



Pediatric Clerkship Student Handbook

2024 - 2025 Academic Year

Pediatric Clerkship Team

Role	Name	E-mail
Pediatric Clerkship Director	Marketa Leisure, MD	marketa.leisure@cnsu.edu
Pediatrics/ Admin	Ms. Mark Shestko	mark.shestko@cnsu.edu
Chairman of Clinical Medicine	Edward Lee MD	edward.lee@cnsu.edu

TABLE OF CONTENTS

	Page
Pediatric Clerkship Goals	3
Professionalism in Clinical Practice	4
Student Mistreatment/Grievance Policy	
Bloodborne Pathogen and Communicable Disease Exposures	
HIPAA and Patient Confidentiality	
Dress Code for Patient Care and Clinical Activities	
Core Competencies	6
Recommended Pediatric Resources	7
Pediatric Clerkship Structure	8
Pediatric Clerkship Assignments/Grading	9
Pediatric Clerkship Preceptors	11
Ambulatory Pediatrics	13
Inpatient Pediatrics	14

Revised June 2020

Pediatric Clerkship Goals

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

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

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

Professionalism in Clinical Practice

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

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

Student Mistreatment/Grievance Policy

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

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

Bloodborne Pathogen and Communicable Disease Exposures

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

Standard Precautions

Refer to the CNU COM Student Handbook

HIPAA and Patient Confidentiality

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

Dress Code for Patient Care and Clinical Activities

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

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

Core Competencies

Patient Care

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Students are expected to:

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
2. Gather essential and accurate information about their patients
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
4. Develop and carry out patient management plans
5. Counsel and educate patients and their families
6. Use information technology to support patient care decisions and patient education
7. Perform competently all medical and invasive procedures considered essential for the area of practice
8. Provide health care services aimed at preventing health problems or maintaining health
9. Work with health care professionals, including those from other disciplines, to provide patient-focused care

Medical Knowledge

Students must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Students are expected to:

1. Demonstrate an investigatory and analytic thinking approach to clinical situations
2. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline

Practice-Based Learning and Improvement

1. Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Students are expected to develop skills and habits to be able to meet the following goals:
2. Identify strengths, deficiencies, and limits in one's knowledge and expertise
3. Set learning and improvement goals
4. Identify and perform appropriate learning activities
5. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
6. Incorporate formative evaluation feedback into daily practice
7. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
8. Use information technology to optimize learning
9. Participate in the education of patients, families, students, students and other health professionals

Interpersonal and Communication Skills

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Students are expected to:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
2. Communicate effectively with physicians, other health professionals, and health related agencies
3. Work effectively as a member or leader of a health care team or other professional group
4. Act in a consultative role to other physicians and health professionals

5. Maintain comprehensive, timely and legible medical records

Professionalism

Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:

1. Compassion, integrity, and respect for others
2. Responsiveness to patient needs that supersedes self-interest
3. Respect for patient privacy and autonomy
4. Accountability to patients, society and the profession
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

Systems-Based Practice

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Students are expected to:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
2. Coordinate patient care within the health care system relevant to their clinical specialty
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
4. Advocate for quality patient care and optimal patient care systems
5. Work in interprofessional teams to enhance patient safety and improve patient care quality

Participate in identifying system errors and implementing potential systems solutions

Clerkship Learning Objectives

CLO-1

Communication

Demonstrate the ability to communicate organized presentations of patient encounters both orally and in writing that include the unique clinical information appropriate to Pediatrics, with all members of the healthcare profession, patients, families, from a broad range of cultures and backgrounds.

CLO-2

Diagnoses

Gather patient related histories and physical examination findings and apply knowledge of scientifically established standards to develop diagnoses and differential diagnoses of acute and chronic system-based conditions encountered in Pediatrics, with sensitivity to differing cultures and backgrounds.

CLO-3

Management

Demonstrate knowledge of evidence-based management and treatment options for common conditions and diseases encountered in Pediatrics, with understanding and sensitivity to cultural and personal differences.

CLO-4

Prevention

Demonstrate knowledge of the prevention of disease in Pediatric patients, and awareness of the evolving recommendations for the screening and treatment of chronic disease including the use of immunizations, anticipatory guidance, and screening tools for growth and development, and the ability to advocate for healthy lifestyles.

CLO-5

Foundational knowledge

Demonstrate foundational knowledge of the structure and function of the major organ systems and their mechanisms for maintaining homeostasis, as well as an understanding of the pathogenesis of disease, interventions and effective treatment.

CLO-6

Professionalism

Demonstrate professionalism and the upholding of the ethical principles of honesty, integrity, compassion and dedication to excellence. Engage in independent learning and self-reflection as a means for continual self-improvement.

Required Clinical Experiences (Must See Cases)

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

Recommended Pediatric Resources

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

Review books

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

Pediatric Clerkship Structure

Pediatric didactics

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

Nursery rounds

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

Circumcisions

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

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

Dr. Angelo Nazareno – Timberlake Pediatrics

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

Shelf exam

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

Absences

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

Pediatric Clerkship Assignments

Clinical Preceptor Evaluations	40%
NBME Pediatric Shelf Examination	30%
Case Presentation	8%
History & Physical Note	10%
Participation/Didactic attendance	5%
Professionalism	5%
Must See List & Patient Encounter Log	2%

History and Physical Note

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

Pediatric History and Physical Template

Patient Initials:

Student Name:

Date:

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

HISTORY OF THE PRESENT ILLNESS:

This patient is a _____ year-old _____ race _____ male/female who presents with a complaint of _____ for the past _____ (period of time).

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

Mnemonic: OLD CARTS

Onset, location, duration

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

PAST MEDICAL HISTORY

Medical Illnesses/diseases/conditions as an adult including psychiatric

Include what the patient reports

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

Childhood Illnesses

PAST SURGICAL HISTORY

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

BIRTH HISTORY

[Child born to a ___yr-old G__P__Ab__L__ woman at (term, ___weeks gestation)

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

DEVELOPMENTAL HISTORY

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

MEDICATIONS: [Prescription, non-prescription, supplements]

Name of medication

Dosage

Frequency

Indication

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

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

SOCIAL HISTORY:

Marital status, occupation, education, living situation

EtOH, Tobacco, Drugs

Diet, Exercise, Travel, Sick contacts

Hobbies, pets

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

CONSTITUTIONAL:

HEENT:

RESPIRATORY:

CARDIAC:

GASTROINTESTINAL:

GENITOURINARY:

MUSCULOSKELETAL:

SKIN:

ENDOCRINOLOGIC:

NEUROLOGIC:

PSYCHIATRIC:

PHYSICAL EXAMINATION

Vital Signs: [Vital Signs always come first]

Temperature:

Pulse: [beats/minute]

Respirations: [breaths/minute]

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

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

Height:

Weight:

BMI:

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

General Appearance:

HEENT:

Respiratory:

Cardiac:

Abdomen:

Genitourinary:

Musculoskeletal:

Skin:

Neurologic:

Lymph Nodes:

LABORATORY EXAMINATIONS/STUDIES

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

MEDICAL DECISION MAKING AND DIFFERENTIAL DIAGNOSIS

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

DIAGNOSES:

[List diagnoses here in bullet point fashion]

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

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

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

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

- 1.
- 2.
- 3.

Case Presentation

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

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

EXAMPLE:

I. The Case

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

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

II. The diagnosis

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

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

Must See List / Patient Encounter Log

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

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

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

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

NBME Shelf Preparation

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

NBME Shelf Examination

The exam takes place the last Friday of the rotation at 1:00 p.m. The location of the exam and other details will be e-mailed to you the Wednesday/Thursday prior to the exam date.

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

Pediatric Clerkship Final Grade

Final grades and narratives will be submitted after receipt of all assignments, evaluations, and completion of your Pediatrics narrative.

Earning an Honors distinction for the Pediatrics Clerkship:

- An NBME Pediatric Shelf Exam score at or above the 75th **percentile** on initial attempt
- A total clerkship score of 90% or greater
- Completion of all required coursework on-time

Earning high pass you must earn at least 30% on the shelf score and meet all other required assignments on time as well as meet the professionalism and attendance requirements.

Earning Pass, you must earn at least 5% on the shelf score and meet all other required assignments on time as well as meet the professionalism and attendance requirements.

Pediatric End-of-Clerkship Evaluation

Because students' evaluation of instruction is an important measure to assess the objectives, content, methods and effectiveness of teaching, the College of Medicine has mandated that all medical students complete an online survey regarding their clerkship-specific educational experience. This survey was developed by the clerkships in conjunction with the Associate Dean for Medical Education. This feedback is necessary for enhancing the educational experience of future students and for College of Medicine accreditation purposes. It is also an opportunity to recognize teachers that have had a positive influence on an individual student's learning. Per College of Medicine policy, the Pediatric Clerkship requires that each student complete the online Pediatric Clerkship Evaluation within one week of completion of the clerkship. **This evaluation must be completed in order to receive a final grade.**

Outpatient Pediatric Preceptors

Office	Primary contact(s)	Preceptors	Office address
AHMC	John Stewart, MD	Dr. Trinh	1024 S.Garfield, Alhambra, CA 91801
	JJ Stewart	Jasmeet Gill, MD	612 W.Duarte Rd. #206, Arcadia, CA 91007
		Savitri Rambhatla, MD	101 E.Beverly Blvd #407, Montebel lo, CA 90640
		My Linh Trinh, MD	9143 Valley Blvd #201, Rosemead, CA 91770
Kaiser - Central Valley	Indu Gupta, MD	Anna Guevara, MD	4125 Bangs Avenue, Modesto, CA 95356
	Mohammad Javaid, MD	Ashley Barboza, MD	
		Marina Apellanes, MD	
		Maria Bernas, MD	
		Marissa Liwag, MD	
		Liza Pham, MD	
		Elsa Cruz, MD	
		Maita Zerda, MD	
		Cynthia Eden, MD	
		Mary Sumithra, MD	
	Rabia Formoli, MD		
Kaiser - Fresno		Dr. Wilson Chen	
		Dr. Garine Lepejian	
Kaiser - South Sacramento	Yvonne Otani, MD	Catherine Allday-Davis, MD	6600 Bruceville Road, Sacramento, CA 95823
		Abigail Bewley, MD	
		Mary Blair-Rogers, MD	
		Nisha Chakraborty, MD	
		Nisrin Fadul, MD	
		Lindsay Frost, MD	
		Carrie Gardner, MD	
		Jeffrey Gaston, MD	
		Janice Gee, MD	
		Jenny Lee, MD	
		Victoria Link, MD	
		Nicole Makram, MD	
		Maria Wright, MD, MBA	
		Shirin Melchione, MD	
		Lisa Meneses, MD	
		Arjun Nepal, MD	
	Anh-thu Nguyen, MD		
	Sujan Sandhu, MD		
	Kathryn Stevens on, MD		
	Domi nica Wood, MD		
	Stepha nie Yee-Gua rdino, MD		
East Sacramento Pediatric Medical Group		Daniel McCri mons, MD	5030 J St #301, Sacramento, CA 95819
Land Park Pediatric Medical Group		Christina Gallo, NP	4617 Freeport Blvd B, Sacramento, CA 95822
		Kyle Possemato, NP	
		Yolanda Santana Tejeda, MD	
Roseville Pediatric Medical Group		Cathy Lee,FNP As	902 Cirby Way, Roseville, CA 95661
		hley Rico, FNP	
		Gilbert Simon, MD	
West Sacramento Pediatric Medical Group		Jean Alarcon, CNP	2101 Stone Blvd Suite 100, West Sacramento, CA 95691

Outpatient Pediatric Preceptors (continued)

Office	Primary contact(s)	Preceptors	Office address
Mercy Medical Group	Kimberly Hart, DO	Danton Kono, MD	7115 Greenback Lane, Citrus Heights, CA 95621
		Sheila Asare-Bedako MD	8220 Wymark Drive, Elk Grove, CA 95757
		Andrew Katz, MD	
		Nkechi Nzerem-Johnson MD	
		Tetyana Kovalenko, MD	Midtown - 3000 Q Street, Sacramento, CA 95816
Sean Nealon, MD	Natomas - 4400 Duckhorn Drive, Suite 100, Sacramento, CA 95834		
One Community Health	Dr. Tamara Todd	Dr. Carina Gonzalez	1500 21st Street, Sacramento, CA 95811
	Elsa Leyva	Dr. Linda Copeland	
Sacramento Valley Pediatrics / Pediatric Medical Center of Sacramento	Lourdes Bravo Navea, PA	Perla-Inez Maulino, MD	3291 Laguna Springs Drive, Suite A, Elk Grove, CA 95758
	[Medical director]		
Thygeson Pediatrics	Jonathon Thygeson, MD	Marketa Leisure, MD	755 University Ave, Sacramento, CA 95825
	[Medical director]		
Timberlake Pediatrics	Dr. Angelo Nazareno		8118 Timberlake Way # 230, Sacramento, CA 95823
Walton Pediatrics	Stephanie Walton, MD	Kimberly Ginsbach, MD	7237 E Southgate Dr # A, Sacramento, CA 95823
	[Medical director]	Nadia Alder, MD	1 Scripps Drive, #107, Sacramento, 95825
	Dr. Altiveros	Christina Chow, MD	7501 Hospital Dr, Ste 208, Sacramento, CA 95823

Inpatient Pediatric Preceptors

	Primary contact(s)	Preceptors	Office address
Sutter Hospital Sacramento	Jonathan Tillman MD Kaitlyn Le, MD	Arlyn Marrero, MD	2825 Capitol Avenue, Sacramento, CA
		Jonathan Tillman, MD	
		Lehman Black, MD	
		Sam Abebe, MD	
Mercy San Juan	Lindsey Demetra I, DO	Laura Macelli, MD	6051 Coyle Avenue, Carmichael, CA 95608
		Brittany Kessler, MD	
Valley Children's Healthcare	Deepika Singh, MD	Dr. Whitney Kalin	9300 Valley Children's Place, Madera, CA 93636
		Dr. Tiffany Osburn	
		Dr. Rhonda Keosheyan	
		Dr. Michael Hauser	
		Dr. John Kinnison	
		Dr. Nicole Webb	

Ambulatory (Outpatient) Pediatrics

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

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

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

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

Expectations for Outpatient Pediatrics

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

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

Inpatient Pediatrics

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

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

Expectations for Inpatient Pediatrics

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

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

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

On-call

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



STUDENT AND PRECEPTOR INFORMATION (COMPLETED BY STUDENT)

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

Preceptor Name: _____ Title: _____

CLERKSHIP DETAILS (COMPLETED BY STUDENT)

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

EVALUATION (COMPLETED BY PRECEPTOR)

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

OVERALL ASSESSMENT	Beginner	Initial	Developing	Developed	Proficient
Preceptor instructions: These are the expectations of an average learner as they progress through medical school	Meets expectations of a pre-clinical medical student	Meets expectations of an early M3 clerkship student	Meets expectations of student midway through M3	Meets expectations of student finishing M3 year	Meets expectations of a graduating M4 student
Preceptor's assessment of this student's current professional growth? (SELECT ONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please provide student's strengths and areas of improvements

PRECEPTOR ATTESTATION	YES	NO	Preceptor Signature	Date
<i>I met with the student at midpoint of the clinical rotation and discussed the above feedback on the date indicated</i>	<input type="checkbox"/>	<input type="checkbox"/>		

STUDENT SIGNATURE / DATE _____ Please see page 2 for instructions