

# Noorda College of Osteopathic Medicine

## PEDS 301 Pediatrics

### Course Description

This required clerkship provides students with clinical exposure, observation and training to further their understanding of pediatrics. Students focus on inpatient and outpatient medical management of infants and children to prepare for more advanced study of the discipline.

6 semester credits

Repeatable credit: no

### Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for this required clerkship *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care (PC)**.
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge, behaviors, critical thinking and decision-making skills related to:
  - Historical assessment
  - Physical examination
  - Osteopathic structural exam
    - Application of osteopathic manipulative medicine when clinically indicated
  - Outlining a differential diagnosis for presenting complaints
    - Devising an evidence-based, cost-effective diagnostic approach
    - Appropriate interpretation of diagnostic studies
  - Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems including the critical role of Pediatric physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

## Course Structure

Pediatric clerkships occur in various settings across the country and provide a wide variety of educational experiences giving students an opportunity to understand how context influences the diagnostic process and management decisions. Pediatricians routinely address complexities, including patients with multiple concerns, various psychosocial issues, and different, sometimes conflicting behaviors that influence their health and health care. Due to the breadth of care provided by pediatric physicians it is not possible to list all potential patient presentations that physicians competently manage. The required elements within the curriculum are during the Pediatrics 301 clerkship experience.

Students will rotate in assigned clinical settings in order to complete the required third year Pediatrics clerkship. Pediatric preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among Pediatrics clerkships, this standardized curriculum is provided. In order to successfully complete the required third year Pediatrics clerkship, students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum.

The Noorda-COM standardized Pediatrics core curriculum has been designed for the purpose of ensuring that all third year students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

## **Competencies & Objectives**

The Noorda-COM educational program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the Pediatrics 301 clerkship are denoted in bold:

1. **Demonstrate basic knowledge of osteopathic philosophy and practice and osteopathic manipulative treatment.**
2. **Demonstrate medical knowledge through one or more of the following: passing of course tests, standardized tests of the and/or NBME, end of clerkship tests, research activities, presentations, and participation in directed reading programs and/or journal clubs; and/or other evidence based medical activities.**
3. **Demonstrate interpersonal and communication skills with patients and other health care professionals.**
4. **Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice.**
5. **Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.**
6. **Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.**
7. **Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.**

## Clerkship Objectives

Learning objectives and common conditions are tied to one of three types of office visits – patients presenting for **acute, chronic, or preventive care**. By the end of the clerkship, students will be able to demonstrate an understanding or ability to perform the essential objectives for undergraduate medical education in osteopathic pediatrics.

### Student Learning Objectives for Acute Presentations

At the end of the clerkship, for each common symptom, students should be able to:

- Differentiate among common etiologies based on the presenting symptom. **(PC)**
- Elicit a focused history and perform a focused physical examination. **(ICS)**
- Recognize “don’t miss” conditions that may present with a particular symptom. **(PC)**
- Discuss the importance of a cost-effective approach to the diagnostic work-up. **(SBP)**
- Describe the initial management of common and dangerous diagnoses that present with a particular symptom. **(ICS)**

### Core Presentations for Acute Care

Common infectious and non-infectious causes are listed.

Topic	Topic Specific Objectives	Common	Serious	Osteopathic Clinical Skills
Health Maintenance Routine	<ul style="list-style-type: none"> <li>• Understand the scope of pediatrics including anticipatory guidance for all ages of children. <b>(PC, PBLI)</b></li> <li>• Understand prevention and recognition of obesity and the potential effects on the world’s population. <b>(MK, PC, PBLI)</b></li> </ul> <p><a href="#">CDC parent tips for healthy weight tips for children</a></p> <p><a href="#">Pediatric Environmental health Toolkit- CDC</a></p>	<p><a href="#">Nutrition concerns</a></p> <p><a href="#">Weight gain</a></p> <p><a href="#">Weight loss</a></p> <p>New born assessment</p> <p>Nelsons chapter 88</p> <p><a href="#">Well child check</a></p> <p>Environmental health</p>	<p>Diabetes</p> <p><a href="#">Failure to Thrive</a></p>	<p>Pediatric Patient</p> <p><a href="http://meded.lwhealthlibrary.com/content.aspx?bookId=828&amp;sectionId=50043126&amp;resultClick=1#50043733">http://meded.lwhealthlibrary.com/content.aspx?bookId=828&amp;sectionId=50043126&amp;resultClick=1#50043733</a></p>
Fever undifferentiated	<ul style="list-style-type: none"> <li>• Discuss common infectious processes in the pediatric population and immunization practices and schedules for children and adolescents. <b>(ICS, PC)</b></li> <li>• Ability to initial a logical evaluation and therapy for common infectious problems in the pediatric patient. <b>(PC, PBLI)</b></li> </ul>	<p>UTI</p> <p>Appendicitis</p>	<p>Sepsis</p>	<p>UTI Treatment</p> <p><a href="http://meded.lwhealthlibrary.com/content.aspx?bookId=719&amp;sectionId=49966284&amp;resultClick=1">http://meded.lwhealthlibrary.com/content.aspx?bookId=719&amp;sectionId=49966284&amp;resultClick=1</a></p> <p>Describe lesions anticipated structural changes</p>

				Utilize myofacial techniques
Topic	Topic Specific Objectives (listed by core competency)	Common	Serious	Osteopathic Clinical Skills
Neonatal Jaundice	<ul style="list-style-type: none"> <li>Awareness of symptoms and signs of jaundice, the evaluation of the patient and common considerations of causes of jaundice. <b>(MK, PC)</b></li> </ul>	<u>Feeding difficulty</u>  <u>Spherocytosis</u>  <u>ABO Incompatibility</u>	<u>Sepsis</u>  <u>Arteriovenous Malformation</u>	
Acutely Ill/ Emergent Problems	<ul style="list-style-type: none"> <li>Understand and initiate care for children in emergent situations in an organized fashion. <b>(PC, ICS, MK)</b></li> </ul>	<u>Testicular torsion</u>  <u>Asthmaticus</u>	<u>Bronchiolitis</u>  <u>DKA</u>  <u>Heart Failure</u>  <u>Drowning</u>  <u>Burns</u>	<u>Asthma</u> Describe anticipated findings and dysfunction in the patient with asthma
Diarrhea/ Constipation	<ul style="list-style-type: none"> <li>Ability to recognize acutely ill patients and initiate care. <b>(PC, PBLI)</b></li> <li>Complete history and physical and order appropriate tests/labs. <b>(PC, MK)</b></li> <li>Recognize and treat dehydration and/or nutrition deficits. <b>(MK, PC)</b></li> <li>Discuss different factors between neonatal and childhood problems as well as factors influencing acute and chronic patient presentations. <b>(ICS, PC)</b></li> </ul>	<u>Nutrition</u>  <u>Constipation-Nutrition</u>  <u>Overfeeding/Insufficient volume/bulk)</u>  <u>Lactose intolerance (access peds)</u> <u>Lactose Intolerance (clinical key)</u> <u>Disorders of Malabsorption</u>         <u>Hyperthyroidism</u>   <u>Medication</u>	<u>Necrotizing Enterocolitis</u> <u>Celiac disease</u> <u>Tumors (Mucosal and Neoplastic)</u> <u>Bowel Obstruction</u>  <u>Neurologic</u>  <u>(anal /Intestinal) Atresia</u>  <u>Imperforate Anus)</u>	Describe anticipated findings and dysfunction in the patient with <u>GI Issues</u>

Communicable Diseases	<ul style="list-style-type: none"> <li>Know common infectious or transmissible diseases in pediatric population. <b>(MK)</b></li> <li>Understand the epidemiology and modes of transmission and prevention. <b>(PBLI, MK)</b></li> <li>Understand and be able to explain the importance of routine vaccination. <b>(ICS, PBLI, SBP)</b></li> <li>Awareness of what diseases should be reported to health department. <b>(PBLI, SBP, P)</b></li> </ul>	Influenza Coxsackie viral infection (Hand- foot -mouth disease) Chicken Pox Fifth Disease	Pertussis Influenza Viral Meningitis MSRA Mumps	
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Topic	Topic Specific Objectives	Common	Serious	Osteopathic Clinical Skills
Lower Respiratory Stridor Cough Respiratory Distress And Upper Respiratory Sore Throat Otalgia	<ul style="list-style-type: none"> <li>Recognize, localize, and begin therapy for common pediatric lower respiratory compromising disease states. <b>(MK, PC)</b></li> </ul>	Croup Viral illness Bronchiolitis Infants Pneumonia Asthma Strep Throat Allergic rhinitis	Bacterial Tracheitis  Epiglottitis Peritonsillar abscess Congestive Heart Failure	Describe anticipated dysfunction and treatment techniques in the patient with Lower Respiratory Tract Diseases
	<ul style="list-style-type: none"> <li>Recognize, localize, and begin therapy for common pediatric upper respiratory compromising disease states. <b>(MK, PC)</b></li> </ul>			Describe anticipated dysfunction and treatment techniques in the patient with upper respiratory tract diseases
Central Nervous System Fussy lethargy Irritable	<ul style="list-style-type: none"> <li>Appreciate and be able to initiate care for children in emergent situations in an organized fashion. <b>(PC, MK)</b></li> </ul>	Concussion Headache Ataxia Intracranial Hemorrhage	Closed head injury Meningitis seizures	
Acute Presentation Topic <b>(MK)</b>		Required Assignment		

Additional acute care measures that may be encountered can be found in course syllabi FMED 301/302, IMED 301/302, SURG 301/302, PSYC 301, and OBGY 301.

### Student Learning Objectives for Chronic Disease Presentations

At the end of the clerkship, for each core chronic disease, students should be able to:

- Elicit a focused history that includes information about adherence, self-management, and barriers to care. **(ICS)**
- Assess improvement or progression of the chronic disease. **(PC)**
- Communicate respectfully with patients who do not fully adhere to their treatment plan. **(P)**
- Perform a focused physical examination that includes identification of complications.
- Describe major treatment modalities. **(ICS)**
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention. **(PBLI)**
- Document a chronic care visit. **(PC)**

- Communicate appropriately with other health professionals (eg, physical therapists, nutritionists, counselors). **(PBLI, SBP)**

### Core Presentations for Chronic Diseases

Pediatric patients may have one or more chronic diseases. In caring for these patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the pediatrician to address surveillance, treatment, and shared goal-setting of multiple issues in progressive stages taking into consideration the family structure, resources. Students should understand, however, that a follow-up visit with a patient for a chronic disease is different than an initial visit with a patient and also different from an acute problem visit. A chronic disease follow up visit can be differentiated into stable, unstable and exacerbated; in the later the visit may take on attributes similar to an acute care visit.

Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes. Chronic diseases care focuses on six fundamental areas: self-management, decision support, delivery system design, clinical information system, organization of health care, and community support. Pediatricians strive to empower patients to actively engage in their own care and work as the leader or member of a team of professionals with complementary skills such as nurses, physical therapists, nutritionists, and counselors.

Topic	Topic Specific Objectives	Common	Serious	Osteopathic Clinical Skills
GI tract	<ul style="list-style-type: none"> <li>• Discuss common gastrointestinal disease states and the evaluation of such problems in children. <b>(MK, PC)</b></li> </ul>	Gastroesophageal reflux disease  Gastroenteritis	Pyloric stenosis	Describe anticipated findings and dysfunction in the patient with chronic GI Issues
Dermatologic Systems Rash Pallor	<ul style="list-style-type: none"> <li>• Familiar with common skin problems and the diagnosis of common dermatologic disease states in the pediatric population. <b>(PBLI)</b></li> <li>• Awareness of the presentation and initial evaluation of suspected cancer or space occupying lesions in children. <b>(PC, MK)</b></li> </ul>	Eczema Atopic Dermatitis  Cutaneous Candidiasis  Thrush	Toxic shock Anemia Cancer lesions	

Topic	Topic Specific Objectives	Common	Serious	Osteopathic Clinical Skills
Enuresis (Nocturnal/Diurnal)	<ul style="list-style-type: none"> <li>Discuss symptoms, causes of and treatments of enuresis. <b>(MK, ICS)</b></li> <li>Understand differences between diurnal and nocturnal enuresis. <b>(PC, MK)</b></li> <li>Ability to carry out complete history and physical, develop a differential diagnosis for primary and secondary enuresis. <b>(PC, MK)</b></li> <li>Understanding of when to refer patient for consultation. <b>(PBLI)</b></li> </ul>	Cystitis enuresis Behavioral issues Delayed Maturation  <u>UTI</u> <u>Obstructive Sleep Apnea</u>	<u>Urethral Obstruction</u> Seizure Disorder	Understand developmental stages and behavior
Floppy New Born/ Depressed lethargic newborn	<ul style="list-style-type: none"> <li>Develop familiarity with care and recognition of the ill or compromised newborn and the need for specialized care for these patients. <b>(MK, PC)</b></li> </ul> <p><u>Floppy Infant video</u></p> <p><u>Meconium Aspiration video</u></p>	Anemia Hypothermia  <u>Hypoglycemia (access peds)</u> <u>Hypoglycemia (clinical key)</u>	<ul style="list-style-type: none"> <li>Asphyxia</li> <li>Congenital Heart Defect</li> <li>Maternal Drug use</li> <li>Intracranial Mass</li> <li>Intracranial Hemorrhage</li> <li>Hydrocephalus</li> <li>Congenital Malformations</li> <li>Birth Injury</li> <li>Congestive Heart Disease</li> <li>TORCH Infections</li> <li>Respiratory</li> <li>Hyaline Membrane</li> <li>Pneumothorax</li> <li>Birth Asphyxia</li> <li>Meconium Aspiration</li> <li>Sepsis</li> </ul> <ul style="list-style-type: none"> <li>Other</li> <li>Shock</li> </ul>	Recognize the importance of sensitive and patient centered communication
Failure To Thrive	<ul style="list-style-type: none"> <li>Understanding of general nutritional needs of infants and children. <b>(MK, PC)</b></li> <li>Evaluate and recognize the need to refer appropriately the child with significant cardiac disease. <b>(PC, SBP)</b></li> </ul> <p><u>Best evidence statement (BEST). Failure to thrive treatment protocol [Guideline]</u></p>	Disturbed Mother / Child Relationship Neglect  Feeding Technique Nutrient Intake Mechanical (ENT) Sucking/swallowing dysfunction  (CNS)  GERD Cardiopulmonary dis.	Congenital syndromes  Genetic syndromes Endocrine disorders CNS tumors  Genetic syndromes Metabolic (lead, zinc, iron)	

		Hypotonia Chronic. Infection Immune deficiency Constipation		
Hoarseness/Dysphonia	<ul style="list-style-type: none"> <li>Understand approaches to assess structures of the throat and make an appropriate diagnosis and treatment plan or referral for pediatric patients. <b>(PC, MK)</b></li> </ul> <p><u>Clinical practice guideline: hoarseness (dysphonia)</u></p>	Laryngitis  GERD  Vocal Chord Polyps Nodules  Hypothyroidism  Spasmodic dysphonia	Laryngeal Cancer	Assessment of the pediatric patient
Deformity/Limp Lower extremity	<ul style="list-style-type: none"> <li>Understand methods of evaluation and need of appropriate therapy, including Osteopathic Manipulative Medicine, for the treatment of common orthopedic problems in the pediatric patient. <b>(MK, PC, OPP)</b></li> </ul>	Reactive Arthritis  Osgood-Schlatter Disease	Osteomyelitis  Rheumatoid Arthritis  Rickets	Lower Extremity Manipulation Technique Videos (appropriate for adolescents)
HEENT Strabismus/Amblyopia	<ul style="list-style-type: none"> <li>Perform an adequate examination of the eye and related structures. <b>(MK, PC)</b></li> <li>Make appropriate diagnosis and referrals for pediatric patients. <b>(PC, PBLI, SBP)</b></li> </ul>	Nystagmus Esotropia Nonparetic Esotropia Paretic	CNS tumors  Head trauma  Meningitis  Shaken Baby Syndrome/ Abuse	HEENT Applications

Topic	Topic Specific Objectives	Common	Serious	Osteopathic Clinical Skills
Growth Stature Tall	<ul style="list-style-type: none"> <li>Awareness of the presentation, logical evaluation, and initiation of treatment of common endocrine disease states in the pediatric population. <b>(PC, PBLI)</b></li> </ul>	Klinefelter Syndrome (XYY Syndrome)  Congenital Adrenal Hyperplasia	Adrenal Tumor  Ovarian Tumor  Testotoxicosis	
Growth Stature Short		GH Deficiency  IGF-1 Deficiency (e.g. Laron Dwarfism) Hypothyroidism  Congenital Adrenal Hyperplasia Panhypopituitarism	Cushing's Disease GI (e.g. Celiac, IBD) Renal (e.g. CRF) Cardiopulmonary (e.g. Cystic Fibrosis, CHF) Inborn Errors of Metabolism	

		Infection (e.g. Chronic UTI)	Immunologic Hematologic	
HEENT Hearing loss	<ul style="list-style-type: none"> <li>Perform an adequate examination of the ear and related structures. <b>(MK,PC)</b></li> <li>Initiate appropriate therapy for common ear problems. <b>(PC)</b></li> </ul>	Conductive- Otitis media Sensory Neural Loss  Meningitis High Risk Birth (Ménière's, Autoimmune	Conductive Loss-Tumor (Glomus,Ade noma) Sensory Neural Muscular Sclerosis Cerebello- Pontine Angle Tumor Medication	HEENT Applications
Involuntary Movement disorders	<ul style="list-style-type: none"> <li>Perform an organized neurological examination of the pediatric patient. <b>(PC)</b></li> <li>Discuss common neurological problems of the pediatric population. <b>(MK)</b></li> </ul>	Tourette's Syndrome Attention Deficit Hyperactivity Disorder Obsessive Compulsive Disorder	Epilepsy Huntington's Chorea Generalized Dystonia	<a href="http://www.eipd.vcu.edu/early_inter_topics.html">http://www.eipd.vcu.edu/early_inter_topics.html</a>
Child Abuse/ neglect	<ul style="list-style-type: none"> <li>Gain appreciation of children in special circumstances. <b>(PC, P)</b></li> <li>Familiar with prevention and education resources. <b>(SBP)</b></li> </ul> <u>CDC Shaken Baby Syndrome"</u>  Child Maltreatment Prevention-CDC  Nurse Maid Elbow video	Physical abuse sexual abuse self-inflicted injury Emotional Abuse Neglect		
Developmental Delay	<ul style="list-style-type: none"> <li>Familiar with common signs of developmental delay and behavioral problems and the initial assessment of these in the pediatric and adolescent population. <b>(PC, MK)</b></li> </ul>	Failure to achieve Milestones Cognitive Impairment  Language disorder  Autism Spectrum  Cerebral Palsy  Reading Disability	Milestones Lost  autism Neoplastic Disorder	<a href="http://www.jfponline.com/pages.asp?aid=4101">http://www.jfponline.com/pages.asp?aid=4101</a>

## KAPLAN RESOURCES

You have been provided a Kaplan account where you can access videos and question banks by specialty.

### Directions:

1. Use the link <http://www.kaptest.com/>
2. Login with your email address and password to access these videos and the question banks (Kaplan has set up an account for you. Check your email for login details.)

**NEED HELP Call 1-800- KAP-TEST**

<b>KAPLAN VIDEO RESOURCES</b> <a href="http://www.kaptest.com/">http://www.kaptest.com/</a>		
<b>Presentation Topic (MK)</b>	<b>Kaplan Lecture Title</b>	<b>Kaplan Specialty Discipline</b>
<b>Health Maintenance Routine</b>	Routine Management of the Newborn	Pediatrics
	Medical Conditions of the Newborn	Pediatrics
	Common Abnormalities of the Newborn	Pediatrics
<b>Fever</b>	Pediatric Gastroenterology - Part 1	Pediatrics
	Pediatric Gastroenterology - Part 2	Pediatrics
	Pulmonology	Pediatrics
	Infectious Diarrhea	Infectious Diseases
	Head & Neck Infections	Infectious Diseases
<b>Neonatal Jaundice</b>	Common Abnormalities of the Newborn	Pediatrics
	Medical Conditions of the Newborn	Pediatrics
<b>Acutely Ill/Emergent Problems</b>	Acyanotic Heart Defects	Pediatrics
	Cyanotic Heart Defects	Pediatrics
	Allergy & Immunology	Allergy & Immunology
	Seizures	Neurology
<b>Diarrhea/Constipation</b>	Infectious Diarrhea	Infectious Diseases
	Pediatric Gastroenterology - Part 1	Pediatrics
	Pediatric Gastroenterology - Part 2	Pediatrics
<b>Lower and upper respiratory</b>	Pulmonary Hypertension, Obstructive Sleep Apnea, & Acute Respiratory Distress Syndrome	Pulmonology
	Pneumonia - Part 1	Pulmonology
	Pneumonia - Part 2	Pulmonology
	Asthma	Pulmonology
	Congestive Heart Failure	Cardiology
<b>Central Nervous System</b>	Head Trauma	Emergency Medicine
	Head & Neck Infections	Infectious Diseases
	Central Nervous System Infections	Infectious Diseases
	Headache	Neurology
	Seizures	Neurology

Additional acute care measures that may be encountered can be found in course syllabi FMED 301, IMED 301, SURG 301, PSYC 301, and OBGY 301.

## Student Learning Objectives for Preventive Care Presentations

At the end of the clerkship, for preventive care measures, students should be able to:

- Define wellness as a concept that is more than “not being sick.” **(PC)**
- Define primary, secondary, and tertiary prevention. **(PBLI)**
- Identify risks for specific illnesses that affect screening and treatment strategies. **(PBLI)**
- For women: elicit a full menstrual, gynecological, and obstetric history. **(ICS)**
- For men: identify issues and risks related to sexual function and prostate health. **(PC)**
- Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet). **(PBLI)**
- Find and apply the current guidelines for adult immunizations. **(PBLI, SBP)**
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender. **(PBLI, SBP)**

## Core Presentations for Preventive Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Pediatricians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” ie, prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill.

Health Promotion (PBLI/SBP)	Required Assignment
Routine Infant Check. <b>(PBLI)</b>	
Diabetes Management. <b>(SBP/PBLI)</b>	<a href="#">Healthy Living resources CDC</a> <a href="#">Parent education for Pediatric Diabetes</a>
Injury, Violence and Safety. <b>(PBLI/P)</b>	<a href="#">Injury Violence and Safety resources/toolbox CDC</a>

Additional acute care measures that may be encountered can be found in course syllabi FMED 301/302, IMED 301/302 SURG 301/302, PSYC 301, and OBGY 301.

## Assignments:

1. Schedule a subject exam in the first few days of the clerkship with Curricular Affairs
2. You are encouraged to talk to your preceptor at the midpoint of your clerkship to obtain constructive feedback and insight on strengths as well as areas for improvement.
3. Complete Kaplan Specialty Question Bank for your clerkship specialty (It is suggested that you complete 50 questions a week). You are required to complete all questions before you take the subject exam. <http://www.kaptest.com/>
4. Complete a Subject exam at the end of the clerkship. (Details can be found on Blackboard under the “Subject Exams” tab).
5. Complete the evaluation of your preceptor (MEDIQ) within 5 business days of the end of your clerkship.

## Required Textbooks:

**Nelson’s Textbook of Pediatrics 19th ed (Clinical Key)**

## Recommended Resources:

- [Harriet Lane Handbook: A Manual for Pediatric House Officers \(Clinical Key e-book\)](#)
- [Clinical Key](#) (also found on the Searles Library website-under databases)
- [Access Pediatrics](#) (also found on the Searles Library website-under databases)
- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality(AHRQ) – National Guideline Clearinghouse <http://www.guidelines.gov/browse/by-topic.aspx>
- American College of Osteopathic Family Practice OMT examination and procedures videos: <http://www.acofp.org/apps/OMT/index.html>
- The United States Preventive Services Task Force is a suggested reference source for evidence-based health promotion/disease prevention plans: <http://www.uspreventiveservicestaskforce.org>
- Centers for Disease Control and Prevention: <http://www.cdc.gov/>

## ASSESSMENT

### Clerkship Grades

Students must demonstrate progress on the Clinical Competency Assessment, submit all End of Clerkship Assessment and pass any applicable Subject Exam to achieve a grade of pass for a clerkship. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns.

Clerkship Grading rubric is as follows:

- 50% - Subject Exam
- 40% - Preceptor Clinical Competency Assessment
- 10% - On campus final assessment (OSCE's, CSA's, etc.)

All components are required before a final grade is assigned by Noorda-COM:

- Clinical Competency Assessment from the Preceptor
- End of Clerkship Assessment from the Student
  - Evaluation of Clerkship
  - Evaluation of Preceptor
  - Evaluation of Self
- Subject Exam – required for 3rd year core disciplines only

Skills Proficiency			
%	Score	Expected Proficiency Level	Performance
100	10.0	Expert (recognized authority)	
97-99	9.5		
93-97	9.0	Advanced (applied theory)	Honors

89-93	8.5		
85-89	8.0	Intermediate (practical application)	High Pass
81-85	7.5		
77-81	7.0	Novice (limited experience)	
73-77	6.5		
70-73	6.0	Fundamental Awareness (basic knowledge)	Pass
< 70	U		

Example of how grades are reflected on the transcript:

- Clinical Clerkship Grade
  - Pediatrics (Core) P
  - Family Med (Core) F/P
  - Internal Med (Core) H
  - Surgery (Core) HP

### **Clinical Competency Assessment**

Preceptors complete a Clerkship-Clinical Competency Assessment at the end of the clerkship to evaluate student performance. The purpose is to provide feedback to guide both clinical and professional development. The preceptor documents performance of expected competencies as compared to other students at the same educational level.

Assessments submitted by interns or residents must be cosigned by an attending physician or the Director of Medical Education (DME) or Designated Institutional Officer (DIO). We ask preceptors complete the evaluation/assessment within one week of the clerkship end date and maintain confidentiality in compliance with the FERPA. If a student works with more than one attending, more than one assessment will be accepted.

Preceptors are encouraged to complete assessments online through Noorda-COM Canvas, the Noorda-COM Department of Clinical Education Student Database. Paper copies are available upon request and may be returned by the student directly to the Noorda-COM Department of Clinical Education. The College recommends that students request an initial discussion of preceptor expectations as well as an informal mid-clerkship assessment to allow the student to determine whether there is consistency between the preceptor's and student's performance perceptions. In addition, should a student be experiencing difficulty on a clerkship, a mid-clerkship assessment allows the student to proactively address any problems and avoid potential surprises.

Preceptor approaches vary widely in providing students with feedback on performance. Preceptors may or may not review their assessment with the student; it is appropriate for the student to request such a review prior to completion of the clerkship. If the preceptor is not available to review the assessment with the student and the student has questions or concerns, the student should contact their Coordinator to discuss the most constructive way to obtain the desired feedback.

There are options to take additional shelf exams to increase your competitiveness for residency applications. Please refer to the Clerkship Manual.

## **POLICIES**

### ***Student Identification***

While performing duties related to patient care, all students must clearly identify themselves as a medical student both verbally and by wearing their Noorda-COM picture identification badge in addition to any hospital issued identification. Misrepresentation of oneself as a licensed physician is both illegal and unethical. Should the Noorda-COM identification badge become lost or broken, the student should contact Student Affairs immediately to order a replacement. A charge of \$5.00 may apply.

### ***Dress Code***

Students are expected to wear clean, pressed, white lab coats, required identification badges and dress in a professional manner on all clinical experiences. Professional dress for males includes a shirt, tie and slacks. For female students, this includes a professional dress or skirt (knee length or longer), or slacks and professional shirt. Men and women should wear socks or stockings at all times. No open-toed shoes or sleeveless shirts are allowed during the performance of patient care. With the exception of the surgical suite, tennis shoes are not allowed.

### ***Hospital Rules & Regulations***

Each hospital/health care system has individual rules and regulations. Medical students must familiarize themselves with and adhere to these protocols during training.

At no time should a medical student alter, remove or otherwise tamper with medical records. Specific rules and regulations with respect to student entries in medical records must be clarified during orientation or on the first day of the clinical experience.

Students must respect and follow all policies regarding the use of hospital facilities, housing, and equipment. All hospital equipment including library materials, pagers, and keys must be returned before leaving a clinical experience. Students are financially responsible for any damage to or loss of hospital property. As a result, it is strongly recommended that students obtain and retain a receipt as proof that property was returned and/or damage was not incurred.

### ***Special Accommodations***

The College will not discriminate against disabled individuals who are otherwise qualified, while expecting students to meet certain minimal technical standards. In adopting these standards, the College believes it must keep in mind the ultimate safety of the patients for whom its graduates will eventually care. The technical standards reflect what the College believes, in its professional, academic judgment, are the minimum expectations of osteopathic medical students (and physicians) necessary for the safe, efficient and effective delivery of medical care. Technological compensation can be made for handicaps when applicable, but a student must be able to perform in a reasonably independent manner.

Reasonable and appropriate accommodations are provided for students with documented disabilities. The intent of the policy is to provide each student with an opportunity to excel academically, while creating an equitable environment conducive to learning while maintaining patient safety. The policy will be administered consistently, fairly and in a non-discriminatory manner. The policy complies with the Americans with Disabilities Act (ADA) of 1992 and any other applicable state and/or federal laws. (For additional information see Clinical Clerkship Manual).

### ***Procedures for Requesting Special Accommodations***

Requests for accommodations are made by the student according to the procedures outlined in the Student Handbook. Applications may be submitted at any time during the academic year. An application for accommodations is a request for only the academic year in which it was submitted. If an accommodation is granted during the first academic year, a renewal application must be submitted the following year should the student desire continuation of the granted accommodations. Requests for special accommodations do not signify privilege until official notice is received from the appropriate college dean.

All requests for special accommodations due to a physical, psychological or learning disability must contain appropriate documentation and be directed to the Academic Accessibility Committee, which makes recommendations to the dean, who makes approval decisions. Students needing special accommodations will need approval of both the clinical training site and Noorda-COM. If a request for accommodations impacts multiple clinical training sites, each site must be in accordance with the accommodation requested for training accomplished at that site. Noorda-COM cannot assure that approval of accommodations by Noorda-COM for MSI and MSII students, or endorsement of accommodations for MSIII and MSIV students for clinical experiences will be accepted by clinical training sites.

### ***Exposure to Blood-borne Pathogens***

Students who are exposed to blood and/or body fluids should follow the policy of the institution where the incident occurred. A copy of the completed incident report should be sent to the Office of Clinical Education

**Any expense incurred due to exposure to blood and/or body fluids is the student's responsibility and should be billed to his or her personal health insurance.**

### ***Didactic Conferences & Reading Assignments***

Didactic conferences and reading assignments are critical components of the medical education process. While the focus of years three and four is hands-on experience, didactic conferences and reading assignments are often provided as an adjunct to this learning process. Attendance at didactic conferences and completion of reading assignments imposed by Noorda-COM, the core site hospital, clinical experience service or preceptor **must be followed without exception.**

### ***Work/Call Schedule***

The work and call schedule during clinical experiences is at the discretion of the core site hospital, service and/or preceptor. Students generally follow the same schedule as their preceptor, however, if the preceptor is on vacation, or scheduled away from the office/hospital, additional arrangements must be made for completion of the clinical experience. If this occurs, contact your Noorda-COM Student Administrator immediately. Additional call time may be required on evenings, weekends or holidays. Students should clarify work and call schedules during orientation. Work/call scheduling imposed by Noorda-COM, the core site hospital, clinical experience service or preceptor **must be followed without exception. Federal laws restricting intern/resident work hours do not apply to medical students.**

### ***Medical Ethics***

All medical students are expected to conduct themselves in a professional manner demonstrating an awareness and compliance with the ethical, moral and legal values of the

osteopathic medical profession. In observing the principles and practices of medical ethics, students will:

- Place primary concern on the patient's best interests
- Be available to patients at all reasonable times as expected by the preceptor/core site
- Perform medical activities only within the limitations of a medical student's capabilities and within the guidelines determined by the site and/or preceptor
- Strictly maintain patient and institutional confidentiality

### ***Physical Examinations***

During the third and fourth-year clinical experiences, students are routinely expected to see and examine intimate parts of patient bodies. It is necessary that all intimate examinations of patients be appropriately structured, supervised, and consented in the interests of all parties, including the patient, student and attending physician.

Students must wear their Noorda-COM picture identification badge and introduce themselves to patients as a medical student. Patient consents for a student to perform an intimate examination must always be voluntary. Consent for an intimate examination must be either verbal and/or written. Irrespective of the gender of the examining student and the patient being examined, a chaperone, defined as another medical professional, preferably the preceptor is required during all intimate examinations. A chaperone is not an accompanying person i.e. friend or relative of the patient. A chaperone, similarly, is not another medical student. Students are highly encouraged to record the date, time, and the results of the examination as well as the name of the chaperone in the medical record.

## **PROCEDURES**

### ***Absence from Clinical Experiences***

**Any absence must be reported to both the core site and Preceptor and the Noorda-COM Student Administrator prior to the start of an assigned shift.** Failure to report an absence to the core site or preceptor and the Noorda-COM Student Administrator will be considered abandonment of duties and the student will face appropriate disciplinary action. (For additional information see Clinical Clerkship Manual).