



**2026 - 2027 Academic Year
Pediatrics Clerkship Syllabus
Course #: COM 741
Year: M3**

Course Dates: Varies

Credits Hours: 1 credit per week

Offered as: 6-week rotation

Clerkship Director:

Marketa Leisure, MD, FAAP
Assistant Professor of Pediatrics
Email: Marketa.Leisure@cnsu.edu
Phone: (434) 242-2511



Clerkship Coordinator:

Mark Shestko
Email: Mark.Shestko@cnsu.edu
Phone: (916) 686-8026



Clerkship Coordinator Supervisor:

Wesly Tse
Email: Wesly.Tse@cnsu.edu
Phone: (916) 686-8516



Every effort will be made to adhere to the contents of this syllabus. However, this document is subject to changes in the event of unforeseen, extenuating circumstances. Students will be notified as soon as possible if changes in the syllabus become necessary.

Additionally, this syllabus provides clerkship-specific expectations and requirements. All students are also subject to the policies outlined in the M3 Clerkship General Handbook. Where differences exist, clerkship-specific requirements in this syllabus apply, provided they do not conflict with institutional policies.

Table of Contents

Course Description	3
Course Learning Objectives (Summary)	3
Educational Framework and Competency Alignment	4
Prerequisites	4
Rotation Information	5
Schedule	7
Learning Activities	7
Student Responsibilities & Expectations	8
Assignments and Requirements.....	8
Course Materials	9
Assessment	11
Assessment Components	11
Assessment of Achievement of Learning Objectives	11
Formative and Summative Assessments.....	11
Rotation Grading.....	12
Course Policies	13
Attendance	13
Clinical Duty Hours	13
Use of Artificial Intelligence (AI).....	14
Remediation	14
Remediation Exam Dates.....	14
Student Evaluations of Course, Faculty, and Rotation Site	14
Appendix	15
Detailed Learning Objectives and Assessment Mapping.....	15
Preceptor Evaluation of Student Performance Grading Rubric	17
Pediatric History and Physical Template.....	20

Course Description

Welcome to the Pediatrics Clerkship! During this core rotation, third-year medical students will gain foundational knowledge and hands-on experience in the care of infants, children, and adolescents. This clerkship offers a unique opportunity to develop clinical skills in communication, physical examination, and diagnostic reasoning within the context of pediatric health and development. Through inpatient, outpatient, and newborn care experiences, students will learn to approach illness with an understanding of the dynamic physiological and psychosocial changes that occur throughout childhood. Our goal is to help you build confidence and competence in providing compassionate, family-centered care to our youngest patients.

Course Learning Objectives (Summary)

The primary goal of the Pediatrics Clerkship is to equip third-year medical students with the foundational knowledge, clinical skills, and professional attitudes essential for the care of infants, children, and adolescents. A complementary goal is to foster the development of independent learning habits that support life-long professional growth and adaptability in an evolving healthcare environment.

During this rotation, students are expected to achieve the following ten key objectives:

1. Understand Growth and Development

Acquire basic knowledge of physical, physiological, and psychosocial development from birth through adolescence and apply this understanding in clinical contexts.

Upon completion of the clerkship, students will be able to:

- Demonstrate an understanding of core biomedical, clinical, epidemiological, and social-behavioral knowledge required to care for pediatric patients.
- Interpret common diagnostic tests and procedures relevant to pediatric care.
- Describe the immunization schedule from birth through adolescence, identify gaps in vaccination, and provide appropriate counseling.
- Explain the indications, techniques, risks, and interpretations of common pediatric procedures.

2. Enhance Communication Skills

Develop effective communication strategies for engaging with pediatric patients and their families, including age-appropriate interactions and shared decision-making.

3. Perform Pediatric Physical Exams

Demonstrate competence and confidence in conducting physical examinations of infants, children, and adolescents.

4. Diagnose and Manage Common Pediatric Conditions

Acquire knowledge necessary for the recognition and initial management of common acute and chronic pediatric illnesses.

5. Strengthen Clinical Reasoning

Apply clinical problem-solving skills in the evaluation and care of pediatric patients, reinforcing habits essential for life-long learning and medical decision-making.

6. **Appreciate Psychosocial Influences on Health**
Understand the impact of family, community, culture, and social determinants on the health and well-being of children.
7. **Promote Preventive Care and Health Supervision**
Develop an approach to pediatric health supervision that emphasizes disease prevention, health promotion, and injury prevention across developmental stages.
8. **Exhibit Professionalism**
Model professional behaviors and attitudes appropriate for clinical practice, including responsibility, respect, empathy, and integrity.
9. **Understand Pediatric-Specific Care Models**
Gain insight into the unique approaches pediatricians take in the care of children and adolescents, including family-centered care and multidisciplinary collaboration.
10. **Contribute to the Health Care Team**
Recognize the mission of the healthcare team and the physician's role within it, contributing meaningfully to interprofessional collaboration and patient-centered care.

Detailed learning objectives and assessment mapping can be reviewed below.

Educational Framework and Competency Alignment

This clerkship is aligned with nationally recognized frameworks for medical education, including the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, the institution's Educational Program Objectives (EPOs), and the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities (EPAs).

The curriculum is designed to support development across the following competency domains:

- Patient Care
- Medical Knowledge
- Communication and Interpersonal Skills
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

Course learning objectives, instructional activities, and assessment methods are intentionally aligned with these domains to ensure a comprehensive and competency-based educational experience. Detailed mapping of learning objectives to EPOs and EPAs is provided in the Appendix.

Prerequisites

Students must successfully pass all M1 and M2 courses and must successfully pass Step 1 before starting any M3 clerkships.

Rotation Information

Rotation locations, directors, preceptors and contacts are subject to change.

**Rotation locations,
directors, preceptors,
contacts**

Please refer to the catalog M3 for rotation locations, directors, preceptors and contacts.

Pediatric didactics

Sessions are held virtually on Mondays from 5:15 to 7:45 PM. Students will receive a Microsoft Teams or Zoom invitation in advance. The schedule may be adjusted to accommodate campus holidays and other changes.

Ambulatory (Outpatient) Pediatrics

The outpatient component of the rotation centers on general pediatric care. You will spend most of your clinical time in an outpatient office, gaining exposure to a wide range of patient encounters. These will include routine health maintenance visits, acute care for patients ranging from newborns to adolescents, and follow-ups for both acute and chronic conditions. The emphasis will be on caring for general pediatric patients. On the first day of your rotation, you are expected to report to your assigned outpatient office by 9:00 a.m. Afterward, you should arrive at the start time designated by your clinical site preceptor.

Experienced staff physicians who are dedicated to medical education will serve as your preceptors. They will closely supervise your clinical activities to help you refine your pediatric data collection skills and deepen your medical knowledge. Preceptors are committed to maximizing your learning during each clinic session.

You are expected to collect and document clinical data using the SOAP format (Subjective, Objective, Assessment, Plan). This practice will enhance your clinical reasoning and communication skills. As a medical specialty, pediatrics demands both a broad and deep knowledge base. Pediatric patients present unique challenges due to the wide range of ages and developmental stages, requiring an individualized and adaptable approach to each encounter. Gathering clinical information from children is a distinct skill that often calls for both mental agility and physical creativity.

Many of our clinical rotation sites utilize electronic medical record (EMR) systems. These may include federally compliant platforms featuring tools like “smart files” or “smart lists.” While these tools can aid documentation, students must also understand the clinical reasoning behind each element of the exam and the importance of accurate, purposeful documentation.

Expectations for Outpatient Pediatrics

1. **Clarify Expectations:** At the start of your rotation, discuss your preceptor’s specific expectations for your role and responsibilities in clinic.
2. **Clinical Encounters:** Perform history and physical exams (H&Ps) on assigned patients and document your findings in the electronic medical record (EMR).
3. **Clinical Reasoning & Communication:** Focus on accurate data collection, effective organization and prioritization of clinical information, and clear communication in both oral presentations and written notes.

4. **Seek Feedback:** Proactively request feedback from your preceptor at the end of each clinic day to support your growth and development.
5. **Pocket Card Sign-Offs:** Ensure your preceptor signs off on completed diagnoses and procedures listed on your Pocket Card as they are encountered.
6. **Mid-Rotation Evaluation:** Request a mid-clerkship evaluation from your preceptor, have them complete and sign the form, and submit it via Canvas by the midpoint of the rotation.

Inpatient Pediatrics

Inpatient pediatrics operates 24/7, including evenings, weekends, and holidays. This rotation will introduce you to key aspects of managing hospitalized pediatric patients. This experience will strengthen your clinical skills, particularly in history taking, documentation, and presenting patients effectively during rounds.

Hospital-based pediatric care often involves multidisciplinary teams and close coordination with families. As part of the care team, you will participate in the work-up and monitoring of your patients. Always consult with your Attending before sharing results with patients, family members, or caregivers.

Expectations for Inpatient Pediatrics

1. **Daily Workflow:** Follow the daily routine and responsibilities as directed by your Attending physician.
2. **Clinical Documentation:** Perform and document admission history and physicals (H&Ps), conduct daily exams, and write progress notes for the patients you are assigned.
3. **Pre-Round Preparation:** Gather and review lab results, imaging, and consultant notes in preparation for rounds. You are expected to present your patients clearly, concisely, and be ready to respond to questions during rounds.
4. **Active Involvement:** Remain engaged in your patients' care, including specialty consults and procedures. Confirm with your Attending if you may observe or accompany your patient during procedures.
5. **Orders and Discharge Planning:** Learn the components of hospital admission orders and discharge planning, and understand their role in safe transitions of care.
6. **Documentation of Experience:** Ask your preceptor to sign off on relevant diagnoses and procedures on your Pocket Card as they are completed.

On-Call Responsibilities

- One "long call" evening, where your workday could be extended until 7:00 p.m.
- One full weekend day of hospital duty.

You will coordinate and schedule these responsibilities in advance with your Attending. Please note that your total clinical hours must not exceed **80 hours per week**, in compliance with duty hour regulations.

Nursery Rounds

With the exception of the Kaiser and AHMC locations, students may participate in Nursery rounds at Sutter Hospital if this is included in the schedule arranged by their preceptor. Please confirm with your

preceptor whether Nursery rounds are part of your assigned rotation.

Circumcision Observations

If you are interested in observing a circumcision, the following physicians welcome student observers:

- Dr. Philip Traquair – during office hours – to be arranged with *American River Pediatrics*
- Dr. Daniel McCrimons – Saturdays at *East Sacramento Pediatric Medical Group*
- Dr. Angelo Nazareno – *Timberlake Pediatrics*

Important Note: Circumcision schedules may vary, and occasionally patients do not arrive for their appointments. To increase the likelihood of observing a procedure, consider attending on a day when multiple circumcisions are scheduled.

To minimize disruptions to clinic staff, please coordinate with your peers and share known circumcision schedules among yourselves rather than calling the offices directly.

Schedule

All schedules are designed to remain within institutional duty hour limits.

- Daily schedules are determined by the clinical team and supervising attending, within clerkship and institutional duty hour guidelines
- Overnight call, weekends and holiday duties will be determined by the supervising preceptor

Learning Activities

Must See Clinical Experiences and Must Do Procedures

Students are required to maintain a log of designated “**Must See**” clinical experiences and “**Must Do**” procedures using the institutional tracking system (e.g., MedHub).

- **Must See Clinical Experiences** are specialty-specific patient encounters that represent core conditions essential to the clerkship’s educational objectives. Students are expected to actively seek and document these encounters during the rotation.
- **Must Do Procedures** are core clinical skills expected across clerkships and should be logged throughout the M3 year, regardless of when or where they are performed. All required procedures should be completed prior to the start of the M4 year if possible.

Your participation goal varies from procedure to procedure. You may either:

- **Observe** (watch your preceptor perform and learn)
- **Participate** (“scrub-in” or hands on helping involvement)
- **Perform/Manage** (actually perform the procedure, but with Preceptor monitoring your performance)

Note: procedures should not be performed by a student without the explicit approval of your preceptor

Students are expected to make consistent progress toward completing required experiences and procedures throughout the rotation. The Clerkship Director will monitor completion.

Failure to complete required clinical experiences or procedures may result in remediation, additional assigned

work (e.g., case reports or alternative learning activities), or impact the final grade.	
Required Clinical Experiences (“Must see cases”)	<ul style="list-style-type: none"> • Abdominal pain, Nausea/vomiting, Dehydration, Diarrhea, Electrolyte or acid-base disorder • Asthma (chronic cough/wheeze), Acute cough/wheeze, Dyspnea/respiratory distress, Allergies • ADHD/behavior or developmental problem, Headache • Ear pain/URI, pharyngitis/URI, Skin disorder, Fever (infant < 3 mos; child > 3 mos), Joint/limb pain/injury • Health Maintenance: Infant (0–12 mos) well child visit; determine immunization needs, provide immunization, circumcision • Health Maintenance: Toddler (1–4 yrs) well child visit; prescription writing, anemia, child abuse and neglect • Health Maintenance: School-age (5–11 yrs) well child visit; growth problems, plot growth curve, calculate/plot BMI • Health Maintenance: Adolescent (12–18 yrs) well child visit; substance use/HEADSSS assessment, GU assessment
Required Procedures (“Must do procedures”)	<ul style="list-style-type: none"> • There are no clerkship-specific required procedures for the clerkship. Students are expected to continue logging core clinical procedures in accordance with M3 program requirements.

Student Responsibilities & Expectations

Students are expected to actively participate in all clinical and educational activities and function as engaged members of the healthcare team. Responsibilities include:

- Participating in patient care under appropriate supervision, including history-taking, physical examination, and clinical reasoning
- Preparing and delivering oral case presentations
- Completing clinical documentation as expected by the clinical site and clerkship
- Attending all required clinical sessions, didactics, and assigned activities
- Demonstrating professionalism, including punctuality, accountability, and respectful communication
- Seeking and incorporating feedback to improve clinical performance

All clinical activities must be performed under the supervision of a licensed provider, and students should not perform procedures or provide medical advice independently.

Preceptor Responsibilities and Expectations

Preceptors are expected to:

- Provide direct supervision appropriate to the student’s level of training
- Observe and provide feedback on core clinical skills, including history-taking, physical examination, and clinical reasoning
- Offer ongoing formative feedback and complete a mid-clerkship evaluation by the midpoint of the rotation
- Complete a final evaluation with both ratings and narrative comments in a timely manner
- Support student participation in clinical and didactic activities

Assignments and Requirements

Students are required to complete all assigned coursework and clinical documentation as part of the clerkship. These may include:

- Written clinical documentation (e.g., history & physicals, progress notes, or case write-ups)
- Oral or written presentations
- Participation in didactic sessions and discussions
- Completion of required clinical logs (Must See cases and procedures)

All assignments must be completed and submitted as directed. Failure to complete required assignments may result in remediation or impact the final grade.

History and Physical (H&P) Notes – See Template in Appendix

You are expected to submit two complete H&P write-ups, one every other week for the first four weeks of the rotation. These should be based on patients you personally evaluated during the rotation. The purpose of this activity is to provide you with individualized feedback on your documentation skills.

- All H&Ps must be de-identified and uploaded to the appropriate Canvas site.
- Do not email patient notes to the Clerkship Director.
- Timely completion and submission of both H&Ps is required to pass the course.

Case Presentation – See Example in Appendix

As part of your Pediatric Clerkship, you will deliver a brief case presentation on a patient you encountered during your rotation. Choose a case that you found particularly interesting, perhaps due to a unique presentation, an unexpected diagnosis, or a valuable learning point. The goal of this exercise is to help you build your clinical reasoning and presentation skills, which are essential for residency and beyond.

Your presentation should be delivered using PowerPoint slides and last approximately 8 minutes, followed by a short Q&A session. Use slides to highlight key information but avoid reading directly from them. You may include de-identified images or lab results if they are relevant to the case. All patient information must be compliant with HIPAA guidelines and fully de-identified.

Course Materials

Library/Learning Resources:

The CNUCOM Library and Learning Resource Center is available for students, faculty, and staff. This center includes: Library Facility and Collection, Computer resources, CNUCOM Electronic Library, and Interlibrary Loan Program. CNUCOM Resource Center maintains an Electronic Learning Resources System to provide information resources to students, faculty, and staff, and serve as an entry point for all users to meet their academic and research needs.

Required/Recommended Textbook(s), Material(s), and Equipment

Recommended

Core Textbooks

These references are recommended for comprehensive understanding and clinical context:

- Berkowitz's Pediatrics: A Primary Care Approach, 4th ed. American Academy of Pediatrics, 2011.
- Bright Futures Guidelines: Pocket Guide, 3rd ed. American Academy of Pediatrics, 2008.
- Current Diagnosis and Treatment: Pediatrics, 22nd ed. Hay WW et al. McGraw-Hill Education, 2014.
- The Harriet Lane Handbook, 20th ed. Engorn B, Flerlage J (Eds.). Elsevier, 2014.
- Nelson Textbook of Pediatrics, 20th ed. Kliegman RM et al. Elsevier, 2015.
- NMS Pediatrics, Dworkin PH.
- Pediatrics for Medical Students, 3rd ed. Bernstein D, Shelov SP, 2012.
- Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics.
- Smith's Recognizable Patterns of Human Malformation, 7th ed. Jones KL.
- Zitelli's Atlas of Pediatric Physical Diagnosis, 6th ed. Zitelli BJ, McIntire SC.
- UpToDate
- [TABLE's 7.5-hour basic breastfeeding online training](#)

Recommended Review Books

These are helpful for targeted review and shelf exam preparation:

- BRS Pediatrics – Brown EG, Miller DA
- Case Files: Pediatrics – Toy EC et al.
- First Aid for the Pediatrics Clerkship – Stead LG, Kaufman N, Waseem M
- Pediatrics PreTest Self-Assessment and Review – Yetman RJ, Hormann MJ

NBME Shelf Exam Preparation

- To prepare for the Pediatrics Shelf exam, students most commonly use *PreTest: Pediatrics* and *Case Files: Pediatrics* as primary review resources.
- Additional helpful texts include *First Aid for Pediatrics*, *NMS Pediatrics*, *Blueprints: Pediatrics*, and question banks such as USMLE World (UWorld) or Kaplan QBank.
- Most successful students complete at least two comprehensive board review activities—typically a combination of a question-based resource like PreTest and a QBank—to solidify their knowledge and clinical reasoning skills.

Assessment

Assessment Components

Student performance in the clerkship is based on multiple components, including:

- NBME Shelf Examination
- Clinical performance evaluations by preceptors
- Clerkship Director assessment
- Completion of required assignments and participation in didactic activities
- Completion of required clinical logs

Assessment of Achievement of Learning Objectives

Student achievement of the course learning objectives is evaluated through the following methods:

Skills Log	Students are required to log a set of “ Must See Clinical Experiences ” unique to each clerkship. In addition, they are required to log a set of “ Must Do Clinical Procedures ” over the course of the M3 and M4 years. Failure to complete these logs may lead to a lowering of the clerkship grade (at the discretion of clerkship director).
Clinical Evaluations	<p>All students are required to obtain a Mid-Clerkship Evaluation for any rotation lasting four (4) weeks or longer. This written evaluation must be completed by a supervising preceptor, reviewed face-to-face with the student, and submitted to the clerkship director for review. This must be completed by the midpoint of the rotation. Students are responsible for ensuring completion.</p> <p>At the conclusion of the rotation, the site director (preceptor) is responsible for submitting a formal Preceptor Evaluation of Student, which includes scaled performance ratings across the ten (10) Clerkship Learning Objectives (CLOs) and a written narrative evaluation of the student’s performance.</p>
Oral Presentation	Students may be required to present oral case reports and/or clinical summaries on the wards, in clinic, and/or in didactics. These presentations will be assessed for accuracy and relevance by their preceptors, and by their clerkship director.
Shelf Exam	The NBME Subject Shelf Examination for all clerkships in which a shelf examination will be administered. Students must pass this exam at the 5th percentile or above to pass the clerkship.

Formative and Summative Assessments

▪ Formative Assessments

- In person, mid-clerkship formative assessment will be provided by supervising preceptor by the midpoint of the rotation.
- Ongoing formative assessments will be provided throughout the rotation by the supervising preceptor and/or resident.

- **Summative Assessment**

- A final summative assessment will be performed at the end of the rotation. Each preceptor is required to submit a completed end-of-rotation evaluation.
- See Rotation Grading section below for additional details.

Rotation Grading

Final grades are based on a combination of NBME shelf exam performance, clinical evaluations, and clerkship director assessment. The NBME shelf exam establishes the initial grade tier, which may be adjusted based on clinical and didactic performance.		
#	Components	Notes/Explanation
	NBME shelf exam	
	Preceptor evaluation of performance	See below for Preceptor Evaluation of Student Performance Form that shows questions and assessment rubric.
	Clerkship director assessment	Including performance on required didactic activities, which may include case presentations and write-ups, completion of required assignments, completion of clinical logs

The final clerkship grade reflects both **knowledge and clinical performance**.

- The **NBME shelf exam determines the initial grade tier** (Honors, High Pass, or Pass) based on national percentile performance.
- **Clinical evaluations and clerkship director assessment** are used to adjust the final grade based on observed performance in patient care, clinical reasoning, communication, and professionalism. Professionalism is a core component of clinical performance and may directly impact the final grade.

Strong clinical performance may result in an upward adjustment of the final grade, while deficiencies in clinical performance or professionalism may result in a lower final grade, regardless of exam score.

A high exam score alone does not guarantee a final grade of Honors, and a passing, but lower exam score may be offset by strong clinical performance, at the discretion of the Clerkship Director.

Successful completion of the course is based on the following:

1. Demonstrating professional and ethical behavior
2. Passing the NBME shelf exam (\geq 5th percentile)
 - Students below this threshold may be eligible for a “Quick Retake”
 - Failure of the retake requires formal remediation
3. Demonstrating satisfactory clinical performance
4. Completing required assignments and didactic activities

Failure to meet any of these requirements may result in remediation.

Details of the grading criteria and weighting methodology are outlined in the **M3 Clerkship General Handbook**.

Course Policies

Students are expected to comply with all CNU and COM policies.

Attendance

Students are expected to attend all scheduled activities during their clinical clerkships, as full participation and punctual arrival is essential for both professional development and clinical competency. However, we recognize that life events may occasionally necessitate time away from clerkship responsibilities. Refer to [4420 Attendance and Absence Policy](#) for additional details.

Clear, timely communication between the student and the Clerkship Director is essential in managing any episode of absence from clerkship activities.

All missed time must be addressed in accordance with the Attendance Policy. Excused absences may require make-up time, depending on the number of days missed and the clerkship’s duration. Unexcused absences will always require make-up and may carry consequences related to professional conduct. Students are responsible for working collaboratively with the Clerkship Director to develop and complete a make-up plan that ensures all required clinical experiences and educational objectives are fulfilled.

Clinical Duty Hours

Clinical duty hours are designed to support student well-being, patient safety, and effective learning. Refer to [4409 Clerkship Duty Hours Policy](#) for additional details.

Key expectations include:

- **Maximum 80 hours per week**, averaged over four weeks
- **No more than 24 consecutive hours** of clinical duties (with limited additional time for transitions of care)
- **Minimum 10 hours off** between scheduled shifts
- **No more frequent than every 3rd night call**, averaged over time
- **At least one full day off (24 hours) every 7 days**, averaged over four weeks

Students who have concerns about fatigue, safety, or duty hour violations are encouraged to report them to the Clerkship Director or the Office of Medical Education.

Use of Artificial Intelligence (AI)

Use of AI in this course must align with the California Northstate University Artificial Intelligence Use Policy. For more information, please see the [CNU Artificial Intelligence \(AI\) Use Policy](#).

Remediation

Students who do not successfully pass the course (those receiving a grade of “Y” or “F”) will be referred to the Student Promotion Committee (SPC) and a remediation plan will be developed.

Remediation Exam Dates

The dates will be determined by the clerkship director.

Student Evaluations of Course, Faculty, and Rotation Site

Students are required to complete evaluations of the rotation (course), preceptor, and rotation site. The goal for course evaluations is 100% student participation. Evaluations are submitted electronically.

Appendix

Detailed Learning Objectives and Assessment Mapping

The following table provides detailed alignment of course objectives with EPAs, program objectives, and assessment methods for accreditation purposes.

Clerkship Learning Outcomes (CLOs)	Educational Program Objectives (EPOs)	AAMC Core EPAs Alignment	Assessment Methods
<p>1. Integration & Application of Foundational Knowledge:</p> <p>Integrate biomedical, clinical, and social science knowledge to explain disease mechanisms, guide diagnostic reasoning, and apply evidence-based principles to patient care decisions.</p>	<p>MSK 2.1-2.5; PC 1.7,1.8</p>	<p>EPA 7 – Form clinical questions and retrieve evidence.</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p>2. History Taking, Differential Diagnoses, and Diagnosis:</p> <p>Elicit comprehensive, focused patient's history and perform logical, accurate physical examinations to prioritize and justify differential diagnoses through sound clinical reasoning.</p>	<p>PC 1.1-1.3, PC 1.5; MSK 2.1, 2.2</p>	<p>EPA 1 – Gather a history and perform a physical examination;</p> <p>EPA 2 – Prioritize a differential diagnosis</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p>3. Management, Treatment, and Prevention Plans:</p> <p>Develop and justify patient-centered management and prevention plans that include appropriate diagnostic testing, treatment selection, and timely response to urgent or emergent clinical issues.</p>	<p>PC 1.6-1.8; MSK 2.2, 2.3; HC 5.1, 5.2</p>	<p>EPA 3 – Recommend and interpret diagnostic and screening tests.</p> <p>EPA 4 – Enter and discuss orders and prescriptions.</p> <p>EPA 10 – Recognize a patient requiring urgent care and initiate evaluation</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>

<p>4. Use of Resources & Systems, Healthcare Delivery Systems, and Delivery Systems Improvement:</p> <p>Recognize patient safety risks and system-based issues, using principles of quality improvement, resource stewardship, and advocacy to enhance healthcare delivery.</p>	<p>HC 5.1, 5.2; RP 6.1-6.3; PC 1.8</p>	<p>EPA 13 – Identify system failures and contribute to a culture of safety and improvement</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>5. Communication with Medical Team and with Patients, Family Members, and Community:</p> <p>Communicate effectively, respectfully, and compassionately with patients, families, colleagues and interprofessional team members, demonstrating cultural sensitivity, professionalism, and clarity in both oral and written exchanges.</p>	<p>C3.1, 3.2; PC 1.3, 1.4, 1.6</p>	<p>EPA 6 – Provide an oral presentation;</p> <p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>6. Professionalism:</p> <p>Demonstrate integrity, accountability, ethical judgment, and respect in all professional interactions while maintaining a commitment to patient welfare, diversity, and self-improvement.</p>	<p>PC 1.6; P 4.1 - 4.4; RP 6.1 - 6.4</p>	<p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team; EPA 12 – Perform safe transitions of care</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p> <p>EPA 13 – Contribute to a culture of safety</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>7. Performance of Basic Clinical Procedures:</p> <p>Perform basic clinical procedures safely and competently, while maintaining patient comfort, adhering to infection control standards, and documenting accurately.</p>	<p>PC1.2, 1.3, 1.5, 1.7; C3.1, 3.2</p>	<p>EPA 12 – Perform general procedures of a physician</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>

Key: EPO = Educational Program Objective (#1=Patient Care; #2=Medical & Scientific Knowledge; #3=Communication and Interpersonal Skills; #4=Professionalism; #5=Health Care Systems; #6=Reflective Practice and Personal Development)

Preceptor Evaluation of Student Performance Grading Rubric

Preceptors are expected to complete an evaluation for each student within three weeks of the student's completion of their clinical rotation, using the evaluation questions and grading rubric provided below.

Q1. How effectively did the student gather essential details during the patient history and perform a thorough, logical physical examination?

Fail	Misses key history elements or physical exam findings; lacks a systematic approach.
Poor	Gathers basic information but omits significant details; H&P is incomplete or inconsistent.
Pass	Obtains most essential information, performs a systematic H&P, minor details may be missed.
High pass	Consistently gathers comprehensive histories and performs thorough, organized physical exams.
Honors	Demonstrates exceptional skill in obtaining H&Ps, even in complex cases.
Not applicable	Insufficient contact

Q2. How well did the student prioritize and justify potential diagnoses based on the clinical encounter?

Fail	Struggles to develop a differential diagnosis or includes irrelevant possibilities.
Poor	Lists basic differentials but has difficulty prioritizing or justifying them.
Pass	Produces reasonable differential diagnoses with some prioritization and justification.
High pass	Creates well-reasoned, prioritized differentials with strong clinical justification.
Honors	Provides nuanced, prioritized differential diagnoses with exceptional clinical reasoning.
Not applicable	Insufficient contact

Q3. How effectively did the student develop a sound management plan, including clinical reasoning, recommendation and interpretation of diagnostic tests, treatment selection, recognition of urgent/emergent issues, and justification of their decisions?

Fail	Disorganized plan; poor reasoning; inappropriate or missing diagnostics; misses urgency.
Poor	Basic plan; key gaps in reasoning or diagnostics; urgency often missed.
Pass	Sound plan; logical reasoning; appropriate diagnostics; recognizes urgency.
High pass	Clear, well-reasoned plan; effective diagnostics; manages urgency well.
Honors	Outstanding plan; sharp reasoning; precise diagnostics; expertly addresses urgency.
Not applicable	Insufficient contact

Q4. How accurately and effectively did the student document clinical encounters (including admission notes, progress notes, procedure notes, outpatient notes, etc.)?

Fail	Documentation is unclear, incomplete, or inaccurate.
Poor	Includes basic information but lacks organization or misses key elements.
Pass	Documents most relevant details accurately and concisely.
High pass	Consistently produces clear, thorough, and well-organized documentation.
Honors	Documentation is exemplary, capturing all relevant details and showing exceptional clarity.
Not applicable	Insufficient contact

Q5. How well did the student organize, tailor, and deliver oral presentations of clinical encounters?

Fail	Presentations are disorganized, incomplete, or difficult to follow.
Poor	Basic structure is present, but significant details are omitted or unclear.
Pass	Provides organized, clear presentations with minor omissions.
High pass	Consistently delivers concise, well-structured presentations.
Honors	Excels in presenting, even under pressure, with exceptional clarity and precision.
Not applicable	Insufficient contact

Q6. How effectively did the student generate clinical questions, retrieve evidence, and integrate medical and scientific knowledge into patient care?

Fail	Doesn't ask questions or use evidence; relies on flawed reasoning.
Poor	Inconsistent use of questions or evidence; limited application.
Pass	Asks relevant questions; uses and applies evidence appropriately.
High pass	Consistently uses strong evidence and reasoning in decisions.
Honors	Insightful, evidence-driven thinker; integrates knowledge expertly into care.
Not applicable	Insufficient contact

Q7. How effectively did the student communicate and collaborate with the interprofessional team, including during handoffs and transitions of care, demonstrating clarity, respect, and professionalism?

Fail	Unclear, unprofessional, or ineffective; poor teamwork.
Poor	Inconsistent or vague; limited collaboration; handoffs lack structure.
Pass	Clear, respectful, and accurate; works well with team; handoffs are adequate.
High pass	Consistently clear and collaborative; effective, well-structured handoffs.
Honors	Excellent communicator and team player; handoffs are seamless and complete.
Not applicable	Insufficient contact

Q8. How effectively did the student communicate with patients and families from diverse backgrounds, incorporate social and cultural factors into clinical care, and explain risks, benefits, and alternatives to support informed decision-making with clear language and compassion?

Fail	Ineffective or inappropriate communication; disregards cultural or social factors; fails to support informed decisions.
Poor	Basic communication; limited consideration of diversity or shared decision-making.
Pass	Clear, respectful communication; incorporates social and cultural context; explains options reasonably.
High pass	Consistently effective and culturally sensitive; supports informed, patient-centered decisions.
Honors	Exceptional communicator; deeply integrates cultural awareness and shared decision-making.

Q9. How competently and confidently did the student perform basic clinical procedures and communicate with patients during the process, while ensuring patient and healthcare team safety?

Fail	Struggles with procedural skills or patient communication.
Poor	Performs basic procedures but lacks confidence or consistency.
Pass	Safely performs procedures with minor guidance.
High pass	Performs procedures confidently and competently.
Honors	Demonstrates exceptional skill and patient-centered communication during procedures.
Not applicable	Insufficient contact

Q10. To what extent did the student identify safety risks or system issues in patient care delivery and take appropriate steps to address them? (e.g., *Noticing frequent order entry errors, workflow inefficiencies, or recognizing inconsistent use of interpreter services and advocating for proper language support.*)

Fail	Misses safety or system issues; may contribute to harm.
Poor	Recognizes issues only when prompted; limited action.
Pass	Identifies issues and communicates appropriately; needs guidance to act.
High pass	Proactively identifies and helps address issues.
Honors	Anticipates risks, acts independently, and leads or contributes to improvements.
Not applicable	Insufficient contact

The Preceptor Evaluation of Student Performance form has been thoughtfully mapped to the specific Course Learning Objectives (CLOs) for each clerkship. The table below outlines how each evaluation question aligns with the relevant CLOs to ensure consistency between assessment and curricular goals.

Evaluation Question	CLOs	EPOs
Q1. History & PE	CLO-2, CLO-1, CLO-6	PC 1.1–1.3, 1.5–1.8; MSK 2.1–2.5; P 4.1–4.4; RP 6.1–6.4
Q2. Differential Dx	CLO-2, CLO-1	PC 1.1–1.3, 1.5, 1.7, 1.8; MSK 2.1–2.5
Q3. Management Plan	CLO-3, CLO-1, CLO-5	PC 1.3–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2
Q4. Documentation	CLO-2, CLO-5, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q5. Oral Presentation	CLO-5, CLO-2, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q6. Evidence-Based Practice	CLO-1, CLO-4, CLO-5	PC 1.3, 1.4, 1.6–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2; RP 6.1–6.3
Q7. Interprofessional Teamwork	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q8. Patient/Family Communication	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q9. Clinical Procedures	CLO-7, CLO-6	PC 1.2, 1.3, 1.5–1.7; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q10. Systems/Safety	CLO-4, CLO-5, CLO-6	PC 1.3, 1.4, 1.6, 1.8; C 3.1, 3.2; P 4.1–4.4; HC 5.1, 5.2; RP 6.1–6.4

Pediatric History and Physical Template

Patient Initials: _____

Student Name: _____

Date: _____

CHIEF COMPLAINT

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

HISTORY OF PRESENT ILLNESS

This patient is a ___-year-old ___ [race] ___ [male/female] presenting with a complaint of _____ for the past _____.

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

Mnemonic: OLD CARTS – Onset, Location, Duration, Character, Aggravating/Relieving Factors, Related Symptoms, Timing, Severity

PAST MEDICAL HISTORY

Medical illnesses (including psychiatric): _____

Include diseases common in this age group that were screened but negative.

Childhood Illnesses: _____

PAST SURGICAL HISTORY

[Any inpatient or outpatient surgical procedures]

BIRTH HISTORY

Born to a ___-year-old G__P__Ab__L__ woman at ___ weeks gestation.

Delivered by [NSVD / C-section]; discharged after ___ days in Nursery.

DEVELOPMENTAL HISTORY

PREVENTIVE HEALTH

[Immunizations, screenings as appropriate]

MEDICATIONS

Name | Dosage | Frequency | Indication

ALLERGIES

[List allergies and reactions – meds, foods, environmental]

FAMILY HISTORY

[Parents, siblings, grandparents: conditions like HTN, DM, stroke, cancer, etc.]

SOCIAL HISTORY

Living situation, school, caregivers

EtOH / Tobacco / Drug use

Diet, Exercise, Travel, Sick Contacts, Pets, Hobbies

REVIEW OF SYSTEMS

Constitutional | HEENT | Respiratory | Cardiac | GI | GU | MSK | Skin | Endocrine | Neuro | Psych

PHYSICAL EXAMINATION

Vital Signs: Temp: ___ Pulse: ___ RR: ___ BP: ___ (arm/position) O2 Sat: ___ on _____

Height: ___ Weight: ___ BMI: ___

General Appearance: HEENT: Respiratory: Cardiac: Abdomen: GU: MSK: Skin: Neuro: Lymph:

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

LABS / STUDIES REVIEWED

[List labs/imaging reviewed. Do not list labs you ordered as part of your plan as those are list below under PLAN]

MEDICAL DECISION MAKING & DIFFERENTIAL DIAGNOSIS

List primary diagnosis and support with history/PE findings. If applicable, list and justify differentials.

Diagnoses:

- Primary working diagnosis

- Secondary diagnosis *(not differential diagnoses)*

MANAGEMENT PLAN

[Include planned diagnostics, immediate treatments, patient education, and follow-up.]

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

1. xxx

2. Xxx

Case Presentation Example

I. The Case

a. **One-liner summary**

Example: "A 4-year-old male presents to the ED with nasal pain."

b. **Key symptoms and presentation**

Example: Difficulty breathing, visible mass in nostril

c. **Review of Systems (ROS)** – Include relevant positives/negatives

d. **Physical Exam Findings**

e. **Labs and Imaging Results**

f. **Differential Diagnosis**

Note: Emphasize the pertinent positives and negatives in sections C, D and E.

II. The Diagnosis

a. **Background** – Brief overview of the condition, epidemiology, pathophysiology

b. **Clinical Features** – Signs, symptoms, and risk factors

c. **Management and Treatment** – Diagnostics, interventions, follow-up

d. **Conclusion** – Clinical takeaway or learning point from the case