive feedback on documentation of one patient encounter or H&P every other week for the first 4 weeks during the clerkship. You will submit the two complete history and physical exam write ups that you performed on a patient during this rotation to the appropriate canvas site. All write-ups should have de-identified data regarding the patient and should not be sent by e-mail to the Clerkship Director. The H&Ps should be uploaded to canvas. Timely completion of this assignment is required to pass the course.

Pediatric History and Physical Template

Patient Initials:

Student Name:

Date:

CHIEF COMPLAINT: A phrase, best using the patient's "own words."

HISTORY OF THE PRESENT ILLNESS:

This patient is a ____year-old ____race ____male/female who presents with a complaint of _____ for the past _____ (period of time).

[This is where you tell the patient's story. Be sure to include all the HPI elements that you elicited from the patient.]

Mnemonic: OLD CARTS

Onset, location, duration

Character, Aggravating/Relieving Factors, Related Symptoms, Timing, Severity

PAST MEDICAL HISTORY

Medical Illnesses/diseases/conditions as an adult including psychiatric

Include what the patient reports

Include diseases common in this age group that you asked about but were negative

Childhood Illnesses

PAST SURGICAL HISTORY

[Any surgical procedures, done either as an inpatient or outpatient]

BIRTH HISTORY

[Child born to a ____yr-old G__P__Ab__L__ woman at (term, ____weeks gestation)

Delievered by (NSVD, C-section) discharged home after a ____day Newborn Nursery stay.]

DEVELOPMENTAL HISTORY

PREVENTIVE HEALTH: [Immunizations, preventive health screenings appropriate for age]

MEDICATIONS: [Prescription, non-prescription, supplements]

Name of medication

Dosage

Frequency

Indication

ALLERGIES: [Allergies to medications, foods or environment AND what happens]

FAMILY HISTORY: Parents, grandparents, siblings, children – ages and any medical illnesses/diseases such as: HTN, Heart disease, stroke, COPD, Diabetes, Cancer, Obesity, depression, dementia

SOCIAL HISTORY:

Marital status, occupation, education, living situation

EtOH, Tobacco, Drugs

Diet, Exercise, Travel, Sick contacts

Hobbies, pets

REVIEW OF SYSTEMS: [At least 2 to 3 symptoms from 10 systems]

CONSTITUTIONAL:

HEENT:

RESPIRATORY:

CARDIAC:

GASTROINTESTINAL:

GENITOURINARY:

MUSCULOSKELETAL:

SKIN:

ENDOCRINOLOGIC:

NEUROLOGIC:

PSYCHIATRIC:

PHYSICAL EXAMINATION

Vital Signs: [Vital Signs always come first]

Temperature:

Pulse: [beats/minute]

Respirations: [breaths/minute]

Blood Pressure: [which arm, patient position] [mmHg]

Oxygen Saturation: [give % then on what oxygen source: room air, i.e. 2L/min via nasal canula]

Height:

Weight:

BMI:

[Describe any + or – findings relevant to the patient’s complaints]

General Appearance:

HEENT:

Respiratory:

Cardiac:

Abdomen:

Genitourinary:

Musculoskeletal:

Skin:

Neurologic:

Lymph Nodes:

LABORATORY EXAMINATIONS/STUDIES

List any labs, imaging etc. you reviewed as part of the encounter. Do not list labs you ordered as part of your plan as those are list below under PLAN.

MEDICAL DECISION MAKING AND DIFFERENTIAL DIAGNOSIS

This is where you state your primary diagnosis and the supporting evidence for it. If there is more than one possibility, you list these *differential diagnoses*, and develop reasoning for each one, using supporting or refuting elements from both the history and the physical that you performed.

DIAGNOSES:

[List diagnoses here in bullet point fashion]

1. [primary working diagnoses]
2. [secondary diagnoses] (not differential diagnosis)

3. [secondary diagnoses] (not differential diagnosis)
- 4.
- 5.

MANAGEMENT: [Please include any diagnostic testing you want to order, any treatments needed right now, any patient education about what is going on, and any follow-up you plan]

[List these in a bullet point manner, of action steps you will take]

- 1.
- 2.
- 3.

Case Presentation

Present a case that you encountered during the Pediatric clerkship that you found to be interesting. Remember, the slides are there to assist with your presentation. Use them to highlight what you are saying but remember that it is best not to read directly from them. Presenting cases is a major part of residency training and something that you will do in all areas of medical training. This is to help you with fine tuning your skills. Either the history of present illness stood out to you, or the diagnosis was something that you were surprised to learn. De-identified images and/or lab results may be included if they pertain to the case. In respect of HIPAA, these presentations and any information submitted as part of course work may be used when it is de-identified.

You will present a PowerPoint presentation where you will present the case followed by discussion of the diagnosis or other learning point. This presentation should be approximately 8 minutes in length. Time for questions will follow.

EXAMPLE:

I. The Case

- A. One line presentation of situation.
 - a. *Patient is a 4-year-old male presenting to the ED with pain to nose.*
- B. Signs/Symptoms
 - a. *Difficulty breathing*
 - b. *Mass in nostril*
- C. Review of systems
- D. Physical exam
- E. Labs/Imaging
- F. Differential diagnoses

**Preceding sections C,D, and E should highlight the pertinent positives and negatives of the patient's case.*

II. The diagnosis

- A. Background on diagnosis
 - a. *Summary of foreign body ingestion*

- b. *Demographics of age group that it affects*
- B. Signs/Symptoms related to diagnosis
 - a. *Difficulty breathing*
 - b. *History of playing with small objects*
- C. Management/Treatment
- D. Conclusion of the patient concern

Must See List / Patient Encounter Log

Must See List: Log of specific diagnoses that need to be seen during the clerkship. At minimum two items from each section.

Patient Encounter Log: Record the age, sex, and diagnosis of every patient you see during the clerkship.

All patient encounters and required diagnoses will be submitted via MedHub.

*****All assignments for the clerkship are due no later than one week following the NBME Shelf exam. Late assignments will be subject to a reduction in earned points for the work.***

NBME Shelf Preparation

The most commonly cited shelf review books were Pre Test and Case Files. Other resources included First Aid for Pediatrics, NMS Pediatrics, Blueprints, and USMLE World or Kaplan QBank. Most successful students started and finished at least two board review activities, usually PreTest and Qbank for Pediatrics. In addition, all thirty-two Aquifer cases are available to use as a learning resource.

NBME Shelf Examination

The exam takes place the last Friday of the rotation. The location of the exam and other details will be e- mailed to you the Wednesday/Thursday prior to the exam date.

The exam consists of approximately 110 questions to be completed in two hours and forty-five minutes. The examination is administered via your personal laptop computer and is proctored by the Clerkship Coordinator team. All other items, except identification cards, should be left outside of the classroom. If you do not pass your Shelf exam, you have one additional opportunity to retake the exam within three weeks. If unable to pass the retake exam, you will receive a "Y" grade and the Student Promotions Committee will discuss a remediation plan.

CNU COM Clerkship Grading Policy

A student's final clerkship grade will be based on the following three components:

- Academic NBME Shelf Exam Results.
- Clinical Evaluation of Student by Preceptor in rotations.
- Clinical Evaluation of Student by Clerkship Director in didactics.

The NBME Shelf exam score is an empirical measurement of student knowledge in the particular specialty field. Students are scored against a large national cohort of similar third year medical students. CNSU-COM's policy is that students Shelf score will be graded based upon the following percentile results on Shelf:

- ≥ 5 = Pass
- ≥ 30 = High-Pass
- ≥ 75 = Honors

This NBME Shelf "grade" will be the starting point of the student's final grade.

But this Shelf grade will then be compared against a composite Clinical grade, generated from the combination of Clinical Evaluation by Preceptor, and Clinical Evaluation by Clerkship Director.

The Final Grade will then be determined as follows:

- The NBME Shelf exam grade will generally* be the starting point
- But the final grade can be moved up, or down, based upon student performance in the clinical segments (Preceptor and Didactic)*

Example Grading Scenario #1

- NBME score of “pass” but is in the upper half* of the “pass” range
- Combination of Preceptor and Didactics Score is “honors”
- Students final grade can be elevated (at discretion of CD) from pass to high-pass based upon superlative clinical performance.

Example Grading Scenario #2

- NBME score of “honors” but in the lower half* of the “honors” range
- Combination of Preceptor and Didactics Score is only “pass”
- Students final grade can be reduced (at discretion of CD) from honors to high-pass based upon less than stellar clinical performance.

An academic grade of pass, will not be lifted all the way to honors by even stellar clinical performance, but it can move the final grade up (or down) to the next adjacent grade level above (or below) their academic grade.

* Flexibility in the Grading System

Clerkship Directors may and can opt to tighten up the parameters, for example only allowing movement up or down...if Shelf is in upper or lower quarter of grade range (rather than the upper or lower half of the grade range). Doing so would give the Shelf move weight, as compared to clinical and didactics components.

Details of Preceptor Grade Component (Attending preceptors please note)

Numeric “5 Point Likert Scale” Scoring

Completion of the MedHub Educational Program Objectives (EPO) scores are important to help us assign student grades. Preceptors are asked to rank students on 15 areas of performance. These 15 topics are grouped and follow the COM General Competencies System:

- GC1 are questions about Patient Care (PC)
- GC2 cover Medical Skills and Knowledge (MSK)
- GC3 addressed Communication Skills (C)
- GC4 deals with Professionalism (P)
- GC5 deals with EMR and Healthcare Systems (HC)
- GC6 deals with Reflective Practice and Personal Development. (RP)

In each area of student performance, preceptors are asked to evaluate the student on a 1 to 5 Likert scale, with the 1 to 5 scale representing:

1. Fail – you believe the student should flunk the clerkship (and repeat)
2. Needs Improvement – performance not so low as to fail student, but in this area student should obtain remediation before passing
3. Pass – good performance sufficient (at this level of training and without remediation) to proceed forward with training
4. High-Pass – exemplary performance above average
5. Honors - outstanding performance

On average, a student performing at or above 3.0 on average will be considered to have Passed their preceptor evaluation. A student performing from 3.5-4.4 will be considered for the “High-Pass” grade. A student who averages 4.5 or above will be a candidate for an “Honors” grade. A student scoring below 3.0 will be seriously evaluated for necessary remediation. This could include additional course assignments, repeat of some or all of

the clinical time in the clerkship, or might contribute to a failing grade in the clerkship. Any of the 15 topics ranked or graded as 1 (fail) will require full review by CD and possibly Student Evaluation & Promotions Committee (SPC), even in the case of the overall score reaching a passing average of 3.0 or above.

Narrative comments are critical to thorough student evaluation.

Preceptors provide narrative comments on each student, commenting on both strengths and weaknesses. All narrative comments by preceptors will be reviewed by the Clerkship Director, along with the checklist scores when determining [final grades](#) for the clerkship rotation. Student's numeric preceptor grade component for the clerkship rotation component may be raised or lowered based on exceptionally persuasive narrative comments from an attending preceptor. This is entirely at the discretion of the CD, and their own judgement of the narrative comments.

Details of Didactics Grade Component

The bulk of the **Final Grade** is based upon the above two components:

- The **Academic** NBME Grade
- The **Clinical** Preceptor Grade

But there is one final component, that similar to the Clinical Preceptor Grade, can bump the **Final Grade** up, or down. That final component is the Grade conferred during **Didactics** by the individual Clerkship Director. The specific structure used in the production of this component will not be specified here, as it can and does vary from clerkship specialty, to clerkship specialty, and may even vary somewhat from block to block, as the availability of resources (guest lecturers, lab availability, in-person vs virtual **didactics**, etc) is changing and active. At times, even the Clerkship Director themselves may change, and the new CD may recommend different grading ideas and rubrics from the former. But the sum-components of the **Didactics** experience that may be brought to play in the production of this **Didactics** component may include:

- Attendance
- Timely submission of assignments
 - Assignments may include
 - case reports
 - quizzes
 - mid-clerkship evaluations
 - clinical topical write-ups or presentations
 - other at discretion of CD
- Successful logging of “Must-See Cases”
- Ongoing logging of “Must-Do Procedures”
- Participation in Discussions
- Participation in Lab (if any)
- Grading of any of the above (vs pass/fail)

To be clear, the **Didactics** grade is entirely at the discretion of the Clerkship Director, and to reiterate cannot be subject to strict simplification or restriction in this document.

Professionalism and Remediation

Lapses of professionalism or low preceptor ratings. Professional behavior (discussed elsewhere) is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the clerkship will be investigated by the clerkship director. Such lapses may include, but are not limited to, cheating; plagiarism; or failure to fulfill patient care responsibilities. Likewise, any score of “below expectations” or less by any preceptor will be investigated by the clerkship director. If the allegation of a lapse in professionalism is substantiated, or if the rating of “below expectations” or less is found to be accurate, either of these criteria alone (regardless of NBME exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student will also be referred to the Student Evaluation and Promotions Committee for further consideration. Y “incomplete” grade may be assigned, and remediation may be required. Further details are discussed in the next section.

Details of remediation of borderline performance; Y grade options.

Scenario: Low NBME score, acceptable preceptor evaluations

A student who receives ratings from preceptors at or above the “meets expectations” level, but who scores less than 5% on the NBME Subject Examination in emergency medicine can be managed along one or both of the following pathways:

1. “Bad Test Day” – if the student feels he or she was prepared for the test, but suffered from some unforeseen problem such as illness, family or other stress, or other un-avoidable distraction that prevented them from performing up to par, that student may request a “quick re-take” of the Shelf exam. This must be explained to the Clerkship Director and the CD must agree that a quick re-take is justified. Quick means ideally that the student sits for the re-take in general within a week of the original exam date, or at most two weeks of original exam date. Note that this quick re-take is not intended to allow the student to study more. This presumes that they already did study enough, but just suffered from unforeseeable stresses on the test day.
2. If the student does require a quick retake test, and fails this second attempt...OR if the reason the student did not pass the first attempt was actually lack of study and preparation for the first test, then the student will be given a Y grade for the course. Student and CD then need to sit down and discuss the situation, and come up with a remediation plan. A remediation plan could involve:
 1. Identification of free or other time where student can study more for a re-take test
 2. Deferral of an upcoming clerkship to create time for study
 3. Referral to student affairs for test preparation counseling
3. This plan must be documented in a SPC referral, signed by student and CD and the Chief of Clinical Education, and submitted to SPC for review and either approval, or other remediation recommendation.

The student may remediate the Y grade by taking the examination a final second, or third time (third if a “quick retake test” was allowed), the time frame to be determined in consultation with the clerkship director.

If the student passes the retake NBME exam (after the administration of a Y grade), their Y will then be upgraded to a Y/P grade, which is a passing grade, but the Y will remain along with the Pass. The maximum grade achievable upon remediation shall be that of “Y/Pass”.

Ambulatory (Outpatient) Pediatrics

The outpatient clinic component focuses on general pediatric care. You will spend the majority of your clinical time in an outpatient office. The goal is for you to experience a variety of patient encounters, including routine health maintenance visits; acute visits for young infants through adolescents; and follow-up of acute and chronic illnesses. The majority of your time will be devoted to general pediatric patients.

Precepting will be provided by experienced staff physicians interested in student education and in improving your pediatric data collection techniques and fund of knowledge. Preceptors will work very closely with you to maximize opportunities to learn in each clinic session. You will be expected to collect and document data in the “SOAP” format (Subjective, Objective, Assessment, and Plan).

As a medicine specialty, pediatrics requires both a broad and deep fund of knowledge. Patients of varying ages and developmental levels require an individualized approach to each encounter. Data collection in children is a unique skill that requires flexibility on the part of the provider, often both mental and physical.

Many of our clinical rotation sites will employ electronic medical record systems. A commonly used and federally compliant system will use ‘smart files’ or ‘smart lists’. Students may use these useful tools but must ‘learn’ what is needed during a particular exam and why it should be documented in such formats.

Expectations for Outpatient Pediatrics

1. You will ask your assigned preceptor about their expectations for you in the clinic.
2. You will perform H&Ps on assigned patients, and document your findings in the electronic medical record (EMR).
3. You will focus on data collection, organization and prioritization of data, and reporting in both oral and written formats.
4. You should elicit feedback from your preceptor(s) at the end of each clinic day.
5. Ask your preceptor to sign off on diagnoses/procedures listed on your Pocket Card.
6. Ask your preceptor for mid clerkship evaluation and have them fill out and sign the form and submit it by the 3rd week of your rotation on canvas.

Student Doctors should be at their assigned outpatient offices at 9:00 a.m. on the first day of the rotation. After the first day you will arrive at the start time noted by your clinical site preceptor

Inpatient Pediatrics

Inpatient Pediatrics operates at all times of the day, on weekends, and during holidays. This clerkship will introduce you to a portion of managing patients in a hospital setting. This experience will help you to improve your history taking skills and presenting patients efficiently during patient rounds.

Care of children in a hospital setting frequently involves other patient care teams as well as the patient’s family. As you assist with a patient’s work-up and await results, always check with your Attending first before providing results directly to a patient, family member, or other relative.

Expectations for Inpatient Pediatrics

1. You will follow the daily work routine of your Attendings as directed.
2. You will focus on admission history and physicals (H&P), daily exams, and progress notes on each patient you follow.
3. You are expected to collect lab, imaging, and consult results in preparation for daily rounds. You will be

expected to present your findings in an efficient, concise manner and answer questions as needed during rounds.

4. You are encouraged to stay involved with your patient's care including specialty consults and procedures. Verify with your Attending if you may accompany/observe procedures for your patient.
5. You will learn and understand the aspects of hospital admission orders and discharge planning.
6. Ask your preceptor to sign off on diagnoses/procedures listed on your Pocket Card.

On-call

Inpatient service includes one "long call" evening where the work day ends at 7:00 p.m., and a full day of hospital duty on a weekend date. You will select when these dates are to occur with your Attending physicians. Students maximum work hours are not to exceed 80 hours per week.



M3 Mid-Clerkship Formative Evaluation Form

DEPARTMENT OF CLINICAL MEDICINE
9700 West Taron Drive | Elk Grove, CA 95757
m3@cnsu.edu | (F) 916-686-8432
Forms are available on CANVAS

STUDENT AND PRECEPTOR INFORMATION (COMPLETED BY STUDENT)

Student Name: _____ Student ID #: _____ Class of: 20

Preceptor Name: _____ Title: _____

CLERKSHIP DETAILS (COMPLETED BY STUDENT)

TRACK #	CLERKSHIP TITLE	CLERKSHIP DATES		ROTATION SITE
		From:	To:	

EVALUATION (COMPLETED BY PRECEPTOR)

REPORTER (INITIAL):	Not performed	Never	Sometimes	Usually	Always
Obtains an accurate, complete and detailed H+P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents patient data clearly and logically, following a standard format, with good command of medical terminology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPRETER (DEVELOPING):	Not performed	Never	Sometimes	Usually	Always
Gathers patient information efficiently. Performs focused H+Ps and adapts to the situation/reason for patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selectively presents pertinent patient information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthesizes and concisely summarizes patient data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interprets clinical findings to independently offer an accurate working diagnosis and prioritized differential diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes pathophysiology or rationale underlying each possible diagnosis when relevant to patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGER (DEVELOPED/PROFICIENT):	Not performed	Never	Sometimes	Usually	Always
Offers a reasonable plan for testing and/or treatment, including needs beyond the immediate hospitalization or clinic visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates information from reference resources and clinical studies in developing evaluation and treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates patients' individual situation, values, and preferences in treatment planning recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses the risks, benefits, alternative choices, and costs of tests and treatments. Demonstrates awareness of sensitivity and specificity of lab tests and imaging modalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATOR (ADVANCED)	Does not apply at medical student level				

OVERALL ASSESSMENT			Beginner	Initial	Developing	Developed	Proficient
Preceptor instructions: These are the expectations of an average learner as they progress through medical school			Meets expectations of a pre-clinical medical student	Meets expectations of an early M3 clerkship student	Meets expectations of student midway through M3	Meets expectations of student finishing M3 year	Meets expectations of a graduating M4 student
Preceptor's assessment of this student's current professional growth? (SELECT ONE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS							
Please provide student's strengths and areas of improvements							
PRECEPTOR ATTESTATION		YES	NO	Preceptor Signature			Date
I met with the student at midpoint of the clinical rotation and discussed the above feedback on the date indicated		<input type="checkbox"/>	<input type="checkbox"/>				
STUDENT SIGNATURE / DATE				Please see page 2 for instructions			