Infant, Child, and Adolescent Care (aka the Pediatric Clerkship)

Course Number: 7020 ICAC

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-2017 Academic year for the Infant, Child, and Adolescent Care Curriculum. All course information will be found on the Infant, Child, and Adolescent Care (ICAC) CANVAS site. The CANVAS site includes the learning materials and requirements.

Note: The sole purpose of this document is to provide an OVERVIEW of the Infant, Child, and Adolescent Care Clerkship. Specific course and curriculum requirements are housed on the Infant, Child, and Adolescent Care Clerkship CANVAS pages, which supersede any and all information included in this document.

Infant, Child, and Adolescent Care Faculty & Staff Contact Information

Director
Jenny Soep, MD
jennifer.soep@childrenscolorado.org
720.777.5417

Co-Director
Meghan Treitz, MD
meghan.treitz@childrenscolorado.org
720.777.8202

Coordinator
Brenda Cordova
brenda.cordova@childrenscolorado.org
720.777.6867

Disclaimer:

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Welcome

In the next six weeks, you will embark on a journey to “discover” the essentials of children’s health care needs. You may see children who are neonates weighing 3 kilos, or teenagers who are 18 years old and 200 pounds. Some of these children will laugh with you, some will cry with you, but all will need competent and caring physicians. As a medical student, you will now be a part of this pediatric medical team. There is much to know and learn. We hope you are as excited as we are to get started!

Our Commitment to You

- Place you in learning environments that expose you to a wide variety of pediatric issues and problems
- Provide exposure to patients, small groups and didactics so you can meet our learning objectives
- Place you with dedicated faculty and residents who are committed to teaching
- Treat your evaluations in as an objective and fair manner as we can

Our Expectations of You

- Be an adult learner
- Be responsible for your own behavior
- Be patient-centered and team-centered
- Notify us if you have any questions or concerns

Conclusion

We wish you well during your time with us. It is known that what you do for children can impact the rest of their lives. We would like to believe that the things you do during this six weeks will impact your career. Good luck, enjoy, play with the children, learn from the children, but watch out – they may just steal your heart!

Expectations: Clinical Responsibilities and Learning Opportunities

Clinical Responsibilities
This clerkship encompasses the entire spectrum of pediatrics. Students are assigned different combinations of sites that will include nursery, outpatient and either inpatient or urgent care.

Inpatient Ward Service:
You will function as though you are the primary provider for your patients. This includes daily examinations and progress notes. You are encouraged to develop a strong therapeutic alliance with patients and their families. The average patient load is two to four patients per student. You are expected to present your patients on rounds with an initial presentation the morning following admission. You may be asked to present your patients in other settings including attending rounds, professor’s rounds or radiology rounds. Ideally, these presentations should be practiced beforehand with the senior resident or intern.

Students at Children’s will be assigned a schedule that includes day (Monday – Friday 6 am to 6 pm) and
night (Sunday – Thursday 6 pm to 6 am) shifts. You will work one Saturday.

Students at Denver Health will work days Monday – Friday 6 am to 6 pm with one call night per week until 10-11pm. You will be expected to work the entire next day after your call night except if you are on call on Friday night, when you will come in to round on Saturday and leave after rounds. You will not be on call on Saturday or Sunday nights. A sleep room is provided.

Chief residents arrange your call schedules. You are NOT to be scheduled for an overnight or call the night before intra-session or the final exam.

**Outpatient Service:** Hours will vary depending upon the clinic. The number of patients a student sees each day will vary by the clinic schedule, difficulty of the patient problem and the efficiency of the student. You are here to learn and need to take time to be thorough, though you need to be aware of clinic flow and respect the time of families. The resident or attending may structure your independent interaction with the patient in a busy clinic (i.e., student does the history or physical exam alone and the remaining components together).

**Urgent Care:**
In the urgent care setting, you will work with a variety of attendings. Pace is often fast and focused. You will be expected to see patients while shadowing as well as on your own depending on the acuity of illness. Clinical hours will be primarily evenings and weekends. The number of shifts and hours varies by site. You can leave by 8pm the night before intra-session and 4 pm the night prior to the exam.

**Additional Learning Opportunities**

**Conferences**
You are invited to attend a variety of conferences that occur at Children’s Hospital Colorado. These are excellent presentations and are highly recommended for those students on site or near CHCO.

**Morning report:** 7:30-8:00 AM, Aspen Conference Room. Senior residents will present hospitalized patients for clinical discussion with faculty.

**Noon conference:** 12:00-1:00 PM, Aspen Conference Room. Lunch is provided daily ($2 for students) and there are didactic presentations, patient discussions, and M&M conferences on Wednesdays and Thursdays.

**Grand Rounds:** First three Friday afternoons of each month from 12:30-1:30 PM, Oxford Auditorium, 2nd floor Conference Center.

**Silverman Rounds:** Dr. Silverman, a distinguished Professor Emeritus of Pediatrics, conducts physical exam rounds once a week at CHCO. These are highly rated by students and are mandatory for students on the CHCO wards unless excused by Dr. Silverman.

**Foundations of Doctoring Curriculum**
Even while completing your clinical rotations during Phase III, you are expected to continue the Foundations of Doctoring Course. You will be excused from your clinical activities for a maximum of 3 half days during this 6 week clerkship. Please notify your supervisor well in advance of which half days you will be leaving to work with your preceptor. Many clinical schedules are built with the expectation that you will be there.
Core Clinical Conditions

List of Required Conditions (to be logged)

Abdominal pain, vomiting or diarrhea
List the age appropriate differential diagnosis for pediatric patients presenting with abdominal pain, vomiting, or diarrhea. Evaluate hydration status, and calculate fluid therapy for gastroenteritis including replenishment of deficit fluid and on-going maintenance. Explain the rationale and indications for oral rehydration vs. intravenous therapy.

Asthma
Describe the clinical features of asthma and differentiate between its acute and chronic management.
Skill: Demonstrate performance of an appropriate pediatric lung exam

Cough, congestion, rhinorrhea or sinusitis
List the age appropriate differential diagnosis for pediatric patients presenting with cough, congestion or rhinorrhea. Synthesize a diagnostic and therapeutic plan based on the differential diagnosis. Discuss treatment for upper airway obstruction.

Fever and Serious Bacterial Illness (or rule out serious bacterial illness)
List the age appropriate differential diagnosis for pediatric patients presenting with fever, discuss the indications for a sepsis evaluation and explain the reasoning behind emergent treatment and on-going management of a patient with serious bacterial illness (e.g., sepsis), with or without septic shock.

Urinary tract infection (or rule out urinary tract infection)
List the symptoms associated with urinary tract infections in pediatric patients and outline a treatment plan.

Otitis media
Discuss symptomatology (history and physical exam findings) of otitis media, relate this to anatomy and physiology of the middle ear and eustachian tube, and be able to prescribe appropriate treatment.
Skill: Demonstrate performance of an appropriate pediatric ear exam

Pharyngitis/sore throat
Describe the symptoms and physical findings associated with pharyngitis/sore throat and discuss differentiation between bacterial and viral processes including appropriate treatment of each.
Skill: Demonstrate performance of an appropriate pediatric throat exam

Obesity
Define obesity. Students will discuss risk factors, including family, cultural, and psychosocial factors, and explain endocrine and cardiovascular consequences.

Anticipatory guidance and health maintenance
Describe how risk of illness and injury change during growth and development and give examples of the age-and development-related illnesses and injuries. Discuss the impact of anticipatory guidance and preventive health maintenance at regularly scheduled visits on the incidence of these injuries and illnesses and describe how anticipatory guidance changes based on the age and developmental level of
the child. Discuss the unique aspects of the adolescent visit with respect to confidentiality and risk-taking behaviors.

**Skills:** Perform a complete HE²ADS³ exam on an adolescent patient. Perform a physical exam on an infant and child. Perform a health maintenance visit on a child < 2 years, 3-12 years and > 13 years

**Common conditions in the newborn**
List the differential diagnosis or etiologies of common conditions and complications in the newborn which may include: jaundice, tachypnea, hypoglycemia and hypothermia.

**Skill:** Demonstrate a complete physical exam on a newborn

**Discharge criteria and anticipatory guidance for the newborn**
Discuss criteria for discharge of the newborn and anticipatory guidance regarding feeding, elimination patterns, sleep, car seat use and newborn screening.

**List of Common Lab Tests**
Discuss the indications, limitations, and interpretations of the following lab tests: basic chemistries (electrolytes, calcium, glucose, and renal function studies); complete blood count; cultures of the blood, spinal fluid and throat.

**List of Common Imaging Tests**
Discuss the indications, limitations, and interpretations of common imaging tests including chest x-ray and radiological evaluation of the extremities. Describe the important differences between the adult and pediatric skeletons.

**Additional Topics to be Covered**

**Physical, sexual, psychological abuse and neglect**
List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect in the evaluation of child abuse. Describe the medical-legal importance of a full, detailed, carefully documented medical and social history and physical examination including ancillary work-up in the evaluation of child abuse. Explain mandatory reporting requirements.

**Heart murmur**
Review causes of heart murmurs in children. Understand what makes an innocent murmur and when to work up other causes of murmurs.

**Limp**
Understand the differential and work up for pediatric limp. Diagnoses to learn about include: developmental hip dysplasia, Legg-Calve-Perthes Disease, septic joint, osteomyelitis, juvenile idiopathic arthritis, transient synovitis, slipped capital femoral epiphysis.

**Failure to thrive**
Recognize failure to thrive in the pediatric patient using BMI and other growth measures and outline the differential diagnosis and initial evaluation.

**Immunizations**
Describe the rationale, and general indications and contraindications of immunizations from birth
through adolescence.

**Growth and development**
Discuss normal and abnormal growth and development including growth curves, BMI, and Tanner staging. Explain caloric and fluid needs at different stages of growth and development. Relate child’s developmental stage to school readiness and performance.
**Skill:** Be able to calculate the kilocalories/kilogram/day if given a baby’s intake of formula or breastmilk

**Fluid and electrolytes**
Understand differences between children and adults in assessing dehydration and electrolyte status and determining appropriate fluid management
**Skills:** Be able to write a bolus of intravenous fluids with the proper fluid type and amount of fluid for different-sized pediatric patients. Be able to calculate the rate of maintenance fluids for different-sized pediatric patients

**Prescriptions**
Understand how to appropriately prescribe medications for children, incorporating weight-based dosing and accounting for different concentrations of medications.
**Skill:** Be able to write a complete prescription if given a patient’s weight, recommended dosage and concentration of medication

### Competencies

<table>
<thead>
<tr>
<th>PATIENT CARE: The application of medical and biopsychosocial knowledge and skills to deliver safe and effective patient-centered care in the diagnosis, management and prevention of common health problems.</th>
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<tr>
<td>Performance Measures</td>
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<tr>
<td>CLINICAL SKILLS AND REASONING</td>
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<tr>
<td><strong>Historical Data Gathering</strong> <em>Developmental</em></td>
</tr>
<tr>
<td>– Obtain accurate history for a pediatric patient</td>
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<tr>
<td>– Conduct an effective pediatric interview by adapting the interview to the visit (ex. First visit, acute care, health supervision) or chief complaint. Adapt the interview in special cases where child abuse may be suspected or when obtaining a sexual history.</td>
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<td>– Seek and obtain additional information from secondary sources (ex. family, medical record, pharmacy, allied health professionals) when the patient presents and ongoing data from family and other care providers</td>
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<tr>
<td><strong>Physical Exam</strong></td>
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<tr>
<td>– Perform an accurate comprehensive or focused physical exam on a pediatric patient minimizing their physical discomfort</td>
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<tr>
<td>– Perform an age appropriate physical examination on a pediatric patient with sore throat</td>
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• Perform an age appropriate physical examination of the ear, demonstrating appropriate use of otoscopy and pneumatoscopy and discuss findings.
• Perform an age appropriate physical examination of the chest including general observation, palpation, percussion and auscultation and discuss findings
• Perform a newborn exam
• Recognize normal and abnormal findings
• Accurately track changes in the physical exam over time in a pediatric patient.
• Perform both basic and advanced PE techniques as dictated by the presenting complaint.

Clinical Reasoning *Developmental
• Synthesize data, including history, physical examination, and data to identify and prioritize the patient’s problems.
• Develop prioritized differential diagnoses for the common clinical conditions in newborns, children and adolescents *see list of required conditions and important skills to achieve during block
• Develop initial and long-term diagnostic and therapeutic management plans with the assistance of senior team members (including patient education, prevention and health maintenance)

DELIVERY OF PATIENT CENTERED CARE

Patient Management
• Recognize differences in clinical care in the context of patient’s preferences and overall health
• Recognize importance of family dynamics including socioeconomics and family make-up on overall health care of the pediatric patient

PATIENT-CENTERED CLINICAL SKILLS AND REASONING
• Gather data that defines both the disease and the illness experience (patient perspective, expectations and the illness’ effect on their functioning)
• Develop diagnostic and management plans to find common ground in identifying problems, goals and roles

MEDICAL KNOWLEDGE: An understanding of the anatomy, pathophysiology, presenting manifestations, evaluation and management of common medical issues encountered

Performance Measures
Core knowledge of pediatric medicine in the nursery, outpatient clinic, inpatient/urgent care setting
• Demonstrate knowledge of core clinical conditions *see list of required conditions below

Common modalities used in the practice of pediatric medicine in the nursery, outpatient clinic, inpatient/urgent care setting
• Demonstrate knowledge of and indications for and interpretation of basic clinical tests, procedures and imaging commonly encountered in pediatrics *see list of common tests ordered below

PRACTICE BASED LEARNING AND IMPROVEMENT: The ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve the practice of medicine and individual
Performance Measures

**LEARNING AND IMPROVEMENT BY ANSWERING CLINICAL QUESTIONS BASED ON PATIENT CARE SCENARIOS**
Locate, evaluate, and assimilate scientific evidence related to patient’s health care problems.

- **Ask answerable questions for emerging information needs**
  - Identify clinical questions as they arise in patient care activities

- **Acquire best evidence**
  - Access medical information resources to answer clinical questions.
  - Effectively search evidence based medicine resources to obtain original primary literature

- **Apply the evidence to decision making for individual patients**
  - With assistance, determines if evidence can be generalizable to individual patients

**LEARNING AND IMPROVING VIA FEEDBACK**
With assistance, identify strengths and limits in one’s knowledge and performance. Set learning and improvement goals.

- **Improves via feedback**
  - Respond productively to feedback from all members of the team
  - Seek, with prompting, feedback from faculty and residents

- **Improves via self-reflection**
  - With assistance, reflect on feedback to develop plans for improvement

**INTERPERSONAL AND COMMUNICATION SKILLS:** *Use of effective listening, verbal, non-verbal and written communication skills with patients, families and all members of the healthcare team to provide patient-centered care*

Performance Measures

**PATIENTS AND FAMILY**
Communicate effectively with patients and families, across a broad range of cultural, literacy and socioeconomic backgrounds.

- **Communicate Effectively**
  - Timely and effective written and verbal communication
  - Use verbal and non-verbal skills to establish rapport with pts/families taking into account the patient’s age and developmental stage
  - Communicate with families in difficult situations (including child abuse)
  - Perform anticipatory guidance and preventative health maintenance unique to an adolescent patient
  - Understand the unique aspects of the adolescent visit with respect to confidentiality and risk-taking behaviors
**Intercultural Sensitivity**
- Effectively use an interpreter during appropriate patient care scenarios.
- Demonstrate sensitivity to patients including but not limited to differences in race, gender, sexual orientation, and literacy.
- Actively seek to understand patient differences and patient perspective.

**PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS**
- Accurately communicate data orally or in writing to other physicians or health care providers.
- Work effectively as a member of the health care team.
- Communicate effectively with outside physicians and other health care workers.

**TRANSITIONS**
- Effectively communicate with other health care providers at the time of transitions.

**PROFESSIONALISM: A commitment to the highest standards of competence, ethics, integrity and accountability to patients, families, all members of the healthcare system and the profession at large.**

**Performance Measures**

**PHYSICIANSHIP**
Demonstrate compassion, integrity, and respect for others. Responsiveness to patient needs. Accountability to course requirements.

**Documentation**
- Document truthfully.

**Demonstrate Compassion and Respect to Patients**
- Demonstrate compassion and empathy to all patients.

**Demonstrate Personal Accountability**
- Dress and behave appropriately.
- Timeliness in clinical and project work.

**Understand and Begin and Demonstrate Individual Patient Advocacy**
- Explore when it is necessary to advocate for individual patient needs.

**PATIENT-CENTEREDNESS**
Respect for patient privacy and autonomy. Sensitivity and responsiveness to diverse patient population (gender, age, culture, race, religion, disabilities, sexual orientation, etc.).

**Respect patient dignity, culture, beliefs, values and opinions**
- Treat patients with dignity and respect.
- Maintain confidentiality, privacy.
**SYSTEMS BASED PRACTICE:** Identification of opportunities and effective performance within the local and broader context of the healthcare system to advocate for and provide quality patient care

### Performance Measures

**WORKS EFFECTIVELY WITH OTHER CARE PROVIDERS COMMONLY ENCOUNTERED IN PEDIATRICS IN THE NURSERY, OUTPATIENT CLINIC AND INPATIENT/URGENT CARE SETTING**

Understands multiple aspects of patient care within a variety of pediatric settings

**Works effectively within multi-disciplinary health care team**
- Understands unique roles of other providers within the health care system including but not limited to: physical and occupational therapists, social workers, case managers, advanced practice providers and nurses

**Acknowledges multiple forces that impact the cost of health care**
- Reflect on physicians’ impact on the cost of individual care for the patient, the clinical environment and broader healthcare system

### IMPROVING HEALTH CARE DELIVERY

Coordinate patient care within the health care system, relevant to care and transitions. Understand complexity of patient care. Advocate for quality patient care and optimal patient care systems to improve community health

**Work effectively within multiple health care delivery systems.**
- Explore care transitions across multiple delivery settings
- Aware of other health care providers within system
- Understand unique roles of other providers within the care system

**Recognize system error and opportunities for improvement**
- Recognize health care forces that increase the risk for error including barriers to optimal patient care
- With guidance, reflect upon incidents such as near misses and preventable medical errors

### Attendance Policy

**Attendance**
The Infant, Child and Adolescent clerkship complies with the School of Medicine’s policies for attendance on clinical rotations as follows:
- Attendance on the clinical rotation is required. If students have an illness or other emergency, they must contact their attending and/or resident, as well as the student coordinator, clerkship director, and the Office of Student Life prior to missing any time.
- An “excused” absence is an absence for which permission has been granted. Excused absences are considered to occur in voluntary or involuntary situations as defined below:
  - “Voluntary” absence: an absence for an event or events such as family events, conferences, review courses and personal appointments. Every attempt must be made
to schedule these outside of required curricular elements. Presenting at conferences or attending professional meetings needs to be approved by Student Affairs and is limited to 48 hours.

- “Involuntary” absence: an absence for serious illness, jury duty and academic difficulties.
- An “unexcused” absence is an absence for which permission has not been granted.
- The student is required to contact the Office of Student Life for all absences.
- If absences last for more than two days, the clerkship director and the Associate Dean of Student Life will work with students and faculty regarding make-up time/work, issues of earning credit, etc.
- The rotation will end by 5 pm on the last Friday afternoon of the scheduled clerkship.

Absences

In the event of an unexpected absence, you are required to notify:

- Your preceptor / clinic
  - AND
- The Student Coordinator (720-777-6867)/Clerkship Director
  - AND
- The Office of Student Affairs

Please refer to your contact information sheet for phone numbers and emails if available. This contact information sheet is located in your I.C.A.C folder given to you the day of orientation.

Accommodations

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

First day reporting section

Information about where to show up on the first day of clinical experience is included in the schedule document in your orientation folder.
Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas [http://ucdenver.canvas.com](http://ucdenver.canvas.com), and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

The Medical Student Policies and Procedures Manual “White Book” ([http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf)) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site: [http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx)

Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.

Recommended Resources

ICAC Canvas

This manual, as well as supplemental materials, are available on Canvas on the Infant, Child and Adolescent Care page ([https://ucdenver.instructure.com/login](https://ucdenver.instructure.com/login)).

Suggested Pediatric Textbooks

We recommend that you choose a textbook or review book for this rotation. Here is a list of books that students have found useful:

Textbooks and References:

- *Current Diagnosis & Treatment Pediatrics;* Hay, et al
  This is a short, accessible textbook written by faculty at CU.
- *Nelson's Textbook of Pediatrics*
  The “big” textbook of pediatrics. There is also a short version (*Nelson’s Essentials*) that is good.
- *Rudolph’s Textbook of Pediatrics*
  Another “big” textbook.
- *Atlas of Pediatric Diagnosis, Zitelli & Davis*
  Good for photos of clinical conditions.
• Philadelphia Guide to Inpatient Pediatrics
  A relatively small book with quick information about clinical manifestations, Ddx, and treatment options for many conditions seen in inpatient pediatrics. Especially recommended if you are planning to go into pediatrics.

Review books:
• Case Files Pediatrics
  While Case Files isn’t a great resource for some specialties, it is actually pretty good for pediatrics.
• Blueprints Pediatrics
  Some students like it, some hate it. The major complaint is that it does not go into enough depth.

Online Resources
The Bright Futures Pocket Guide is extremely useful for your outpatient experience. While a paper copy can be purchased, a free electronic version is available through the American Academy of Pediatrics! Search for “Bright Futures Pocket Guide” in your internet browser and download it on your phone.

The Health Team Works website has fantastic guidelines for Pediatric Obesity and Pediatric Asthma. Look them up at www.heathteamworks.org/guidelines/guidelines.html

Children’s Hospital Colorado offers numerous clinical care guidelines that are used in our hospitals and clinics. Go to www.childrenscolorado.org/health-professionals/referral-tools/referral-guidelines (or search Children’s Colorado referral guidelines in your internet browser) to read about asthma, bronchiolitis, croup, headache, and more.

Shelf Review
It is also recommended that you use a question bank to study for the shelf exam, in addition to a review book. There is no single question book that we recommend, but practicing board style questions has proven beneficial to exam performance. Start doing questions on day one of the rotation! If you do 10 questions a night (and 20 a day on weekends) you will be off to a good start for shelf exam preparation!

Question Books/Banks:
• Kaplan Q-Bank (online question bank)
• UWorld (online question bank)
• Pre-Test Pediatrics (book)

Applications
ChildrensMD (Android, iPhone, iPad) - free
While designed for parents, this is a great app for students and residents as they learn the spectrum of severity of common pediatric complaints. It was written by Dr. Bart Schmitt in the Child Health Clinic.
ChildrensMD is derived from the clinical protocols used by pediatricians and nurses in 10,000 practices and 400 nurse advice call centers in the US and Canada. These protocols have been tested for 15 years on more than 150 million symptom calls.

Podcast

PedsCases
Covers many clinical topics that third year medical students in pediatrics are expected to know.

Assignments and Forms

### Midpoint
- Yellow midpoint feedback form (front *completed by you and your preceptor and signed by your preceptor*) – upload into Canvas after it is signed by a block director
- 2-3 Direct Observation Forms
- Be prepared to discuss Individualized Learning Goals
- Prescription Writing Powerpoint (upload by 11:59 PM on the Monday of Intrasession)

### Final
- Direct Observation Forms (5 total)
- Note Feedback (2)
- Newborn Exam Form
- Individualized Learning Goals
- Reflective Practice

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**Mid-Point Feedback Form/Session**

All of you will be scheduled for a 15 minute session with one of the clerkship directors during intra-session as required by the ACGME. The clerkship directors will not be giving formative feedback as they do not actually work with most of the students. **Prior to this midpoint feedback session, you and a supervisor (intern, resident, mid-level, or faculty) must complete the front page of the Midpoint Feedback Form.** The clerkship director will complete the back of the form during this session. Student must upload the Midpoint Feedback Form and Midpoint Logger into canvas by Friday of the 4th week. The clerkship directors will also review your Direct Observation Forms. Based on those, they will discuss your current performance, review your project work and individualized learning goals and discuss ways to progress to the next level on the RIME scale.

**Just to be clear, here is what you need to bring to your midpoint feedback session!**

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**THINGS TO BRING WITH YOU TO MID-POINT FEEDBACK SESSION**

*Copy of Learning Log – see syllabus for example of what needs to be printed and turned in*

*2-3 signed Direct Observation Forms*

*Mid-Point Feedback form (front completed by you and preceptor & signed by preceptor)*
Direct Observation Forms (DOF)  Salmon forms
Similar to the other clerkships, we ask that students will be observed performing patient care once per week (except the week of mid-point feedback) or a total of 5 times during the block by either an intern, resident, mid-level or faculty, and have the observer complete a direct observation form (DOF) about the encounter. These observations are supposed to be brief (i.e not an entire outpatient visit or entire H&P), but instead can include part of a visit, physical exam, patient/family counseling, or a presentation. You must be observed 1) performing an ear, throat, and chest physical exam, 2) presentation and 3) performing a task related to one of your self-identified learning goals. The other 2 observations can be in any area in which you need growth or feedback. You are allowed to scribe the feedback you receive, but the DOF must be reviewed and signed by the observer. Comments from the form are to be formative and are not used in your evaluation, to determine your grade or included in the comments in your MSPE.

2-3 DOF forms must be completed and brought with you to the mid-point feedback session during intra-session. All 5 must be submitted in canvas and are due 2 days prior to the end of the block and you cannot pass the course without submitting all DOFs.

Note Feedback  Purple forms
We ask that you get feedback on 2 notes. You can receive feedback at any time, but would focus primarily on the inpatient/urgent care portion of your rotation since you may not write notes while in outpatient clinic. The feedback can be from any level of preceptor (intern, resident, mid-level, attending). After receiving feedback, reflect on what you learned and/or what you will do differently in the future on the purple form. Students must submit your note feedback forms in canvas and are due 2 days prior to the end of the block.

Do not save this for the outpatient parts of your rotation, as there are several sites where you will not write notes!!! These are due on the final day of the rotation.

Newborn Exam and Anticipatory Guidance  Ivory form
During the newborn nursery rotation, you are expected to be observed performing at least one complete newborn exam. In addition, you are expected to discuss the criteria for discharge of a newborn and anticipatory guidance regarding feeding, elimination patterns, sleep, car seat use, and/or jaundice. The required form must be signed by a faculty member or resident. It should be completed and students must submit this Newborn Exam Form in canvas and due 2 days prior to the end of the block.

Prior to the Newborn experience, you should read all of the newborn materials on Canvas under Modules/Reading Materials.

Individualized Learning Goals  Pink form
Setting your own learning goals, developing a plan to achieve them, and measuring your progress are essential skills for all physicians. We would like you to set at 2-3 individualized learning goals to focus on during your ICAC clerkship. We hope that having specific goals will help you focus your experiences during this rotation and allow you to make the most of your six weeks. You will be asked to write them
during orientation, they will be reviewed during Intra-session, and then the worksheets need to be submitted in canvas 2 days prior to the end of the block. They are not graded or included in your evaluations and do not influence your grade.

**Prescription Practice (PowerPoint-Canvas)**

We want to facilitate your practice writing prescriptions for pediatric patients. You are required to complete the prescription writing practice cases by 11:59 pm on the Monday of intra-session. Students must upload the completed PowerPoint into Canvas. The original PowerPoint Prescription Writing Cases are located in canvas assignments “RX Writing Power Point – READ”. We will provide feedback on your responses in Canvas.

**Reflective Practice**

You will write one reflective piece during the clerkship about some aspect of the pediatric exam, history taking, or communication. Bring your free form writing, 55-word story, or other creative piece with you to scheduled small group discussion on the last day. We will discuss your reflections in an informal setting. The reflective pieces are not graded and are not used to determine your final grade. See Appendix (page 32-22) for details of this assignment.

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**Examinations**

**NBME Shelf Exam**

The Final Exam is the Pediatric Shelf Exam by the NBME (National Board of Medical Examiners), a 2½ hour exam. All students will take the final exam on the last day of the clerkship. The location of the exam will be given to you at least two weeks prior to the end of your rotation by the Student Coordinator.

You cannot receive Honors for the course if you score below the national mean on the exam (score of 74). You must pass the exam (score of 57) in order to pass the course. If you fail the exam once, you are allowed to retake it and the highest grade you are eligible for is a Pass. If you fail the exam more than once, the highest score you are eligible for is a Pass with Remediation and may require you to remediate a portion or all of the rotation. It will be considered a violation of the honor code to share exam questions with other students who have not taken ICAC. Such violations will be reported to the Dean of Student Affairs and the Honor Council.

**End of Clerkship Quiz**

There will be a short quiz on the final day of the clerkship that will consist of free-text elements/skills that are core to the Infant, Child and Adolescent Care clerkship. This is required but not part of your grade.

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**Evaluations and Grading**

**Overview of Grading**
We follow the University Of Colorado School Of Medicine Phase III Student Assessment Policy. Grades are determined from on-line evaluations of your clinical performance, examination scores and project work. It takes several weeks to collect all evaluations and process final grades. We will complete a Final Course Evaluation report with a summary of your clinical and cognitive assessments, final grade and a composite of the written comments. We will send a copy to you and the Office of Student Affairs via email within 4 weeks of the completion of the clerkship.

The following grades can be achieved in ICAC: Honors (H), High Pass (HP), Pass (P) and Fail (F), as well as Interim Pass (IP), Incomplete (I) and Pass with Remediation (PR). All grades remain permanently on your transcript except IP and I, which are replaced with the appropriate grade after you have completed the course.

The grade is based on the following:
- Clinical Evaluations
- Final NBME Shelf Exam

To pass the course, the following must be completed and uploaded into Canvas by the block-specific deadline:
- Midpoint Feedback Form (1)
- Direct Observation Forms (5)
- Note Feedback (2)
- Newborn Examination and Anticipatory Guidance (1)
- Individualized Learning Goals (2-3 goals)
- Prescription Writing PowerPoint Assignment
- Reflective Practice (1)
- End of Clerkship Quiz (1)
- Patient Learning Log (“Logger”) Report (2 - one at midpoint and the other on the last day)

Clinical Evaluations (in New Innovations)

We use the standard Medical Student Assessment form for clinical evaluations. You must create an evaluation in New Innovations for any clinical or academic faculty, fellow or pediatric resident that you have worked with for 3 or more sessions (days or shifts). You must have at least one evaluation from an attending at each of your clinical sites. Group evaluations from the Network of Care sites (Parker, North and Uptown) will be an exception to this rule and will be allowed. You do NOT need to obtain evaluations from your nursery site.

Evaluations must come from University of Colorado Clinical or Academic Faculty (MD, NP, PA), or pediatric residents and interns.

Evaluations are completed online using New Innovations. All electronic requests for evaluations must be created by the last day of the clerkship. Faculty/residents can also choose to complete unsolicited evaluations of you if they wish. Other evaluations may be sought by the clerkship directors if conflicting information is presented. If a student creates more than 5 clinical evaluation forms, all will be used in
determining the grade.

The clinical evaluations will be the primary determinant of your grade. A grading committee, consisting of the clerkship directors, other faculty, and the student coordinator, review all evaluations, including the ratings on the individual questions on the form and all of the comments. The forms are assessed for inconsistencies and appropriateness of ratings. Evaluations that appear to be incongruent (either better or worse) are discussed with the evaluator and changes in the evaluation are made as dictated by that discussion. Comments will be forwarded to the Student Affairs Office for inclusion in the MSPE.

Reminder email for Preceptors
You are encouraged to email preceptors and summarize feedback, individual goals for the rotation, and patients seen so that the preceptor can use this to inform their New Innovations evaluations.

Example
Hello Dr. Smith,
I hope this email finds you well. I was hoping to send a reminder about filling out the formal evaluation for my time with you at the Denver Health Pediatric inpatient ward. You should receive an email with a link to New Innovations to complete the evaluation. I was also hoping to recap my goals and what I felt I accomplished with you in hopes that it may help you complete the evaluation. For your information, you are able to save the evaluation and work on it at any time.

My goals for the rotation were:
1) Be able to perform a throat exam on young/difficult children
2) Be able to perform a well child exam for different ages
3) Create a differential for pediatric specific diagnoses and formulate a plan

While I was with you, you evaluated me using a Direct Observation form for an H+P patient presentation (on a both bone forearm fracture). I have attached this form for your reference. Other patients that I presented to you include a pyelonephritis pt, surgical pts, and asthma exacerbations. You were also able to observe me in interactions with physical exam, explaining plans to patients, and gaining rapport with families.

Hopefully these goals and comments will help you recall what I tried to accomplish during my rotation. I really appreciate comments in the evaluation that let the evaluators know at what level I was performing. They like to hear about presentations, how we managed patients (assessment, plan), patient rapport, etc and value specific examples of what we did. These comments also help with residency applications in the future. I appreciate the time and dedication you have already taken in my education. Let me know if you have any questions!

Final Grade Determination
A grading committee meets to review student files and assign grades. Ultimately, the clerkship directors and grading committee reserve the right to assign the grade based on all of the information available to them. Professionalism issues will be considered when determining the final grade. Based on the School of Medicine Grading Policy for Phase III, Honors and High Pass can each be awarded to up to 20% of students. Once all grades are determined for the year, they are reviewed for accuracy and fairness and may be adjusted, in the students’ favor, if necessary. At the completion of the end-of-year grade review, up to 30% of students can be given Honors and up to 30% High Pass, however, the total number of students given Honors and High Pass grades cannot exceed 50%.

Students will receive a final course evaluation with a:
Clinical Grade, Shelf Exam Grade and Score, Final Grade, and RIME performance rating.

In order to be eligible for a “Pass” grade in this clerkship, you must:
- Satisfactorily complete all course requirements by the end of the block and complete course and faculty evaluations.
- Have satisfactory attendance and exhibit professional behavior throughout the clerkship.
- Achieve a score of greater than or equal to 58 (2 standard deviations below the national mean). If you receive a lower score, you will have one opportunity to retake the exam.
- Demonstrate satisfactory performance on your Clinical Evaluations. If you perform below expectations you will fail and be required to retake the clerkship.

In order to be eligible for a “High Pass” grade in this clerkship, you must:
- Satisfactorily complete all requirements for a passing grade above without remediation.
- Be in the top 40% of your block.
- Demonstrate behaviors and skills consistent with novice interpreter role based on your Clinical Evaluations.

In order to be eligible for an “Honors” grade in this clerkship, you must:
- Meet all requirements for a high pass grade without remediation.
- Fully complete all assignments on time.
- Be in the top 20% of your block.
- Achieve a score on the NBME shelf exam greater than the national mean (greater than or equal to 76).
- Demonstrate behaviors and skills consistent with interpreter/manager roles based on comments on your Clinical Evaluations.

Sample Final Grade Report:

* * * * *

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
PHASE III INFANT, CHILD AND ADOLESCENT CARE CLERKSHIP
FINAL COURSE EVALUATION

STUDENT NAME: «FName» «LName»  MS III

DATES OF CONTACT  «StartDate» thru  «EndDate»  BLOCK / SECTION: «SectNum»

COURSE TITLE: Infant, Child and Adolescent Care Clerkship  COURSE NUMBER: 7020

<table>
<thead>
<tr>
<th>Shelf Exam Score</th>
<th>Clinical Grade</th>
<th>Final Grade</th>
<th>Overall RIME Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall RIME designation is determined by the Clerkship Director based on descriptive comments and clinical evaluation form. This is intended for your professional development.

Your grade is determined based on your Clinical Evaluations and Final NBME Shelf Exam. In order to Pass, you must satisfactorily complete the Direct Observation Forms, Note Feedback, Newborn Assessment and Anticipatory Guidance, End-of-Clerkship Quiz, Reflective Practice, Prescription Practice, Patient Learning Logs and Individualized Learning Goals.

Summary of preceptor comments from evaluations:
Summary Comments for use in the Medical Student Performance Evaluation (DEAN'S LETTER).

Formative Comments recommending areas for student development.

Overview of grading

Clinical evaluations: We use the standardized Medical Student Assessment form that is used by all clerkships beginning in 2008. The grading committee reviews all medical student evaluation forms for inconsistencies and appropriateness of ratings. Evaluations that appear to be incongruent with the student’s expected level of performance are discussed with the evaluator and changes in the evaluation are made as indicated.

Final exam: We use the NBME Pediatric Shelf Examination. Students cannot receive Honors for the course if they score below the national mean on the exam (score of 74). They must pass the exam (score of 57) in order to pass the course. If they fail the exam once, they are allowed to retake it and the highest grade they are eligible for is a Pass. If they fail the exam more than once, the highest score they are eligible for is a Pass with Remediation and they may be required to remediate a portion or all of the rotation.

Other required elements (See above). Students must satisfactorily complete these required components in order to pass the course. Students must also perform at a passing level on all portions of the course to pass the course.

Final grade: Ultimately, the clerkship directors reserve the right to assign the grade based on all of the information available to them. Based on the School of Medicine Grading Policy for Phase III, Honors and High Pass can each be awarded to up to 20% of students. Once all grades are determined for the year, they are reviewed for accuracy and fairness and may be adjusted, in the students’ favor, if necessary. At the completion of the end-of-year grade review, up to 30% of students can be given Honors and up to 30% High Pass, however, the total number of students given Honors and High Pass grades cannot exceed 50%.
Appeals Policy: We make every effort to ensure that grades are fair and accurate. Students who believe there is an error in their grade calculation or comments may submit a written appeal via email to the clerkship directors within one month of receiving their grade. In this email, they should briefly describe the error and request reconsideration. These grade appeals will be reviewed on a case by case basis. If it is determined that grade changes are indicated, they will be made by the end of the year.

Date: Jennifer B Soep, MD  
ICAC Clerkship Director

FINAL GRADE:  GRADE  

* * * * *

Evaluations by Students

You will be asked to evaluate the course, sites, faculty, residents and fellows using New Innovations. Your feedback is critical so we can continue to develop our clerkship and our teachers can continue to improve.

You are REQUIRED to complete the course evaluations.

We will ask you to identify 5 residents, mid-levels, fellows and/or faculty with whom you have worked to evaluate. You will notify us on the last day of the clerkship who you would like to evaluate and we will create New Innovation evaluations for you to complete within 2 weeks of the conclusion of the clerkship. These evaluations are anonymous and providers cannot view their evaluations until they have at least 3 evaluations to help maintain anonymity.

New Innovations Website: https://new-innov.com

Hazard Exposure/Needle stick

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:
- University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.

Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.

On the CUSOM website at: Needle-Stick & Bodily Fluid Exposures

Logger
You will be asked to show your logger for the Infant, Child, and Adolescent Care Clerkship at your midpoint feedback session with the clinical block directors. You will need to upload a copy of your logger into Canvas both at the midpoint and end of the rotation.

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

- **Logger Requirements**
  - Update the Logger at least once weekly, including duty hours for the week.
  - Only required to log a required clinical condition once during the block in which it is required.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to the clerkship director or their designee at the midpoint and end of a block.
  - Notify the clerkship director and coordinator if you are having difficulty covering any of the core clinical conditions at the required level of responsibility or via an approved alternative method.
  - Upload the Midpoint feedback logger into Canvas by the fourth Friday of the rotation. Upload the final logger 2 days prior to the end of the block.

NOTE: some items require you to log BOTH “performing a history” and “performing a physical exam”. Please refer to page 26 for details.

- **Duty Hour Requirements**
  In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:
  - Students will have no more than 80 hours a week of scheduled participation averaged over a course. This does not include time students should spend reading about their patients or doing patient write ups.
o Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
o Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over a course.

• Clerkship Directors or their Designee will:
o Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
o Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:
• Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
• Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Make sure you print the correct logger report!!

Example of the Logger report to print:
(You must upload THIS specific logger report into Canvas at midpoint and end of rotation.)
Please go to the website below to get the instructions on how to print your logger:

http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/meta/howto/Pages/default.aspx
# Infant, child and adolescent care, AY 2015-16

<table>
<thead>
<tr>
<th>Core clinical condition</th>
<th>Required responsibilities</th>
<th>Patient setting</th>
<th>Approved alternative methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain, vomiting, OR diarrhea - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough, congestion, rhinorhea, OR sinusitis - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otitis Media - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE: Ears - child</td>
<td>Perform Physical exam</td>
<td>Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>PE: Lungs - child</td>
<td>Perform Physical exam</td>
<td>Inpatient OR Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>PE: Throat - child</td>
<td>Perform Physical exam</td>
<td>Inpatient OR Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>PE: Serious bacterial infection OR rule out of SBI - child</td>
<td>Perform History</td>
<td>Inpatient OR Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity - child</td>
<td>Perform History</td>
<td>Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipatory Guidance - newborn</td>
<td>Participate in Treatment/Care plan</td>
<td>Inpatient</td>
<td>Independent Reading</td>
</tr>
<tr>
<td>Health Maintenance - Adolescent 13+</td>
<td>Perform History</td>
<td>Outpatient</td>
<td>Clinical case group discussion</td>
</tr>
<tr>
<td></td>
<td>Participate in Physical Exam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Professionalism

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.
The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

**Students are expected to:**
- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. **Respond within 24 hours** to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tables with discretion
- Wear professional dress.

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**Academic Honesty Statement**

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors.

Please check the website for information on the Medical Student Honor Code. [http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx)

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**Mistreatment**

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning. [http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx)

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**Communication**

**Email:** For general administrative questions (including scheduling, preceptor information, etc) contact the coordinator by email or telephone. For other questions or concerns, feel free to email the clerkship directors and copy the coordinator. If we email you, we will contact you at your CU email address.
Canvas: Course documents can be found on Canvas, including this Syllabus, handouts for learning sessions, and supplemental resources. You will turn in required course assignments and paperwork through Canvas. Most students use the phone app “Tiny Scanner” to take pictures of paperwork to convert to a PDF and upload into Canvas. We do send out reminders and notifications through Canvas. If you are not checking Canvas every day, be sure to configure your Canvas account such that you receive daily emails.

Attire
Students should wear business casual clothing and closed-toe shoes during the day in clinic and inpatient settings. Scrubs are only appropriate for the well-baby nursery (day or night) and night shifts on the inpatient wards. White coats are optional. Follow the dress code at your individual sites.

Hospital responsibilities
List all responsibilities and information for each of the hospital sites your clerkship utilizes.

FAQs

Grades
How is my grade weighted based on the amount of time I spend with an evaluator?
Each evaluation is weighted equally.

How are comments factored into my grade?
The grading committee reads each comment and they are a major contributor to the clinical grade. We have provided extensive faculty development to our preceptors so they know that we want them to describe what they see you do in the clinical setting. To obtain honors, we are looking for comments such as “takes ownership of patients”, “manages patients”, “is able to develop a complete differential diagnosis and suggest a reasonable plan for patients.”

How do clerkship directors account for hard graders or variations between sites?
We perform faculty development so preceptors understand how the evaluations factor into the grade. We emphasize the importance of reading the descriptions along the performance scales to help determine how to complete the evaluations and how to write useful comments that describe the specific behaviors they have observed. If there are discrepancies between the ratings on the scales and the comments or significant differences in how preceptors rate a student, we will contact individual preceptors to get clarification.

Are grades ever changed?
If we make an error in the grade determination, then we will make any necessary changes immediately. We perform an end-of-year grade review when we re-review student files that were borderline between pass/high pass or high pass/honors and can increase to a total of 50% honors and high pass.
What happens if evaluations are submitted after my summary evaluation is submitted?
If we receive evaluations after the final grade has been determined, we will send an updated copy of the Grade Summary Form with the new comments included. If the evaluation might change the grade, we will flag the file for review at the end-of-the-year.

How do my evaluators know how to score my performance in New Innovations?
As mentioned above, we perform faculty development sessions to help train preceptors on how to complete the student evaluations. We also provide similar sessions to residents. There are on-line modules available to all faculty and residents to instruct them on general principles of evaluation and grading and that covers specifics about the process at University of Colorado.

How is a student’s development over the course of the rotation incorporated into the evaluation?
We do not have a formal process for tracking progress over the course of the clerkship. However, we are primarily focused on what students are able to master by the end of the rotation, recognizing that some skills will develop and/or improve over the course of the 6 weeks.

General Information for Pediatrics and Children’s Hospital Colorado

Liability Insurance
The University of Colorado provides malpractice insurance for all students registered in approved courses. This insurance provides $250,000 coverage for a single incident with one person and $400,000 for a single incident with more than one person involved.

Needle Sticks
Any University of Colorado student who is stuck with a needle or otherwise experiences a potentially infectious experience during a clinical rotation, should phone the UCHSC hot line immediately. If the student is at Children’s Hospital Colorado site you must report to the employee health office. The student will then be instructed on where to report and what procedure to follow. The hot line is open 24 hours a day every day of the week. Students should also have the hot line phone number on the back of their ID badges.

HOT LINE PHONE# (303) 739-1310
Students who report needle sticks, etc., are covered by Workers’ Compensation whenever they are on assigned course duties for any testing. If a student is on an AHEC rotation or out-of-state, they should still call in for instructions.

Clinical & Resource Library & Family Health Library
The Clinical & Resource Library is located on the 1st floor of the Admin Pavilion Building. It is next door to Aspen Conference room.

Hours:
Monday—Thursday 7:30am-5:30pm
Friday 7:30am-4:00pm
(24 hour access with CHCO Badge)

Phone: 720-777-6400
Fax: 720-777-7152
The Family Library
Located on the 1st floor by the gift shop.
Hours:  Monday and Friday 9am-4pm
       Tues, Wed and Thurs 9am-7pm
       Saturday 9am-12pm
Phone:  720-777-6378
Fax:    720-777-7121

Lockers
The lockers are located on the 1st floor of the Administrative pavilion just outside Aspen conference
room, where morning report and noon conferences are held. There are also additional lockers in the
8th floor workroom as well as for the Psychiatry students in the Way pavilion.

Computer Access
Medical Students receive their CHCO computer access along with their EPIC training on their first day of
their rotation. Their access remains active for the duration of their program, until they graduate or
leave for other reasons. In addition to computers on the floors and in the library, we have 3 computers
in the Medical Education Office lounge which students can access 24/7.
APPENDIX A: Reflective Writing Assignment Directions and Examples of 55-word stories

Reflective Practice in the Pediatric Clerkship

Background:
Reflective practice is an important part of personal and professional development. Reflection can promote self-awareness and allow individuals to build on strengths and use lessons learned to improve medical care and humanistic values. Experiential learning can form the basis for lifelong learning. John Dewey, an American scholar, promoted the role of thinking and reflection as a necessary component of learning from experience. During this clerkship, students will reflect on experiences around pediatric physical exam, history taking, or communication.

Directions:
You will write one reflective piece during your clerkship about some aspect of pediatric physical exam, history taking, or communication.

Reflection of an experience during this rotation.
Consider the following questions:
- What happened, what was my experience?
- How did this experience affect me?
- What were the most important lessons I learned while participating in the activity?
- How will this experience impact my own practice of medicine?
- If I had to pick one piece of information to share with a colleague, what would it be?
- How will I plan to respond to similar changes in the future?

Format
You are required to complete one reflection during this rotation (though we won’t stop you from writing more!). You may choose the format for your reflection.

Options for format include:
- An unstructured (freeform) writing (approximately 1/2 to one page in length)
- A 55-word story – this must be EXACTLY 55 words (no more, no less!).
  Please see accompanying article for examples of 55-word stories.
- Poem

Be prepared to discuss your reflection in an informal setting on the last day of the clerkship.

If you have questions, please contact Meghan Treitz, MD (meghan.treitz@childrenscolorado.org).
The Stories

We are doctors, two primary care internists who teach and who sometimes write. We are confidantes who count on each other’s interest and sympathy as we cope with the intellectual and emotional challenges of our work. Together we have gone to conferences and plays, worked on MKSAP questions, and held dinner parties for people who share our interest in home care for the elderly.

A year or so ago, each of us read a book edited by Steve Moss and colleagues called *The World’s Shortest Stories*, a collection of stories each no more than 35 words long. We admired some of the stories a lot, and both of us were struck by the possibilities of this form for writing about our patients and our encounters with them. Sometimes together and sometimes separately, we tried it for ourselves.

Two stories:

“*The Invitation*” by Mary E. Fry

In 1989, as we were preparing this article, we read a book called *The World’s Shortest Stories*, edited by Steve Moss and colleagues. The book contains a collection of stories each no more than 35 words long. We admired some of the stories a lot, and both of us were struck by the possibilities of this form for writing about our patients and our encounters with them. Sometimes together and sometimes separately, we tried it for ourselves.

Two stories:

“The Invitation” by Mary E. Fry

“Before I Die” by Mary E. Fry

Sixty years he’s lived with diabetes. Wife, home, legs gone. Heart bad. He loves his daughter, his new prostate, life, and me. Leaving the hospital he says, “I’d kiss you, Doc, but I’m afraid I couldn’t stop.” He does kiss me, then, on the lips, hard. I’m startled, disgusted, awed by his willingness to lose.

By *Their Compensations Shall You Know Them* by Anne Schetz

“I call him Skate, don’t know his name. He does shopping, housework, stuff I can’t do. He’ll take care of me.”


“I always tried not to worry. Guess I didn’t try hard enough.”

As you continue your writing, perhaps doing one rough draft a week, you might well find that the 35-word format is coming to you more easily. You might also discover that you have written a story that simply cannot be reduced to 35 words. But by the time you have tried to get it there, you will have made every word count.

You might decide to exchange your stories with a friend. You might read Moss’ book and write some stories that have nothing to do with medicine. You might try to get something published. You might have fun. You might find that, having imagined a story about a troublesome patient’s behavior, you can face her or him more calmly.

Two stories:

“*Harry Nagatomo*” by Mary E. Fry

He wore a suit to every visit and brought me muffins. Never would stick with his meds, he’d come with 24/120. “So tell him.” He’d just smile and swear obedience. Finally I lost it. “Don’t bother to come back,” I cried. The cops called a month later. Janitor smiled him. Dead two weeks at least.”

“Hope Springs” by Anne Schetz

“I’m blessed,” she says, as always. “Mama’s doing wonderful for her age.”

“When will I walk?” asks Mama

“It’s been eight years,” I say again, holding her hand. “You won’t walk.”

Mama begins to walk. “O-o-o-oh, o-o-o-oh, o-o-o-oh.”

Her daughter weeps.

I take each of them in my arms for a moment. I walk away.

We wish you companionship and delight.

Anne Schetz, MD
Mary E. Fry, MD
Chicago, Ill

Author Contributions. Drs. Schetz and Fry wrote the stories that are attributed to them. Dr. Schetz wrote the remainder of the text in consultation with Dr. Fry, who also approved it.

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