

GENERAL COURSE INFORMATION

Course # & Title:	PED 3001: Pediatrics Core
Course Credit Hours:	4 credit hours
Contact Hours:	<input checked="" type="checkbox"/> Clinical Courses: 4 Credits = 150 hrs. to complete all activities
Semester(s) & Year:	Fall and Spring – 2023-2024
Grading Scale:	Honors, Pass, Fail (H, P, F)
Delivery Mode:	Clinical
Class Meeting Times/Locations:	Didactics – Tuesday 12:00PM-2:00PM (Every 8 weeks- OGP Sims week 6:00PM-8:00PM) Clinicals – The Preceptor's schedule will determine the location and average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule etc... RVU recommends a minimum of 35 hours and maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning.

FACULTY CONTACT INFORMATION

Student Inquiry Contact:	Dr. Andy Tucker, MD, Clerkship Director In order to make an appointment or to contact someone with an urgent clerkship issue, please email clerkshipdirectorshelpline@rvu.edu
Additional Faculty:	Credentialed Clinical Faculty (Preceptors)

COURSE DETAILS

Course Description:

The Pediatrics Clerkship will provide clinical exposure to various aspects of pediatric issues. Students will gain knowledge, experience, and competency in the diagnosis and management from birth to adolescent patients. Students will also become competent in the complexities of working with minors who, in most jurisdictions, cannot make decisions for themselves. Prerequisite: successful completion of all pre-clinical (Year 1 and Year 2) coursework.

It is critical to note that the clinical clerkship experience is not intended to teach the student everything about Pediatrics nor provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptor may provide educational guidance, but it is each student's individual responsibility to learn the subject content. Lifelong self-learning is the goal and is expected in this core clinical clerkship. Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least 4 outpatients or 2 inpatients per day.

Prerequisite: Successful completion of all pre-clinical (Year 1 and Year 2) coursework and passing score on COMLEX Level 1

*Note: For details of the course description see **Appendix A and Appendix B.**

Learning Outcome Information:

Course Learning Objectives/Outcomes and Observed Behaviors				
When Mapping, please use a competency-based progression of learning: I= Introduce; R= Reinforce; C= Competent				
Upon Successful completion of the course, the student will be able to:	ILOs	PLOs	Clinical Skills	Assessment Method

<p>Apply clinical reasoning and judgment skills in the practice of medicine through observed behaviors of:</p> <ol style="list-style-type: none"> 1. Gather a history and perform a physical examination, including structural, pertinent to the given history. 2. Create a differential diagnosis meaningful to the clinical situation. 3. Recommend and interpret common testing within the context of a given clinical situation. 4. Generate treatment plans relevant to the clinical situation. 5. Document encounters appropriately 6. Perform an oral presentation of a clinical encounter concisely. 7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM) <p>10. Ability to triage patients appropriately</p>	1c, 2c, 4c, 5c	1c, 2c, 3c, 6c	1c, 2c, 3c, 4c, 5c, 6c, 7c, 10c	<ul style="list-style-type: none"> • Preceptor Assessment Questions 1-8, 10-12, 14, 17 • NBME Subject Exam • Didactics • Oral Presentation Questions 1-12
<p>Demonstrate interpersonal communication and relationship skills with patients, care team members, and others through observed behaviors of:</p> <ol style="list-style-type: none"> 8. Handoff and receive patients in the transition of care appropriately and with empathy. 9. Work collaboratively and respectfully with all care team members, patient families, and others. 10. Triage a patient to appropriate levels of care. 	1c, 2c, 3c, 4c	4c, 5c	8c, 9c, 10c	<ul style="list-style-type: none"> • Preceptor Assessment Questions 7, 9, 13, 15 • Didactics • Oral Presentation Questions 12, 15-17
<p>Conduct patient and condition-appropriate physical exams and procedures with compassion and empathy through observed behaviors of:</p> <ol style="list-style-type: none"> 11. Can articulate appropriately the requirements for a typical informed consent. 12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician. 	1c, 2c, 4c, 5c	3c, 4c, 6c	11c, 12c	<ul style="list-style-type: none"> • Preceptor Assessment Questions 2- 4, 10, 12, 15,
<p>Evaluate systems-based practices to contribute to quality improvements through observed behaviors of:</p> <ol style="list-style-type: none"> 13. Recognize system failures and can contribute to improvements. 	1c, 2c, 5c	7c	13c	<ul style="list-style-type: none"> • Preceptor Assessment Question 17
<p>Act in a professional manner that meets the standards of the osteopathic profession through observed behaviors of:</p> <ol style="list-style-type: none"> 14. Practice lifelong learning consistently (practice-based learning) 15. Self-reflect honestly, consistently, and openly with supervisors. 16. Consistently act to meet the Preceptor's expectations of a colleague in training. 17. Consistently exhibit a quiet, compassionate hand of tolerance towards others 	1c, 2c, 3c, 4c	5c	14c, 15c, 16c, 17c.	<ul style="list-style-type: none"> • Preceptor Assessment Questions 9, 13, 15, 16 • Didactics • Oral Presentation Questions 17, 18

Required Texts/Materials:

1. The Johns Hopkins Hospital, Hughes, H. K., & Kahl, L. K. (Eds.). (2018). [The Harriet Lane Handbook](#) (21st ed.). Philadelphia, PA: Elsevier.

2. Kliegman, R. M., St. Geme, J. W., Blum, N. J., Shah, S. S., Tasker, R. C. & Wilson, K. M. (Eds). (2020). [Nelson textbook of pediatrics](#) (21st ed.). Philadelphia, PA: Elsevier.
3. American Academy of Pediatrics & Baker, C. J. (Eds.). (2023). [Red book atlas of pediatric infectious diseases \(5th ed.\)](#). Elk Grove Village, IL: American Academy of Pediatrics.
4. Course Guide for Pediatrics (Available in New Innovations.)

Optional Learning Resources (available as eBooks through the RVU Library)

- Schaaf, C. P., Zschocke, J., Potocki, L. (2011). *Human Genetics: From Molecules to Medicine*. New York, NY. LWW.
- Sadler, T. W. (2018). *Langman's Medical Embryology*, (14th ed). New York, NY: LWW
- Up To Date
- Pediatrics Review
- **See a full list of articles in Appendix E**

Please ask the library staff for assistance if the hyperlink is broken.

Assignments and Due Dates:

- Didactics – Weekly
- SMART Goals – Due Day 5 of the Clerkship
- Oral presentation – Due the third week of the clerkship
- NBME subject exam – Due at the end of the clerkship
- SMART Goals Reflection – Due Day 5 following the Clerkship.
- Patient Logs – Due Day 5 following the Clerkship; however, it is recommended that students complete the logs daily.
- Preceptor Assessment – The preceptor submits following the completion of the clerkship.

Domain	Assessment	Percent of total grade	Exemplary Course Points	Satisfactory Course Points	Unsatisfactory Course Points
Professionalism (0-20 course points)	Preceptor Assessment Questions 9, 13, 15, 16, and Qualitative Comments	10%	10	8	0
	Didactics	8%	8	6	0
	Oral Presentation Questions 15-18	2%	2	1	0
Clinical Care Performance (0-40 course points)	Preceptor Assessment Questions 1-8, 10-12, 14, 17, and Qualitative Comments	30%	30	24	0
	Oral Presentation Questions 1-14	10%	10	8	0
Knowledge Application (0-40 course points) Percentile grade x .40	NBME Subject Exam	40%	16-40	1.2-15.9	0-1.1

Didactics

Consistent attendance and participation in didactic sessions are essential to gain knowledge and skills to successfully complete the core clerkship and to show professionalism in your professional identity. In addition, these didactics supplement the clinical curriculum and help students prepare for the subject exams at the end of each core rotation.

Didactics are held at the day and time listed in MyVista. Attendance is required unless approved by the Clerkship Director. Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director. Requests for absences or partial attendance should be submitted before the didactic session or as soon as possible after the session when prior notification is not practicable. The Clerkship Director may assign make-up assessments for approved absences only. Didactics are intended to be interactive, and points will be awarded based on student engagement and participation in each session.

Didactic Professionalism Assessment Rubric

<p>Attendance</p> <ul style="list-style-type: none"> • Points will be awarded for live didactic session attendance, and Clerkship Director approved absences only (upon successful completion of make-up assessments assigned by the Clerkship Director determined deadline) <ul style="list-style-type: none"> o 1 point is awarded per each full quarter of the session attended 	<p>0-4 points per week</p>
<p>Quality engagement and meaningful participation</p> <ul style="list-style-type: none"> • Participation in discussion throughout the session <ul style="list-style-type: none"> o 2 points = 4 or more relevant comments during the session • Participation in poll questions throughout the session <ul style="list-style-type: none"> o 2 points = At least 75% response rate to all polls offered during a session • On-time completion of the weekly quiz <ul style="list-style-type: none"> o 2 points 	<p>0-6 points per week</p>

Standardized Oral Presentation of Encounter

Students must complete one video standardized oral presentation of an encounter based on a patient listed in MyVista. Students will receive the patient information in the third or fourth week of the course. They will have 48 hours to submit their presentation. The presentation must be a maximum of four minutes and follow the rubric format in **Appendix C**. Instructions for submitting the video are listed in MyVista. The Clerkship Director must approve any late submission. If a student does not pass the oral presentation on the first try, one retry is allowed before the last day of the course without penalty to the final points.

Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)

A Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (**see Appendix D**) must be completed and submitted by the Preceptor of record for each clerkship for a grade for the course to be posted. The response to each question of the Assessment will be reviewed by the Clerkship Director, who will assign a final grade based on all Assessments received.

Students who do not receive a passing grade on the Assessment must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship course will be remediated at a clinical training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a second course failure and referral to SPC.

Subject Exams

The subject examination is a key component of the core clinical clerkship course grade and is administered toward the end of the clerkship. Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence request by completing the Clinical Education Excused Absence Request Form in iNet. Students must score in the 3rd percentile or higher to pass the exam.

Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence request by completing the Clinical Education Excused Absence Request Form in iNet. The absence is not excused until approved by the Clerkship Director. Examples of situations which would generally be approved for an excused absence from the exam include significant mental or physical illness (documentation from the treating licensed healthcare provider may be required), emergency or presentation at a professional conference (if eligible). If a student believes that the basis for their excused absence request is eligible for consideration for ADA accommodation, the student should follow the procedure outlined in the Disabilities and Academic Accommodations section of this handbook. *Students receiving an excused absence from an NBME Subject Exam due to illness will be required to take the missed exam during the next exam date that they do not have a regularly scheduled NBME Subject Exam.*

Should a student not meet the minimum passing threshold on their first attempt at the subject exam, they must communicate with their Clerkship Director and a Student Affairs Educational Learning Specialist to create a year-long study plan to prepare for retaking the subject exam and continuing with rotations promptly. Once this criterion has been met, the student must receive approval from the Clerkship Director to retake the subject exam. Once approval has been received, the student will work with the Clinical Data Coordinator to schedule the second exam attempt.

Should a student not meet the minimum passing threshold on their first attempt at the subject exam in two or more different clerkships, they must meet with the appropriate Clerkship Directors and an Educational Learning Specialist and enroll in the Medical Knowledge Application course. In addition, the student's year-long study plan will be revised and presented to the Clinical Competency Team for its added recommendation.

Should a student not meet the minimum passing threshold within two attempts of the subject exam, the student has failed the course. At that time, the student will meet with the Clerkship Director to determine remediation of the course.

SMART Goals

SMART goals are an ideal way for students to communicate their learning needs to their Preceptor. Students develop four SMART goals, review them with their Preceptor, and submit them in My Vista by Day 5 of the clinical component of the course. The Clerkship Director may approve a late submission for extenuating circumstances. The SMART Goal portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the goals are professional, represent skills necessary to expand the scope of knowledge, address skills acknowledged to be weak in the self-assessment, and are completed on time. In addition, students may wish to inform the Preceptor of their future career choice so they may modify aspects of their assessments of their patient care activities to enhance their skills development. Failure to submit the SMART Goals on time will result in the student not being eligible to receive a grade of Honors for the course.

SMART Goals Reflection

Students reflect on progress towards their established SMART Goals by completing the reflection in My Vista by five days following the end of the clerkship. The SMART Goal reflection portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the reflection addresses each goal and is completed on time. Failure to submit the SMART Goals Reflection on time will result in the student not being eligible to receive a grade of Honors for the course.

Patient Logs

Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day. Students will log each virtual or direct patient care encounter and essential skills performed into New Innovations. The log will include the patient's age, diagnosis, procedures performed with Preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes, including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by five days following the end of the clerkship. Failure to submit the patient logs on time will result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectations needed to complete the course, students should submit in New Innovations:

- Outpatient – 80+ logs, or
- Inpatient – 40+ logs, or
- Combination of Outpatient and Inpatient – 60+ logs

NOTE: Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they cannot fulfill the course's patient contact requirements. If students cannot meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or a new Preceptor.

Final Grade Calculation:

The Course Director awards final grades for the course as:

- Honors
- Pass
- Fail
- Px – Pass with Remediation
- WIP – Work in Progress

Grade	Requirements
The student receives a grade of Honors for the course if this criterion is met	72-100 total course points from all three domains. Pass all required assessments. Submit all assessments on time (per the requirements in the syllabus)
The student receives a grade of Pass for the course if this criterion is met.	48.2 – 71.9 total course points from all three domains. Pass all required assessments.
The student receives a grade of Fail for the course if this criterion is met	0-48.1 total course points from all three domains.

To receive a Px for the course.	Successful completion of all remediation as directed by the Clerkship Director following a failing grade for the course. Total course points will be reduced to 70% of the original points.
To receive a WIP for the course.	<p>A grade of WIP is posted on the student's transcript if:</p> <ul style="list-style-type: none"> • The course is still in progress. • The student did not meet the minimum passing threshold on the first attempt on the NBME Subject Exam and is pending a retake. <p>Note: A grade of Pass will be awarded if the student meets the minimum passing threshold on the second attempt on the NBME Subject Exam. The student is not eligible to receive a course grade of Honors.</p>

Success in Clinical Rotations

As a third-year medical student, success in clinical rotations requires a combination of knowledge, skills, and attitude. First, it is crucial to prioritize your time and energy effectively. This means being punctual, prepared, and organized for each clinical day. Building a good rapport with patients and healthcare teams is equally important. Communicate effectively, listen actively, and show empathy and respect to everyone you interact with. Also, be initiative-taking in your learning by seeking feedback, asking questions, and reading up on cases and topics in your free time. We suggest reading around 2 hours or more per day to successfully pass your subject exam and impress your Preceptor. Continuously review and refine your clinical skills, such as history-taking, physical examination, and presentation skills. Lastly, maintain a positive attitude and approach with every rotation with enthusiasm and a willingness to learn, regardless of specialty or subject. With these habits and skills, you will find success.

Quality Points

Class rank for each student will be reported as quintile and be based on student performance in OMS I, OMS II, and OMS III years. Each year will contribute one-third to the final ranking. For OMS III, the ranking will be determined from student performance within core clerkship courses. Ranking will be reported on official RVUCOM transcripts at the end of OMS I, OMS II, and OMS III and on the MSPE that is made available through ERAS. All rankings will be reported by quintile unless specifically required by residency programs, military requirements, scholarships, or otherwise.

- To calculate quality points for the course, multiply the total points earned in the course by the credit hours earned. Example: 79 points x 4 credits = 316 quality points for the course.
- For grades of Px - Multiply the total points earned in the course by .70 and then by the credit hours earned. Example: (79 points x .70) x 4 credits = 221.2 quality points for the course.

Course Policies:

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:

- Email and MyVista Utilization
- Academic Integrity
- Academic Accommodations Process
- Health and Technical Standards
- OPP and PCM Laboratory Policies
- Biosafety, Universal Precautions, and Bloodborne Pathogens
- Academic Grievances Policy (Grading Disputes)
- Attendance Policy
- Excused Absences
- Course Adjustment Policy
- Holidays

Please note course syllabi are subject to change as necessary at the discretion of the Course Director.

Specific Course Policies

Absences

Clinical Education

The focus of the clinical experience in years 3 and 4 is patient care and interaction. Therefore, one hundred percent attendance is required to ensure continuity of care is maintained. However, it is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed, and the Absence Request on iNet must be completed and approved:

- Absences for any reason must be approved by both the Preceptor and Clinical Dean.
- Preplanned absences - Submit the Clinical Education Excused Absence Request form in iNet for preplanned absences as soon as event dates and details are known.
- Emergency absences - Submit the Clinical Education Excused Absence Request form on iNet on the same day as any emergency absence.

Didactics and Simulations

- Attendance is required unless approved by the Clerkship Director.
- Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director.
- Requests for absences or partial attendance should be submitted before the didactic/simulation session or as soon as possible after the session when prior notification is not practicable.

Hours of Duty

To provide educational continuity and patient care experience, RVU requires at least 140 clinical contact hours in Pediatrics. The Preceptor's schedule will determine the average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule. RVU recommends a maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. Students shall be assigned activities on or related to their current service clerkship only. A physician licensed to practice medicine in that state will supervise any duties assigned to students. Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the clerkship.

Professional Conduct Policy

Students are expected to always adhere to the highest level of professional conduct. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors, and coworkers. Students will preserve confidentiality and not discuss patients publicly or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, including state and federal HIPAA laws, is expected. The Preceptor has the authority to dismiss a student from the clerkship for violations of the student's duties and responsibilities as delineated in this manual, a threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Department of Clinical Education and the Student Progress Committee, which may result in a failing grade for the clerkship and/or dismissal from the University. In addition, any problems or concerns affecting students not adequately resolved at the site should be referred to the Department of Clinical Education and the appropriate Dean of Clinical Education. Students should read and comply with the Student Level of Supervision available in the Clinical Education Manual. In the case of any student suspected of having a substance abuse or mental health problem, the Preceptor must report this situation to both the Dean and Senior Associate Dean of Clinical Education to direct the student to evaluation assistance and further action.

Conflicts Of Interest & Student Confidentiality In The Clinical Setting Policy

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to ensuring the prevention of any type of conflicts of interest for students regarding academic advancement and the protection of student confidentiality in the clinical setting. Students seeking healthcare should not be placed in a position in which they could potentially interact with any faculty or staff that have authority over their educational pursuits. Authority over a student's educational pursuits is defined by any person who determines final grades, ongoing status of academic standing, and academic advancement within the college. This may include deans, directors, or any faculty involved in grading or determining student academic promotion. Any of the health professionals providing health services to a student must be and will be recused from any academic assessment or promotion of the student if professional services have been rendered.

Further, RVUCOM students participating in any clinical training experience will not be involved in the medical care of other students unless expressed permission is individually obtained from the student patient. Patient confidentiality will be guaranteed for all RVUCOM students in all clinical settings.

Course Schedule:

Week	Date	Lecture Topics *	Assessments & Assignments Due
1	Day 1	Orientation	Discuss SMART goals with preceptor.
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 2	Didactic – immunizations and preventive care	Didactic attendance and quality engagement per rubric

Week	Date	Lecture Topics *	Assessments & Assignments Due
		immunizations and preventive care	Week 1 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 5	SMART Goals	Submit 4 SMART goals to MyVista
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
1	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
Week 2			
2	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 2	Didactics - Respiratory issues, asthma, cystic fibrosis, primary ciliary dyskinesia, otitis media and externa and bronchiolitis	Didactic attendance and quality engagement per rubric
		Respiratory issues, asthma, cystic fibrosis, primary ciliary dyskinesia, otitis media and externa and bronchiolitis	Week 2 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 5	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
2	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
Week 3			
3	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3 3	Day 2	Didactics - Seizures, limping child, nephrotic syndrome and post-strep glomerulonephritis	Didactic attendance and quality engagement per rubric
		Seizures, limping child, nephrotic syndrome and post-strep glomerulonephritis	Week 3 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 5	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
3	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
Week 4			
4	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
4	Day 2	Didactics - Syndromes	Didactic attendance and quality engagement per rubric
		Syndromes	Week 4 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.

Week	Date	Lecture Topics *	Assessments & Assignments Due
4	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
4	Day 4	Exit Interview	Review of Preceptor Assessment with the Preceptor
		Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
4	Day 5	Psychiatric Knowledge	NBME Subject Exam
5	Day 5	SMART Goal Reflection	Submit the SMART Goal Reflection
		Patient Care	Ensure that all patient logs are submitted to New Innovations

STUDENT SUCCESS & SUPPORT RESOURCES

POLICIES

Academic Integrity Policy:

<https://catalog.rvu.edu/academic-integrity>

All RVU Policies:

<https://policies.rvu.edu/> (must be logged into inet.rvu.edu)

Program Handbook:

<https://catalog.rvu.edu>

RESEARCH & WRITING SUPPORT

Frank R. Ames Memorial Library:

<https://library.rvu.edu/framl/home>

Plagiarism:

<https://library.rvu.edu/researchguide/researchethics/plagiarism>

Writing Center:

<https://www.rvu.edu/writing-center/>

GENERAL STUDENT SUPPORT

Diversity, Equity, & Inclusion:

<https://www.rvu.edu/about/diversity-equity-and-inclusion/>

Financial Services:

<https://www.rvu.edu/admissions/financial-aid/>

IT Help Desk:

https://myvista.rvu.edu/ics/Help_Desk/ (must be logged into inet.rvu.edu)

Mental Health & Wellness:

<https://www.rvu.edu/mental-health/>

Services for Students with Disabilities-CO:

<https://www.rvu.edu/co/student-affairs/disability-services/>

Services for Students with Disabilities-UT:

<https://www.rvu.edu/ut/student-affairs/disability-services/>

Student Affairs:

<https://www.rvu.edu/student-affairs/>

DISCLAIMER

All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

Appendix A: Patient Care Course Design

Pediatrics Core is designed to be completed in four weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area). It may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component allows students to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that students must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills; and Professional Behavior* to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student-applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care.

Telehealth patient care delivery models, which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exams and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually or as self-teaching, but assessing these skills should include face-to-face checkoffs. Skills needing face-to-face checkoff are listed in Appendix B.

Key Clinical Skills

Clinical Reasoning and Judgement skills

1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM)
10. Ability to triage patients appropriately

Interpersonal Communications and Relationships skills

8. Handoff and receive patients in the transition of care appropriately and with empathy.
9. Work collaboratively and respectfully with all care team members, patient families, and others.
10. Triage a patient to appropriate levels of care.

Physical Exam and Procedural Skills

11. Can articulate appropriately the requirements for a typical informed consent.
12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.

Systems-based Practice thinking skills.

13. Recognize system failures and can contribute to improvements.

Professional Behavior

14. Practice lifelong learning consistently (practice-based learning)
15. Self-reflect honestly, consistently, and openly with supervisors.
16. Consistently act to meet the Preceptor's expectations of a colleague in training.
17. Consistently exhibit a quiet, compassionate hand of tolerance towards others.

RVU has identified the following patterns of student training within its community-based preceptor network to enhance training opportunities and properly focus assessments:

<i>Student Assessment Organized by Clinical Venue and Patient Care Activity</i>			
Patient Care Activity	Clinical Skillsets Practiced and Assessed	Where and How Assessed by Preceptor	Preceptor and Student Engagement Strategies by Venue

Preceptor and student setting care plan objectives together	<ul style="list-style-type: none"> • Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • Professional Behavior 	<ul style="list-style-type: none"> • Bedside • Chart rounds • Team rounds • Verbal live feedback • Written formal evaluation 	<ul style="list-style-type: none"> • Student with Preceptor, patient live or telehealth. • Student, Preceptor, and patient virtually, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
Daily H&P and oral presentations and procedures, including OMT	<ul style="list-style-type: none"> • Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • Physical Exam and Procedural Skills • System-based Practice Thinking Skills • Professional Behavior 	<ul style="list-style-type: none"> • Bedside • Chart rounds • Team rounds • Verbal live feedback • Written formal evaluation 	<ul style="list-style-type: none"> • Student with Preceptor and patient live. • Student, Preceptor, and patient engage in the usual execution of H&P, and the usual dialog between student and Preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth.
End-of-day or rounds review of cases; student performance	<ul style="list-style-type: none"> • Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • System-based Practice Thinking Skills • Professional Behavior 	<ul style="list-style-type: none"> • Student one-to-one interaction with Preceptor, the team • Verbal live feedback • Written formal evaluation 	<ul style="list-style-type: none"> • Student with Preceptor, patient live or telehealth. • Student, Preceptor, and patient virtual, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
End-of-rotation summative evaluation	<ul style="list-style-type: none"> • Review of student performance in all skillsets 	<ul style="list-style-type: none"> • Student one-to-one interaction with Preceptor, the team • Written formal evaluation 	<ul style="list-style-type: none"> • Student with Preceptor and patient live. • Student, Preceptor, and patient virtual, for all except Physical Exam and Procedures

Appendix B: Key Clinical Skills Expected for this Course.

Skills	Direct-Patient Care	Telehealth
History		
Competent History Taking Including Motivational Interviewing	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Domestic Abuse Screening	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Psycho-social History	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Psychological Aspects of Care Appropriately	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Gun Safety Screening and Counseling	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Physical		
Focused Physical Examination	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Sex-, Gender and Age Appropriate Physical Examination	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Osteopathic Structural Examination	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Digital Rectal Exam	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Breast Exam	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Complete Musculoskeletal Exam	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Complete Neurologic Exam	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Development Assessment (well child exam)	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Therapeutic Procedures		
Airway Management	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Subcutaneous and Intramuscular Injections (Immunization)	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Osteopathic Manipulative Treatment	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Peripheral Venous Access (capillary draw)	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Scrub and Gown to Assist in Surgery	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately

Laceration Repair with Tissue Glues, Staples, and/or Suture	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Skin Staples and/or Suture Removal	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Correctly Adhere to Universal Precaution Technique	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately
Contraception Counseling	Performance and assessment of ability to complete	Is knowledgeable on proper indications for exam and can triage patients appropriately

Appendix C: Standardized Oral Presentation of Encounter Rubric

If the presentation is greater than 4 minutes, the presentation will receive a grade of zero for the exercise.

HISTORY

1. Chief complaint noted either before HPI or as part of introductory sentence

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No Chief complaint noted		Chief complaint mentioned		Chief complaint clear and accurate to the situation

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for admission

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No introductory sentence		Intro included cc most pertinent information		Intro painted a clear picture of patient

3. HPI is organized so that chronology of important events is clear

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
The sequence of events was unclear		The sequence of major events is clear		The sequence of all events is clear

4. The PMH, FH, SH, and ROS include only elements related to active medical problems

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Information has no clear connection to the active medical problems		Information adequately describes the patient's active medical problems		Information completely and concisely describes all active problems

PHYSICAL EXAM AND DIAGNOSTIC STUDY RESULTS

5. Begins with a general statement:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
General statement poor or missing		Mostly clear general statement		Succinct general statement creating clear picture of patient

6. Presents all vital signs (and growth parameters if patient is a child if applicable):

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Vitals inappropriately incomplete		VS & growth parameters mostly complete		All vitals signs/growth parameters given

7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
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Either too much or too little information given		Most important information is given		All important elements of PE given
8. Organizes lab data and results of other diagnostic tests to distinguish between possible diagnoses				
1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Irrelevant test results are presented or significant results omitted		Most relevant results are reported with either minor omissions or a few extra results included		All results relevant to the possible diagnoses are presented

SUMMARY STATEMENT

9. Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical exam and diagnostic studies into one sentence

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No summary statement or restatement of story without synthesis		Most pertinent information synthesized; may repeat some unnecessary information		Summary statement concisely synthesizes all key information

ASSESSMENT AND PLAN

10. Includes a prioritized problem list (by systems only if appropriate) including all active problems

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No problem list or poorly organized list or used systems when inappropriate		Most important problems included and prioritized on problem list; systems if appropriate		Complete problem list appropriately prioritized; systems if appropriate

11. Provides an appropriate differential diagnosis for each problem

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No differential diagnoses are given		A ddx with several possibilities is given for major problems		Extensive ddx for all problems given

12. States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the prob list

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Patient plan is not described or is unrelated to the problem list		Plan for the patient addresses most important issues, may omit active but lower priority problems		Patient plan is complete and relates directly to the problem list; all active issues are included

CLINICAL REASONING/SYNTHESIS OF INFORMATION

After hearing the entire presentation:

13. The presentation included the pertinent positives and negatives from the H&P to support the differential diagnosis and plan

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Key positives and negatives were not included		Key pertinent positives and negatives were presented at some point in the presentation		Most pertinent positives and negatives were included at logical points

14. At the end of the presentation I had a clear picture of this patient's situation and what needed to be done next

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Much ambiguity remained		The picture was clear for the major issue(s)		The picture was complete and all issues were clear

GENERAL ASPECTS

15. Overall organization:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Poorly organized and hard to follow		Mostly well-organized		Very well organized

16. Speaking style:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Difficult to understand		Mostly understandable and engaging		Understandable and engaging speaking style

17. Maintains a professional composure:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Did not communicate all pertinent information concisely using a professional demeanor.		Mostly communicated all pertinent information concisely using a professional demeanor.		Communicated all pertinent information concisely using a professional demeanor.

18. In evaluating the presentation, do you trust the student doctor is acting in the patients' best interest?

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Does not considers and incorporates all aspects of the unique patient characteristics into their overall care plan.		Partially considers and incorporates all aspects of the unique patient characteristics into their overall care plan.		Fully considers and incorporates all aspects of the unique patient characteristics into their overall care plan.

Additional Comments:

Appendix D: Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)

1* Obtains an appropriate history.

Student Doctor cannot obtain an appropriate history.	Student Doctor obtains an appropriate history with constant supervision.	Student Doctor obtains an appropriate history with minimal supervision.	Student Doctor obtains an appropriate history independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2* Performs an appropriate physical examination.

Student Doctor cannot obtain an appropriate physical examination.	Student Doctor obtains an appropriate physical examination with constant supervision.	Student Doctor obtains an appropriate physical examination with minimal supervision.	Student Doctor obtains an appropriate physical examination independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3* Formulates an appropriate differential diagnosis.

Student Doctor cannot formulate an appropriate differential diagnosis.	Student Doctor formulates an appropriate differential diagnosis with constant supervision.	Student Doctor formulates an appropriate differential diagnosis with minimal supervision.	Student Doctor formulates an appropriate differential diagnosis independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4* Recommends and interprets common diagnostic and screening tests.

Student Doctor cannot recommend or interpret common diagnostic and screening tests.	Student Doctor recommends or interprets common diagnostic and screening tests with constant supervision.	Student Doctor recommends or interprets common diagnostic and screening tests with minimal supervision.	Student Doctor recommends or interprets common diagnostic and screening tests independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5* Recommends an appropriate treatment or management plan.

Student Doctor cannot recommend an appropriate treatment or management plan.	Student Doctor recommends an appropriate treatment or management plan with constant supervision.	Student Doctor recommends an appropriate treatment or management plan with minimal supervision.	Student Doctor recommends an appropriate treatment or management plan independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6* Documents an acceptable clinical encounter note.

Student Doctor cannot document an acceptable clinical encounter note.	Student Doctor documents an acceptable clinical encounter note with constant supervision.	Student Doctor documents an acceptable clinical encounter note with minimal supervision.	Student Doctor documents an acceptable clinical encounter note independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7* Provides an organized oral presentation of the clinical case.

Student Doctor cannot provide an organized oral presentation of the clinical case.	Student Doctor provides an organized oral presentation of the clinical case with constant supervision.	Student Doctor provides an organized oral presentation of the clinical case with minimal supervision.	Student Doctor provides an organized oral presentation of the clinical case independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8* Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.

Student Doctor cannot demonstrate the ability to access appropriate resources to gather medical information and evidence as needed.	Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with constant supervision.	Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with minimal supervision.	Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9* Participates and collaborates as a respectful and helpful member of an interprofessional team.

Student Doctor cannot participate or collaborate as a respectful and helpful member of an interprofessional team.	Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team with constant supervision.	Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team with minimal supervision.	Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10* Recognizes a patient requiring urgent or emergent care and provides appropriate recommendations when able to discuss with preceptor.

Student Doctor cannot recognize a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance.	Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance with constant supervision.	Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance with minimal supervision.	Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance independently.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11* Performs general procedures of a physician.

Student Doctor cannot perform procedural skills expected for a medical student.	Student Doctor has procedural skills below expectation for a medical student.	Student Doctor has procedural skills at the expectations for a medical student.	Student Doctor has procedural skills above the expectation for a medical student
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12* Approaches patient care with a whole person approach (body, mind, and spirit) as part of managing patient's medical issues.

Student Doctor does not use a whole person approach with patient care. Student Doctor uses a whole person approach with constant prompting. Student Doctor uses a whole person approach with minimal prompting. Student Doctor uses a whole person approach without prompting.

13* Demonstrates high level of professionalism expected of a medical student.

Student Doctor cannot demonstrate high level of professionalism expected of a medical student.	Student Doctor demonstrates high level of professionalism expected of a medical student with constant supervision.	Student Doctor demonstrates high level of professionalism expected of a medical student with minimal supervision.	Student Doctor demonstrates high level of professionalism expected of a medical student independently.
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14* Demonstrates appropriate medical knowledge in their current year of education.

Student Doctor cannot demonstrate appropriate medical knowledge in their current year of education.	Student Doctor demonstrates appropriate medical knowledge in their current year of education with constant supervision.	Student Doctor demonstrates appropriate medical knowledge in their current year of education with minimal supervision.	Student Doctor demonstrates appropriate medical knowledge in their current year of education independently.
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15* Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).

Student Doctor cannot demonstrate excellent interpersonal and communication skills.	Student Doctor demonstrates excellent interpersonal and communication skills with constant supervision.	Student Doctor demonstrates excellent interpersonal and communication skills with minimal supervision.	Student Doctor demonstrates excellent interpersonal and communication skills independently.
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16* Demonstrates self-directed learning on a regular basis.

Student Doctor cannot demonstrate self-directed learning on a regular basis.	Student Doctor demonstrates self-directed learning on a regular basis with constant supervision.	Student Doctor demonstrates self-directed learning on a regular basis with minimal supervision.	Student Doctor demonstrates self-directed learning on a regular basis independently.
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17* Contributes to a patient care culture of quality and safety.

Student Doctor does not contribute to a patient care culture of quality and safety.	Student Doctor contributes to a patient care culture of quality and safety with constant prompting.	Student Doctor contributes to a patient care culture of quality and safety with minimal prompting.	Student Doctor contributes to a patient care culture of quality and safety with no prompting. .
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18* Based on the Student Doctor's performance during this clerkship:

- This individual demonstrates knowledge and abilities BELOW what is expected of an incoming third year student. This individual demonstrates knowledge and abilities expected of an incoming third year student.
- This individual is advancing and demonstrates additional knowledge and abilities but is not yet performing at the level of an incoming fourth year student.
- This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming fourth year student.
- This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.
- This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical students.

19* Looking at the Student Doctor's global performance, which of the four categories best reflects how your student interacted with you?

- Reporter - Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters can distinguish important information from unimportant information and are able to focus data collection and presentation on central issues.
- Interpreter - Interpreters can identify problems independently and prioritize problems, including new problems, as they arise. Interpreters can develop a differential diagnosis independently and make a case for and against each of the important diagnoses under consideration for a patient's central problem(s).
- Manager - Managers can develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers can utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances.
- Educator - Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team.

20* Did the Student Doctor attend the rotation as expected (35+ hours per week)?

- Yes
- No
- Unknown

21* Did the Student Doctor share and discuss their Clerkship SMART goals with you?

- Yes
- No
- Unknown

Not applicable for Elective Clerkships

22 Additional feedback for growth and improvement. Please include feedback that provides evidence of the student's strengths and weaknesses (consider skills listed in the syllabus) and give examples of achievement or deficiencies.

23 Comments from you or your team in this section are your opportunity to communicate with the Dean on this student's readiness for residency. If your assessment is submitted prior to September 1st of the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your assessment is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.

Appendix E: Recommended Articles

Presenting symptom, finding or laboratory finding	Reading Assignment
Cough and/or wheeze	<ul style="list-style-type: none"> • Link, H. W. (2014, July). Pediatric asthma in a nutshell. <i>PIR</i>, 35(7), 287-298. • Gereige, R. S. & Laufer, P. M. (2014, October). Pneumonia. <i>PIR</i>, 34(10), 438-456. • Messinger, A. I., Kupfer, O. Hurst, A. & Parker, S. (2017, September). Management of pediatric community acquired bacterial pneumonia. <i>PIR</i>, 38(9), 394-409. • Piedimonte, G. & Perez, M. K. (2014, December). Respiratory syncytial virus infection and bronchiolitis. <i>PIR</i>, 35(12), 519-530. • Vinci, A., Lee, P. J. & Krilov, L. R. (2018, December). Human metapneumovirus infection. <i>PIR</i>, 39(12), 623-624.
Fever without a focus	<ul style="list-style-type: none"> • Antoon, J. W., Potisek, N. M. & Lohr, J. A. (2015, September). Pediatric fever of unknown origin. <i>PIR</i>, 36(9), 380-391. • Mintegi S, Gomez B, Carro A, et al (2018, September). Is fever at presentation relevant in infants febrile at home. <i>AAP Grand Rounds</i>, 40(3), 28.
Sore Throat	<ul style="list-style-type: none"> • Norton, L. E., Lee, B. R., Harte, L., Mann, K., Newland, J. C., Grimes, R. A. & Myers, A. L. (2018, July). Improving guideline based streptococcal pharyngitis testing: A quality improvement initiative. <i>Pediatrics</i>, 142 (1), e20172033.
Otaglia	<ul style="list-style-type: none"> • Rosa-Olivares, J. Porro, A., Rodriguez-Varela, M. Riefkohl, G. & Niroomand-Rad, I. (2015, November). Otitis media: To treat, to refer, to do nothing. <i>PIR</i>, 36(11), 480-488. • Long, M. (2013, March). Otitis externa. <i>PIR</i>, 34(3), 143-144.
Rhinorrhea	<ul style="list-style-type: none"> • Mahr, T. A. & Sheth, K. (2005, August). Update on allergic rhinitis. <i>PIR</i>, 26(8), 284-289.
Fever and Rash	<ul style="list-style-type: none"> • Son, M. B. F. & Newburger, J. W. (2018, February). Kawasaki disease. <i>PIR</i>, 39(2).
Abdominal Pain	<ul style="list-style-type: none"> • Baker, R. D. (2018, March). Acute abdominal pain. <i>PIR</i>, 39(3), 130-139.
Diarrhea	<ul style="list-style-type: none"> • CaJacob, N. J. & Cohen, M. B. (2016, August). Update on diarrhea. <i>PIR</i>, 37(8), 313-322.
Vomiting	<ul style="list-style-type: none"> • Shields, T. M. & Lightdale, J. R. (2018, July). Vomiting in children, <i>PIR</i>, 39(7), 342-358.
Rash	<ul style="list-style-type: none"> • Ondusko, D. S. & Nolt, D. (2018, June). Staphylococcus aureus. <i>PIR</i>, 39(6), 287-298. • Gupta, A. K., MacLeod, M. A., Foley, K. A., Gupta, G. & Friedlander, S. F. (2017, January). Fungal skin infections, <i>PIR</i>, 38(1), 8-22.
Limp or Extremity Pain	<ul style="list-style-type: none"> • Coleman, N. (2019, June). Sports injuries. <i>PIR</i>, 40(6), 278-290. • Herman, M. J. & Martinek, M. (2015, May). The limping child. <i>PIR</i>, 36(5), 184-197
Headache	<ul style="list-style-type: none"> • Blume, H. K. (2012, December). Pediatric headache: A review. <i>PIR</i>, 33(12), 562-576. • Swanson, D. (2015 December). Meningitis. <i>PIR</i>, 36(12), 514-526.
Seizures	<ul style="list-style-type: none"> • Sidhu, R. Velayudam, K. & Barnes, G. (2013, August). Pediatric seizures. <i>PIR</i>, 34(8), 333-342.
Bruising	<ul style="list-style-type: none"> • Sharathkumar, A. A. & Pipe, S. W. (2008, April). Bleeding disorders. <i>PIR</i>, 29(4). 121-130. • Zimmerman, B. & Valentino, L. A. (2013, July). Hemophilia in review. <i>PIR</i>, 34(7), 289-295. • Kaplan, J. (2019, July). Leukemia in children. <i>PIR</i>, 40(7), 319-331.
Petechiae/purpura	<ul style="list-style-type: none"> • Buchanan, G. R. (2005, November). Thrombocytopenia during childhood: What the pediatrician needs to know. <i>PIR</i>, 26(11), 401-409.
Heart Murmurs	<ul style="list-style-type: none"> • Menashe, V. (2007, April). Heart murmurs. <i>PIR</i>, 28(4), e19-e22.

Lymphadenopathy	<ul style="list-style-type: none"> • Sahai, S. (2103). Lymphadenopathy. PIR, 34(5), 216-227.
White papillary reflex / Red or wandering eye	<ul style="list-style-type: none"> • Tingley, D. H. (2007). Vision screening essentials: screening today for eye disorders in the pediatric patient- PIR, 28(2). 54-61.
Anemia	<ul style="list-style-type: none"> • Noronha, S. A. (2016, June). Acquired and congenital hemolytic anemia. PIR, 37(6), 235-246. • Cobelli Kett, J. (2012, April). Anemia in infancy. PIR, 33(4), 186-187. • McCavit, T. L. (2012). Sickle cell disease. PIR, 33(5), 195-206.
Hematuria and Proteinuria	<ul style="list-style-type: none"> • Viteri, B. (2018, December). Hematuria and proteinuria in children. PIR, 39(12), 573-587.