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Welcome to Infant, Child and Adolescent Care

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!

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.

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 on call the night before the final exam or intra-session.

**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 as much time as is necessary to be thorough. 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.

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### 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 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 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.
Resources

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

Suggested Pediatric Textbooks
Current Diagnosis & Treatment Pediatrics; Hay, et al
Handbook of Pediatrics, Merenstein, et al.
Nelson’s Textbook of Pediatrics
Rudolph’s Textbook of Pediatrics
Atlas of Pediatric Diagnosis, Zitelli & Davis

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 board review book or question bank to study for the shelf exam. There is no single review book that we recommend, but practicing board style questions has proven beneficial to exam performance. Some options include: Case Files Pediatrics, Toy and Yetman; Blueprints Pediatrics, Marino and Fine; Pre-Test Self-Assessment and Review, Yetman and Hormann.

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

### Duty Hours

Duty hours for medical students follow 2nd year resident duty hours:

- Limited to 80 hours per week, averaged over a 4 week period
- Must not work > 28 hours continuously
- Must have 8 hours between duty periods
- Must have 24 hour period off per week averaged over 4 weeks
- No more than every 3 night call averaged over 4 weeks

- *In addition to clinical responsibilities, scheduled participation includes the Foundations of Doctoring course, and/or occasional activities mandated by the Dean of Student Affairs.

You are responsible for monitoring, compliance and logging weekly.
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.

Performance Measures

CLINICAL SKILLS AND REASONING

Historical Data Gathering *Developmental

- Obtain accurate history for a pediatric patient
- 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.
- 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

Physical Exam

- Perform an accurate comprehensive or focused physical exam on a pediatric patient minimizing their physical discomfort
- Perform an age appropriate physical examination on a pediatric patient with sore throat
- 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

**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
- Perform anticipatory guidance for a newborn
- Communicate with patient/family via telephone encounter by performing a simulated telephone triage for a common pediatric problem: obtain a specific history, elicit critical physical findings, assess the condition and provide advice for management, including indicators for urgent evaluation

**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

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**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.
Student Assessment/Grading

Overview of Grading
We follow the University Of Colorado School Of Medicine Phase III Student Assessment Policy. Grades are determined from written 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

The following are required to pass the course:
- Midpoint Feedback Form (1) – Attached with Patient Logger Report
- Direct Observation Forms (5)
- Note Feedback (3)
- Newborn Examination and Anticipatory Guidance (1)
- Individualized Learning Goals (1)
- Written Prescription (2)
- Reflective Practice (1)
- End of Clerkship Quiz (1)
- Patient Learning Log Report (2 - one at midpoint and the other at the exams)

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 will be expected to submit at least five clinical evaluation forms. Of the required 5 evaluations, at least one needs to be 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. The evaluations have to come from University of Colorado Clinical or Academic Faculty (MD, NP, PA), or pediatric residents and interns (psychiatry and family practice interns cannot submit evaluations for this clerkship).
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, that consists 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.

**NBME Shelf Exam**

The Final Exam is the Pediatric Shelf Exam by the NBME (National Board of Medical Examiners), a 2 1/2 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 78). You must pass the exam (score of 60) in order to pass the course. If you fail the exam, you will be allowed to retake the exam one time before a failure is recorded on your official transcript. If you fail the exam, you will not be eligible for a final grade higher than pass.

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.

**REQUIRED FORMS**

**Mid-Point Feedback Form/Session**    **Yellow form**

All of you will be scheduled for a 15 minute session with one of the clerkship directors during intra-session. 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. The clerkship directors will also review your DOF’s. 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.

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

- Copy of Learning Log – see page 35 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)  
Similar to the other clerkships, we ask that students will be observed performing patient care 1 time/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 are due by the end of the block and you cannot pass the course without handing in all DOFs.

Note Feedback  
We ask that you get feedback on 3 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. 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  
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 returned to the Student Coordinator on the last day. Prior to the Newborn experience, you should read all of the newborn materials on Canvas.

Individualized Learning Goals  
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 least three 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 will be handed in on the last day of the rotation. They are not graded or included in your evaluations and do not influence your grade.

Written Prescription Form (Grey form) & Prescription Practice (PowerPoint-Canvas)  
We want to facilitate your practice writing prescriptions for pediatric patients. You are required to complete the 6 prescription writing practice cases by the end of the 3rd week of the clerkship. You can download the
cases from Canvas (PowerPoint Prescription Writing Cases) then submit your answers to us via email (jennifer.soep@childrenscolorado.org). We will provide feedback on your responses. You are also required to get feedback on at least 2 prescriptions written for actual patients that you are seeing at any of your sites using the written prescription feedback form. The feedback can be provided by any faculty member or resident that you work with and should be handed in to the Student Coordinator on the last day.

Reflective Practice
You will write one reflective piece during the clerkship about some aspect of the pediatric exam, history taking or communication. We will discuss your reflections in an informal setting on the last day of the clerkship. The reflective pieces are not graded and are not used to determine your final grade.

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.

Patient Learning Log
You are required to track the patients seen during the clerkship. You will use a learning log to track specific patient experiences and problems seen during the clerkship. This provides an opportunity for you to tailor your subsequent learning to meet the required learning goals in the clerkship. You will also have the opportunity to seek out specific clinical areas of interest and document your experiences.

Students will:
- Update their Logger at least once weekly, including duty hours for the week.
- Only be 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 their logger to the clerkship director or their designee at the midpoint feedback session and at the end of the block.

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 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.
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, Exam Grade and Score, Final Grade, and RIME performance rating.

In order to be eligible for a “Pass” 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 60 (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 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 78).
- Demonstrate behaviors consistent with interpreter/manager roles based on comments on your Clinical Evaluations.

Infant, Child and Adolescent Care Frequently Asked Questions
Regarding Grading:

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-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.

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Grading Overview from the University

University of Colorado School of Medicine Phase III Grading Overview

Grading in the third year of medical school is different than in the first and second year. While the first two years used written exams as the primary means to determine honors, third year grades are primarily based on evaluations completed by your supervisors (residents and attending physicians) about your performance in the clinical setting. You will be evaluated by a number of different supervisors for each block/clerkship. Based on the nature of the clinical setting, each student will have a slightly different experience as they will work with different supervisors and see different patients.

Grading in the third year is normative which means that only the top 20% of students are eligible for honors in each block/clerkship. The second 20% are eligible for high pass. Students are compared to the other students on their block/clerkship based on their evaluations and performance to make grading decisions. However, at the end of the year, all grades are reviewed and may be adjusted based on the performance of the entire year of students. Honors and high pass grades should not exceed 50% of all assigned grades over the entire year.

Each block/clerkship is different but there are certain grading characteristics that are the same across all of the blocks/clerkships in third year:

1. All use New Innovations to gather evaluations from the faculty and residents that you work with. These evaluations include both ratings of performance on the competencies and ample space for comments. There are two different sections for comments – one section that includes comments that could be used in your Medical Student Performance Evaluation (MSPE, i.e. “Dean’s Letter”) and one section that is designed to encourage formative
feedback for your growth and will not be included in the MSPE.

2. Evaluations will be required from any faculty or resident that you work with for at least three sessions. Some blocks/clerkships will assign evaluations in New Innovations differently, but this is the minimum.

3. There are several common required elements that do not contribute to the final grade for each block/clerkship, but must be completed in order to pass each block/clerkship:
   a. Attendance at block orientation and any required intrasessions
   b. Logger (duty hours and core clinical conditions)
   c. Mid-point feedback form
   d. Direct observation forms (exact number or requirements may differ from block to block)
   e. Complete New Innovations evaluations in which the student evaluates their supervisors and the block/clerkship

4. All blocks/clerkships utilize a grading committee to determine grades. The committee includes at least 4 different people (generally this includes the course block director(s), at least one additional faculty from the department, and the course coordinator). The names of all individuals participating in the grading committee discussion for your grade will be listed on your grading sheet.

5. Some blocks/clerkships provide clinical grades based on the clinical evaluations as well as overall grades that include the clinical grade but also your score on the exam or other required assignments. The clinical grade will be displayed on your Medical Student Performance Evaluation (MSPE, i.e. “Dean’s Letter”) if it is higher than the overall grade.

6. All grades must be submitted by the course director to the student and the Office of Student Life within 4 weeks of the end of the block/clerkship.

For more information on grading and the grading process, please reference the current University of Colorado School of Medicine handbook, available at:


<table>
<thead>
<tr>
<th>Block</th>
<th>Components used to determine grade</th>
<th>Criteria for Honors</th>
<th>Criteria for High Pass</th>
<th>Required assignments that don’t contribute to the grade but must be completed to pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Ambulatory Care (AAC)</td>
<td>• 55% – Clinical Evaluations (15% from Specialty preceptor)</td>
<td>• Be in the top 20% of your block</td>
<td>• Be in the top 40% of your block</td>
<td>• Attend orientation</td>
</tr>
<tr>
<td></td>
<td>• 25% – Final Exam</td>
<td>• Meet all requirements for a high pass grade without remediation</td>
<td>• Satisfactorily complete all course requirements by the end of the block</td>
<td>• Logger (duty hours and core clinical conditions)</td>
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<tr>
<td></td>
<td>• 5% – Professionalism</td>
<td>• Fully complete all assignments on time</td>
<td>• Have satisfactory attendance and exhibit professional behavior throughout the clerkship.</td>
<td>• Mid-point feedback form</td>
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<tr>
<td></td>
<td>• 10% – Preventive Medicine Project</td>
<td>• Achieve a score on the NBME shelf exam greater than or equal to the national mean.</td>
<td>• Achieve a score on the NBME shelf exam greater than two standard deviations below the national mean</td>
<td>• Complete New Innovations evaluations</td>
</tr>
<tr>
<td></td>
<td>• 5% - Power Point Presentation</td>
<td>• Demonstrate outstanding performance on your Clinical Evaluations</td>
<td>• Demonstrate excellent performance on Clinical Evaluations</td>
<td>• 2 direct observation forms</td>
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<td></td>
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<td></td>
<td></td>
<td>• Didactic attendance and participation</td>
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<td>• Palliative Care day attendance and participation (orientation/clinical experience/debriefing)</td>
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<td>• Achieve a score on the NBME shelf exam greater than two standard deviations below the national mean</td>
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<tr>
<td>Program</td>
<td>Evaluation Components</td>
<td>Passing Criteria</td>
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<tr>
<td><strong>Emergency Care (EC)</strong></td>
<td>• Clinical Evaluations&lt;br&gt;• Final Written Exam</td>
<td><em>N/A</em>&lt;br&gt;<em>N/A</em></td>
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<tr>
<td><strong>Pass/Fail only</strong></td>
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<tr>
<td><strong>Hospitalized Adult Care (HAC)</strong></td>
<td>• 65% – Clinical Evaluations&lt;br&gt;• 15% – NBME Shelf Exam&lt;br&gt;• 15% – TBL Sessions&lt;br&gt;• 5% – Professionalism</td>
<td><em>Be in the top 20% of your block&lt;br&gt;• Demonstrate advanced level of performance/competency in course requirements&lt;br&gt;• Above the national mean on the NBME shelf exam (~78)</em>&lt;br&gt;<em>Be in the top 40% of your block&lt;br&gt;• Demonstrate above expected level of performance/competency in course requirements&lt;br&gt;• &gt;=65 on NBME shelf exam</em>&lt;br&gt;<em>Attend orientation and intrasession&lt;br&gt;• Logger (duty hours and core clinical conditions)&lt;br&gt;• Mid-point feedback form&lt;br&gt;• 7 direct observation forms&lt;br&gt;• Complete New Innovations evaluations&lt;br&gt;• EBM Project&lt;br&gt;• Attend Clinical Transformations session&lt;br&gt;• &gt;=70 on final written exam</em></td>
<td></td>
<td></td>
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<tr>
<td><strong>Infant, Child and Adolescent Care (ICAC)</strong></td>
<td>• Clinical Evaluations&lt;br&gt;• NBME Shelf Exam</td>
<td><em>Be in the top 20% of your block&lt;br&gt;• Meet all requirements for a high pass grade without remediation&lt;br&gt;• Complete all assignments on time&lt;br&gt;• &gt;=78 (national mean) on the NBME shelf exam&lt;br&gt;• Demonstrate behaviors consistent with interpreter/manager roles based on comments on Clinical Evaluations</em>&lt;br&gt;<em>Be in the top 40% of your block&lt;br&gt;• Have satisfactory attendance and exhibit professional behavior throughout the clerkship&lt;br&gt;• &gt;=60 (2 standard deviations below national mean) on NBME shelf exam&lt;br&gt;• Demonstrate behaviors consistent with novice interpreter role based on Clinical Evaluations</em>&lt;br&gt;<em>Attend orientation and 2 day intrasession&lt;br&gt;• Logger (duty hours and core clinical conditions)&lt;br&gt;• Mid-point feedback form&lt;br&gt;• 5 direct observation forms (including 1 for an ear, throat and chest exam, 1 presentation and 1 related to a self-identified learning goal)&lt;br&gt;• Complete New Innovations evaluations&lt;br&gt;• 3 individualized learning goals&lt;br&gt;• 3 note feedback forms&lt;br&gt;• 1 newborn exam observation&lt;br&gt;• End-of-clerkship quiz&lt;br&gt;• Reflective writing and discussion&lt;br&gt;• Prescription writing exercises&lt;br&gt;• &gt;=60 (2 standard deviations below national mean) on NBME shelf exam</em></td>
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<tr>
<td><strong>Musculoskeletal Care (MC)</strong></td>
<td>• Clinical Evaluations&lt;br&gt;• Mid-block case presentation&lt;br&gt;• Written Exam</td>
<td><em>N/A</em>&lt;br&gt;<em>N/A</em></td>
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<td><strong>Pass/Fail only</strong></td>
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<td><em>Attend orientation and small group session&lt;br&gt;• Logger (duty hours and core clinical conditions)&lt;br&gt;• 1 direct observation form&lt;br&gt;• Complete New Innovations evaluations&lt;br&gt;• &gt;=60% on written exam</em></td>
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<tr>
<td>Neurologic Care (NC)</td>
<td>Operative and Perioperative Care (OPC)</td>
<td>Psychiatric Care (PC)</td>
<td>Rural &amp; Community Care (RCC)</td>
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<tr>
<td>65% – Clinical Evaluations</td>
<td>50% – Clinical evaluations</td>
<td>Clinical Evaluations</td>
<td>55% – Clinical Evaluations</td>
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</tr>
<tr>
<td>20% – NBME Shelf Exam</td>
<td>20% – NBME shelf exam</td>
<td>Final NBME Shelf Exam</td>
<td>5% – Community Service Learning Project</td>
<td></td>
</tr>
<tr>
<td>10% – Small Group Performance</td>
<td>10% – Informed Consent Thread</td>
<td>Demonstrate outstanding performance on Clinical Evaluations</td>
<td>10% – PCMH Modules</td>
<td></td>
</tr>
<tr>
<td>5% – Participation (i.e. all required forms and activities)</td>
<td>7.5% – Long Case Report</td>
<td>Be in the top 20% of your block</td>
<td>25% – Final Exam</td>
<td></td>
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<tr>
<td></td>
<td>7.5% – Student presentation</td>
<td>&gt;=75 on the NBME shelf exam</td>
<td>5% – Power Point Presentation</td>
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<tr>
<td></td>
<td>5% – Professionalism</td>
<td>Be in the top 40% of your block</td>
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</tbody>
</table>
### Evaluations.

<table>
<thead>
<tr>
<th><strong>Women's Care (WC)</strong></th>
<th><strong>Be in the top 20% of your block</strong></th>
<th><strong>Be in the top 40% of your block</strong></th>
<th><strong>Attend orientation and intrasession</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>65% – Clinical Evaluations</td>
<td>Fully complete all assignments on time</td>
<td>Satisfactorily complete all course requirements by the end of the block</td>
<td>Logger (duty hours and core clinical conditions)</td>
</tr>
<tr>
<td>20% – NBME Shelf Exam</td>
<td>&gt;=75 on NBME Shelf Exam (National Mean=72)</td>
<td>&gt;=70 on NBME Shelf Exam (National Mean=72)</td>
<td>Mid-point feedback form</td>
</tr>
<tr>
<td>5% – H&amp;P #1</td>
<td>Demonstrate outstanding performance on all Clinical Evaluations</td>
<td>Demonstrate excellent performance on all Clinical Evaluations</td>
<td>5 direct observation forms</td>
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<tr>
<td>5% – H&amp;P #2</td>
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<td>Complete New Innovations evaluations</td>
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<tr>
<td>5% – Ethics Small Group and Assignment</td>
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<td>Participate in CAPE small group session</td>
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<td></td>
<td></td>
<td>&gt;=60 on NBME Shelf Exam (National Mean=72).</td>
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</tbody>
</table>

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<thead>
<tr>
<th><strong>Denver Health Longitudinal Integrated Clerkship (LIC)</strong></th>
<th><strong>As described for each traditional block rotation</strong></th>
<th><strong>As described for each traditional block rotation</strong></th>
<th>Students will have assignments in the LIC that correspond to individual block requirements described above. In addition, there are unique LIC requirements as listed below. Students should refer to the LIC handbook for a detailed list of requirements and due dates.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will enroll in LIC courses corresponding to traditional blocks and grading criteria will be identical to block rotations. Students should refer to LIC grading policy for specific questions.</td>
<td></td>
<td></td>
<td>4 reflective writing assignments and group discussions</td>
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<td>H&amp;P write ups in each specialty</td>
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<td></td>
<td>Group case and EBM presentations</td>
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<td>Community survey, photo essay, and group presentation</td>
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<td>Do No Harm write-up</td>
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<td>Transitions in Care assignment</td>
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<td>Refugee Care assignment</td>
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<td></td>
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<td>Tracking of LIC cohort patients and establishing continuity over time</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Participation in care conferences as assigned</td>
</tr>
</tbody>
</table>

- Students will enroll in LIC courses corresponding to traditional blocks and grading criteria will be identical to block rotations. Students should refer to LIC grading policy for specific questions.
- As described for each traditional block rotation

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| Integrated Longitudinal Medicine Clerkship (ILMC) | • 15% HAC clinical evaluations  
• 2% HAC TBL sessions  
• 2% HAC EBM project  
• 2% HAC professionalism  
• 45% – ILMC clinical Evaluations  
• 3% Preventive Medicine Project  
• 3% Community service learning  
• 3% PowerPoint presentation  
• 10% 2 midpoint Self-evaluations  
• 15% Final exam | • Be in the top 20% of your block (a performance comparison is made with individual HAC+AAC+RCC block cohort)  
• Meet all requirements for a high pass grade without remediation  
• Fully complete all assignments on time and demonstrate punctuality for course activities.  
• Achieve a score on the NBME Medicine shelf exam greater than or equal to the national mean. (~78)  
• Demonstrate outstanding performance on your Clinical Evaluations. | • Be in the top 40% of your block (a performance comparison is made with individual HAC+AAC+RCC block cohort)  
• Meet all requirements for a passing grade without remediation by the end of the block  
• Fully complete all assignments on time and demonstrate punctuality for course activities.  
• Achieve a score on the NBME Medicine shelf exam greater than 65.  
• Demonstrate excellent performance on Clinical Evaluations. | • Attend HAC orientation and intrasession  
• Attend ILMC Orientation (prior to going to rural site)  
• ILMC Logger (duty hours and core clinical conditions) (includes HAC+ILMC conditions)  
• HAC Mid-point feedback form  
• ILMC (rural site) Mid-point feedback form  
• 3 HAC direct observation forms  
• 4 ILMC (rural site) direct observation forms  
• Complete HAC and ILMC New Innovations evaluations  
• HAC EBM Project  
• Attend HAC Clinical Transformations session  
• Complete ILMC PCMH modules  
• Complete ILMC Transitions in care project  
• Attend 8 ILMC (rural site) Hospital conferences  
• >=65 on NBME Medicine shelf exam |
Reflective Practice

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 FRIENDS, TWO PRIMARY CARE INTERNS 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 55 words long. We admired some of the stories a lot, but 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

"JCB," the note was signed. Who’s JCB? I racked. Finally: witty, crusty old man. Physician. Navy man. My patient this last year, since the cancer was found. Their daughters whisked them off Hilton Head, to MGH, then Chicago, the retirement home. Mary died.

Mary died. Now the old doctor’s alone, inviting his young doctor to go out.

“JCB,” the note was signed. Who’s JCB? I racked. Finally: witty, crusty old man. Physician. Navy man. My patient this last year, since the cancer was found. Their daughters whisked them off Hilton Head, to MGH, then Chicago, the retirement home. Mary died.

"JCB," the note was signed. Who’s JCB? I racked. Finally: witty, crusty old man. Physician. Navy man. My patient this last year, since the cancer was found. Their daughters whisked them off Hilton Head, to MGH, then Chicago, the retirement home. Mary died.

Mary died. Now the old doctor’s alone, inviting his young doctor to go out.

"What It Takes" by Anne Scheetz

1943: Cook on a battleship, South Pacific, a position open to a black man. He was often afraid (though he pretended not).

That’s when he started to smoke.

1992: "I’m lucky just to be alive, Doc."

1995: "You’re right, Doc. I’ve still got a lot to live for."

That’s when he quit.

The rules for 55-word stories are described in an appendix to Moss’ book. For us, the rules are simple: to tell—preferably in 55 words exactly—a story that helps us to understand, or to appreciate, something about a patient or about the practice of medicine.

Anybody who wants to can, we believe, write a 55-word story. Here is a method you might try.

Think of the most interesting, or the most haunting, patient of your day, or the one about whom you have dreamed repeatedly over the past months. Quickly write down everything that comes to your mind, mixing fact, fantasy, supposition, if you like.

Your story should be much too long.

Then, start cutting.

Take away the less interesting, the unnecessary. Try to make one word do for two. Try to make some information known without saying it in so many words. As you work, try to discern a dramatic structure in your story: a plot. When you have cut all you can, put the story away, and come back to it in a day or a week. Keep working until you get down to the 55 words that tell your story sparsely but accurately.

We wish you companionship and delight.

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

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

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Faculty/Resident Assessment of Medical Students

Conflict of Interest

With regard to having a conflict of interest (e.g., have not provided health care to this student) in assessing the student:

I have NO conflict of interest and therefore am able to assess this student's performance.

I have a conflict of interest and am unable to assess this student’s performance.

Contact Hours

How much time did this student rotate with you?

☐ 1 day or less
☐ 1 - 2 days
☐ 3 - 5 days
☐ 1 - 2 weeks
☐ 3 - 4 weeks
☐ More than 4 weeks

Medical Knowledge

Has gaps in medical knowledge necessary to fully understand common illnesses encountered during this rotation.

Observer
Novice
Reporter
                   Reporter
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient knowledge to judge

Clinical Care

Demonstrated inconsistent, incomplete, or inadequate data collection during history taking.

Observer
Novice
Reporter
                   Reporter
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Performs a focused or comprehensive medical history, as indicated by the presenting issue, in an organized, complete, and efficient manner.

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Performs either a focused or comprehensive physical examination, as indicated by the presenting issue, in an efficient, complete, and sensitive manner.

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Is unable to derive a rudimentary differential diagnosis and assessment on their own or is completely dependent on more senior members of the team for development of a management plan.

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge

Observer
Novice
Interpreter
                   Interpreter
Novice
Manager
                   Manager

Insufficient contact to judge
### Communication

- **Avoids personal contact with patients and/or families, lacks appropriate sensitivity.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

- **Oral presentations are generally disorganized or incomplete and may be inaccurate.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

- **Written communications are generally disorganized or incomplete and may be inaccurate.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

### Professionalism

- **Is sometimes unreliable in completing work or inefficient in carrying out required duties.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

- **Can be disrespectful or defensive to one or more members of the team including but not limited to nurses, pharmacists, social workers, medical students, housestaff, and other teams.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

- **Lacks sensitivity, insight, or empathy with certain patients; disregards patient preference.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

### Systems-Based Practice

- **Offers limited perspectives related to patient differences (race, culture, gender, socioeconomic status) and preferences.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**

- **Actively seeks to understand the patients’ views and is able to incorporate patient differences and preferences into plan of care.**

  - **Observer**
  - **Novice Reporter**
  - **Reported**
  - **Novice Interpreter**
  - **Interpreter**
  - **Novice Manager**
## Communication

<table>
<thead>
<tr>
<th>Avoids personal contact with patients and/or families, lacks appropriate sensitivity.</th>
<th>NOVICE REPORTER</th>
<th>REPORTER</th>
<th>NOVICE INTERPRETER</th>
<th>INTERPRETER</th>
<th>NOVICE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral presentations are generally disorganized or incomplete and may be inaccurate.</td>
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<td>NOVICE INTERPRETER</td>
<td>INTERPRETER</td>
<td>NOVICE MANAGER</td>
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</table>

## Professionalism

| Is sometimes unreliable in completing work or inefficient in carrying out required duties. | NOVICE REPORTER | REPORTER | NOVICE INTERPRETER | INTERPRETER | NOVICE MANAGER |
| Does not value input of interdisciplinary team members and consultants, neglects important health care resources that would benefit the patients despite knowledge of their existence. | NOVICE REPORTER | REPORTER | NOVICE INTERPRETER | INTERPRETER | NOVICE MANAGER |

## Practice-Based Learning and Improvement

| Minimizes or ignores self-assessment; ignores or is defensive when receiving feedback; unaware of gaps in learning. | NOVICE REPORTER | REPORTER | NOVICE INTERPRETER | INTERPRETER | NOVICE MANAGER |
| Understands own limitations and seeks help when needed; aware of what has been learned and what hasn’t. | NOVICE REPORTER | REPORTER | NOVICE INTERPRETER | INTERPRETER | NOVICE MANAGER |
| Takes little responsibility for self-directed learning. | NOVICE REPORTER | REPORTER | NOVICE INTERPRETER | INTERPRETER | NOVICE MANAGER |

## Overall

<p>| (Insufficient contact to judge) | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th>Observer</th>
<th>Novice Reporter</th>
<th>Interpreter</th>
<th>Novice Manager</th>
<th>Insufficient Contact to Judge</th>
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<tr>
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<td>Can be disrespectful or defensive to one or more members of the team including but not limited to nurses, pharmacists, social workers, medical students, house staff, and other teams.</td>
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<tr>
<td>Interacts respectfully with all members of the health care team, consultants, and fellowship physicians.</td>
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<tr>
<td>Actively integrates all members of the non-professional team into the care of patients.</td>
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<td>Systems-Based Practice</td>
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<tr>
<td>Practice-Based Learning and Improvement</td>
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<tr>
<td>Actively creates plans for addressing individual limitations and initiating professional improvement, seeks out experiences to fill gaps in learning.</td>
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<tr>
<td>Read about patient problems and applies new knowledge to future patient care.</td>
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<tr>
<td>Reviews the literature and educates the team/provider to benefit both the team/provider and the patient.</td>
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<td>Overall</td>
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</table>

Use the RIME framework to summarize this student's overall level of performance with common core problems.

**SUMMARY COMMENTS** for use in the DEAN'S LETTER (please indicate if you cannot assess student due to a Conflict of Interest). Please provide at least 1-2 examples to support the student's RIME performance based on your observations.

Remaining Characters: 5,000

**FORMATIVE COMMENTS** recommending areas for student development.

Remaining Characters: 5,000

I have concerns about this student's performance. Please contact me at the number below to discuss.

Yes  No  N/A  Conflict of Interest

Comments

Remaining Characters: 5,000

Performance was discussed with the student.

Yes  No  N/A  Conflict of Interest
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

| Shelf Exam Score |  
| Shelf Exam Grade |  
| Clinical Grade |  
| **Final Grade** |  
| Overall RIME Performance |  

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 Shelf Examination. Students cannot receive Honors for the course if they score below the national mean on the exam. They must pass the exam in order to pass the course. If a student fails the exam, they will be allowed to retake the exam one time before a failure is recorded on their official transcript.

**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

Grade Appeals Policy
Approved 2005

The School of Medicine is committed to the ideal of academic freedom and so recognizes that the assignment of grades is a faculty responsibility. We also recognize that students have the right to appeal a final grade and the School of Medicine has a responsibility to respond to such an appeal in a judicious and timely manner.

Criteria for Appealing a Grade
A student may appeal a final clerkship grade on the grounds that:
1. The methods or criteria for evaluating academic or clinical performance, as stated in the Block syllabus or communicated by the faculty at the beginning of the clerkship, were not applied in determining the final grade, and/or
2. The faculty applied the grading criteria unfairly.

Procedures
Any student wishing to appeal a grade must initiate the process within 30 calendar days of receiving the disputed grade. An appeal letter should be sent to the Clerkship Director or Co-Directors identifying the clerkship and the grade being appealed, stating the reason(s) for the appeal, and specifying the requested change.

The Clerkship Director or Co-Directors will meet with the student to discuss the appeal within 15 calendar days of receipt of the appeal letter. Before the meeting, the student should provide the Clerkship Director with copies of all materials pertinent to the appeal, such as the clerkship syllabus, papers, tests, write-ups, etc.

If, after meeting with the student and consulting with faculty responsible for assigning the grade, the Clerkship Director or Co-Directors determine that a change of grade is warranted, then the Clerkship Director or Co-Directors will change the grade in a timely manner. If the Clerkship Director or Co-Directors determine that a
change of grade is not warranted, s/he must notify the student within 5 calendar days.

The student may appeal the decision of the Clerkship Director or Co-Directors to the Essentials Core Leader or the Clinical Core Leader by forwarding copies of all correspondence related to the appeal to the Core Leader within 7 calendar days of the Clerkship Director's ruling. The Core Leader, at his/her discretion, may meet with the student, faculty, and/or Clerkship Director, before making a ruling.

The student may make a final appeal to the Senior Associate Dean for Education, whose decision is final.

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.

Faculty and house staff evaluations will be reciprocal—when you ask a provider to evaluate you, then you will be prompted to complete an evaluation of that provider. Evaluations of faculty and house staff 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
Standards for Medical Professionals

Students, House Officers, Fellows, and Faculty Practicing Within the Core Health Systems of CU School of Medicine

I. A professional consistently transmits respect for patients by his/her performance, behavior, attitude and appearance.
   A. Respect for privacy and confidentiality.
      1. Knock on door before entering room.
      2. Appropriately drape patient during examination.
      3. Do not discuss patient information in a public area; including elevators, and cafeterias.
      4. Keep noise levels low when patients are sleeping.

   B. Respect for self-autonomy and the right to be involved in care decisions.
      1. All professionals introduce themselves to patients and patient’s families, and explain their role in the patients care.
      2. All professionals wear name tags clearly identifying their names and roles.
      3. Time is taken to assure patient and family understanding, and informed consent, of medical decisions and progress.

   C. Once a healing relationship is initiated a professional never abandons a patient.
      1. A professional assures continuity of care by clearly documenting who will provide care after a patient is discharged from a hospital, and informing the patient of how that caregiver can be reached.
      2. A professional responds promptly to phone messages and pages.
      3. A professional is responsible for providing reliable coverage through colleagues when he/she is not available.

   D. Present a professional appearance.
      1. All professionals shall comply with acceptable standards of dress as defined by the institutions in which they work.

II. A professional consistently transmits respect for peers and co-workers.
   A. Respect is demonstrated by effective communication.
      1. Primary care providers will be informed of their patient’s admission, the hospital content, and discharge plans.
      2. Consulting physicians will be given all data pertinent to providing a consultation.
      3. Medical records will be kept legible and up to date; including dictating discharge summaries within approved guidelines.
      4. All non-medical professionals who are part of the care team will be kept informed of patient plans and progress.

      5. Continuing verbal and written communication will be given to referring physicians.
      6. By understanding a referring physician’s needs and concerns about their patients.
B. Respect is demonstrated for diversity of opinion, gender, and ethnicity.
   1. The work environment must be free of harassment of any sort.
   2. The opinions of all professionals involved in the care of patients must be respected.

*A student’s inability to meet expected professional standards may result in failure.*

# Algorithm for Evaluating Student Professionalism

1. Professionalism problem is identified by:
   a. Faculty interacting with student
   b. Staff, patient or another student identifies problem and reports to faculty member or to the Chair of the Professionalism Committee if the behavior is observed outside the realm of a “course”.
   c. May be referred by the Honor Council if it is determined an Honor Code violation does not exist but there is still an issue around professionalism

2. The faculty member meets with student, describes problem and has a discussion. The form is filled out so that patterns of behavior may be tracked. If the incident occurred outside a course, the individual completing the form should give direct feedback to the student prior to submitting a form to the Chair of the Professionalism Committee.

3. The student is given a copy of the form and asked to submit a written reply to the Chair of the Professionalism Committee.

4. The form is turned in to the appropriate committee (Professionalism Committee/Dr. Madigosky or Honor council). If it is determined to be appropriate for the Professionalism Committee, the individual who completed the form will receive a copy as well.

5. If the behavior described is particularly egregious or a documented repeated behavior, then the Professionalism Committee Chair makes a decision, after conferring with the Chair of the Honor Council, to refer the matter to the Professionalism Committee or to honor council. It cannot be referred to both simultaneously. If the behavior is not particularly egregious and not a documented repeated behavior, the Chair of the Professionalism Committee may choose to meet with the student individually rather than referring the matter to a committee.

6. The Professionalism Committee makes a recommendation and suggests a remediation plan.

7. If the remediation plan is successful completed, the forms are destroyed at graduation

8. If there is a pattern of recidivism or the student fails to complete the remediation plan, the matter is referred to the Promotions Committee.
Office of Professionalism

For any faculty or resident Professionalism issues or concerns for mistreatment, contact the Office of Professionalism: Director, Barry Rumack, MD. (barry.rumack@ucdenver.edu or 303-724-7854). Website: http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/default.aspx

Other resources: the Ombud’s Office, Clinical Block Directors, Assistant Dean for the Clinical Core, anyone in a teaching or leadership position or anyone in the SOM Dean’s Office.
Learning Log

The learning logs will be completed using a mobile app. Each student needs to download the app (see following pages).

You will be asked to print a copy of your log for the Infant, Child and Adolescent Care Clerkship and bring it to your midpoint feedback session with the clinical block directors. You will also be required to print a copy at the end of the clerkship and hand it in to the student coordinator.

By logging clinical experiences you are creating your own clinical learning portfolio that will 1) assure required learning goals are met, 2) shape self-directed learning, 3) aid discussions with faculty about clinical experiences, and 4) provide documented information that could be used in future residency program interviews to highlight experience and skill.

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:

Students will:
- Update their Logger at least once weekly, including duty hours for the week.
- Only be 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 their logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

Clerkship Directors or their Designee will:
- Review 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.
- 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.
List of diagnoses/encounters to be logged for Infant, Child and Adolescent Care:

******

Example of the Logger report to print:

<table>
<thead>
<tr>
<th>Course</th>
<th>Complete</th>
<th>Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Ambulatory Care</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Hospitalized Adult Care</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Infant Child Adolescent Care</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Musculoskeletal Care</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Neurologic Care</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Operative Perioperative Care</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Psychiatric Care</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Women's Care</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Rural Community Care</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>

### Longitudinal

<table>
<thead>
<tr>
<th>Course</th>
<th>Complete</th>
<th>Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Courses</td>
<td>Date</td>
</tr>
<tr>
<td>Asthma-child</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
</tr>
<tr>
<td>Complete PE infant</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Complete PE youngchild</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
</tr>
<tr>
<td>Cough-child</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Diarrhea-child</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Ear(s) Exam</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
</tr>
<tr>
<td>Lung(s) Exam</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
</tr>
<tr>
<td>Obesity-child</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Serious Bact Infec</td>
<td>Infant Child Adolescent Care</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Sore Throat-child</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
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<tr>
<td>Throat Exam</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
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<tr>
<td>URI</td>
<td>Infant Child Adolescent Care</td>
<td>06/11/2014</td>
</tr>
</tbody>
</table>

**Incomplete**

- Newborn AnticipGuide
- Health Maint 3-12 Yrs
- Complete PE newborn
- Health Maint 2 Yrs
- Health Maint 13+ Yrs

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/met a/howto/Pages/default.aspx
<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>
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<tr>
<td>Cough, congestion, rhinorrhea, 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>
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<tr>
<td>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>
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<tr>
<td>Obesity - child</td>
<td>Perform History</td>
<td>Outpatient</td>
<td>Clinical case group discussion AND Independent Readings</td>
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<tr>
<td></td>
<td>Participate in Physical exam</td>
<td></td>
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<tr>
<td>Anticipatory Guidance - newborn</td>
<td>Participate in Treatment/Care plan</td>
<td>Inpatient</td>
<td>Independent Reading</td>
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<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>
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<tr>
<td>Procedure</td>
<td>Steps</td>
<td>Status</td>
<td>Interpretation</td>
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<tr>
<td>Health Maintenance - Child 3-12</td>
<td>Perform History, Participate in Physical Exam</td>
<td>Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>Health Maintenance - Infant &lt; 2</td>
<td>Perform History, Participate in Physical Exam</td>
<td>Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>Pharyngitis (sore throat) - child</td>
<td>Perform History, Participate in Physical Exam</td>
<td>Inpatient OR Outpatient</td>
<td>Independent Readings</td>
</tr>
<tr>
<td>Complete PE: newborn</td>
<td>Perform Physical Exam</td>
<td>Inpatient OR Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>Complete PE: infant</td>
<td>Perform Physical Exam</td>
<td>Inpatient OR Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>Complete PE: child</td>
<td>Perform Physical Exam</td>
<td>Inpatient OR Outpatient</td>
<td>Only live patients</td>
</tr>
<tr>
<td>UTI OR rule out UTI - child</td>
<td>Perform History, Participate in Physical Exam</td>
<td>Inpatient OR Outpatient</td>
<td>Independent Readings</td>
</tr>
</tbody>
</table>
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. 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 PC’s on the floors and in the library, we have 3 PC’s in the Medical Education office lounge which students can access 24/7.
Medical Treatment:
Employees and student interns that have needle-sticks or bodily fluid exposures should seek \textit{immediate} medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:
- \textbf{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.
- \textbf{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.

For non-emergency or follow up medical care for your workers' comp injury, you must go to one of the following Designated Medical Providers listed below:

<table>
<thead>
<tr>
<th>Designated Medical Providers:</th>
<th>Designated Medical Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthOne Occupational Medicine</td>
<td>HealthOne Occupational Medicine</td>
</tr>
<tr>
<td>1444 S Potomac #200, Aurora CO 80012</td>
<td>9195 Grant St., #100, Thornton, CO 80229</td>
</tr>
<tr>
<td>Phone: 303-214-0000</td>
<td>(303) 292-0034</td>
</tr>
<tr>
<td>120 Bryant St., Denver, CO 80219</td>
<td>5044 W. 92nd Ave., Westminster, CO 80031</td>
</tr>
<tr>
<td>Phone: 303-936-9700</td>
<td>(303) 650-0445</td>
</tr>
<tr>
<td>1515 Wazee, Suite D, Denver, CO 80202</td>
<td>125 E. Hampden Ave., Englewood, CO 80113</td>
</tr>
<tr>
<td>Phone: 303-534-9550</td>
<td>(303) 788-9292</td>
</tr>
<tr>
<td>Rocky Mountain Medical Group</td>
<td>Rocky Mountain Medical Group</td>
</tr>
<tr>
<td>14100 E. Jewell Ave. Ste 15, Aurora CO 80012</td>
<td>730 West Hampden Ave. Ste 200, Englewood CO 80110</td>
</tr>
<tr>
<td>Phone: 720-748-7072</td>
<td>Phone: 303-762-0900</td>
</tr>
</tbody>
</table>

Claim:
You must file an online worker's compensation claim form within 4 days of the injury/exposure. 
\url{https://urm.cusys.edu}. Failure to file a claim timely may result in penalties to you, including financial responsibility for treatment.

Payment:
University Risk Management, not your health insurance, is responsible for payment of services related to an on-the-job injury/exposure. Send bills from authorized medical providers for an on-the-job injury to:
University Risk Management, 1800 Grant Street, Suite 700, Denver, CO 80203, Phone: 303-860-5682, Fax: 303-860-5680.

Please direct any workers' compensation questions to University Risk Management (303) 860-5682 (888) 812-9601 or University of Colorado Denver Risk Management 303-724-1269.
ChildrensMD Mobile App: Available for Android, iPhone, and iPad Devices

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.

What should you do if your child develops a fever, cough, vomiting, rash, sore throat or head injury? When can your child return to school or child care after an illness? These are medical advice questions that all parents have. Health problems can arise anytime – evenings, weekends, when you’re at work or traveling or your doctor’s office is closed.

The ChildrensMD mobile phone application is designed especially for these times. It provides care guides that help you make smart decisions on what level of care (if any) is needed and how to provide speedy symptom relief for minor illnesses or injuries you can manage on your own.

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.