PED 600

Pediatrics

CLERKSHIP REQUIRED ROTATION (R2) SYLLABUS

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MSUCOM constantly strives to improve its curriculum through innovation while assuring compliance with current AOA accreditation standards. While major changes are generally instituted at the beginning of each academic year, minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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Introduction and Overview

Welcome

Welcome to Pediatrics. This syllabus provides an overview of the requirements and expectations of the rotation as well as a guide to help you gain an understanding of the breadth of the field of pediatrics.

Background

The practice of pediatrics involves out-patient and in-patient care, both general and specialized, and includes neonatal care. It has a strong component of infectious disease, which is often seasonal. The rotation exam and Board exam include material pertinent to each of these areas and all of the seasons. It is our hope that you will have clinical exposure to each of these areas and learn to consider the seasonal component in your differential diagnosis. Regardless of your exposure, you are expected to read on topics spanning this spectrum of clinical practice.

Rotation Format

Currently, there are numerous base hospitals, each with diverse clinical and teaching opportunities. You will spend 40-60 hours per week for four weeks in clinical pediatrics, which may be out-patient, in-patient, or a combination. The nature of the institution will determine how this time will be spent: out-patient pediatric clinics, newborn nursery, in-patient pediatric, or overnight hospital on-call for pediatrics. For most of you, this will be primarily an out-patient experience, along with at least 8 hours of experience in a newborn nursery at those sites where this opportunity is available.

Your clinical experience will be supplemented with required online didactic material covering the primary areas of pediatrics and meeting the goals and objectives listed. You will be required to have computer access and utilize Desire2Learn (D2L) through which the online didactic material has been divided into weekly blocks.* You are strongly urged to work through these daily. While you are not required to go through the weekly blocks in the order listed in D2L, it is recommended that you start with the material located under Week 1, which contains information on how to perform the pediatric examination. At the end of the rotation, you will be required to take the Pediatric COMAT examination.
*DO/PhD student rotations generally span a period of approximately four months. As such, students on this curricular track should strive toward completing one module every three to four weeks.

**Summary:**

The field of pediatrics will expose you to the most dramatic physical, cognitive and behavioral changes in human development. Pediatricians focus on normal growth and development and diseases in infants, children and adolescents. In order to provide comprehensive medical care, the triad of the pediatrician, patient and family are needed. During your time on this rotation, take advantage of opportunities to see patients of all ages and utilize your interpersonal skills with families.

**Goals and Objectives**

**GOAL 1: Become proficient in working with pediatric patients and their families.**

Learning Objectives:

- Demonstrate the ability to establish rapport with children of different ages and their families.
- Elicit the specific historical data to be obtained on children of different ages.
- Execute the physical exam appropriate for the child’s age.
- Demonstrate the ability to approach the healthy term and “sick” newborn.

**GOAL 2: Become familiar with growth and development milestones in the pediatric patient.**

Learning Objectives:

- Recognize the normal growth and development milestones for each age group.
- Provide anticipatory guidance to the patient and their family that is age appropriate.
- Recognize common growth issues.

**GOAL 3: Become knowledgeable of guidelines for preventive care in children.**

Learning Objectives:

- List the AAP immunization schedule for children.
• Conduct age-appropriate screening for children.

GOAL 4: Become knowledgeable about common pediatric health problems.

Learning Objective:
• Recognize the most common pediatric health problems and their treatment.

GOAL 5: Become knowledgeable about common pediatric mental health problems.

Learning Objective:
• Know how to distinguish between the following basic scenarios: autism, depression, anxiety, ADHD, learning disability, abuse, speech delay, cognitive deficit, eating disorders.

GOAL 6: Review the Entrustable, Professional Activities and the Osteopathic Core Competencies located in the Additional Information section of D2L.

College Program Objectives

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.
http://www.com.msu.edu/About/Accreditation/accred_policies/Program-Level-Educational-Objectives-KSA.pdf

Suggested Weekly Schedule

This is a suggested schedule for these topics. Since patients probably won’t present themselves in a conveniently scheduled manner, it may be necessary to vary from the suggested schedule. *DO/PhD student rotations generally span a period of approximately four months. As such, students on this curricular track should strive toward completing one module every three to four weeks.

Week 1 – The Well-Child Exam and “Sick” Office Visit

Learning Objective: Manage a basic well-child checkup for all pediatric ages.

Activities/Resources:
• Read “Tips for Clinical Pediatrics” Day 1 of rotation:
The Approach to the Young Child
Pediatric History
Pediatric Physical Exam
Pediatric Assessment
Pediatric Plan (folder located in D2L)

- Read *Bright Futures Recommendations for Preventative Pediatric Health Care*: [http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)

- Complete a minimum of 2 well-child checkups per day that require a history and physical on a variety of pediatric patients

**Learning Objective:** Understand growth and developmental assessment.

**Activities/Resources:**

- Semester 2 lectures from the Young and the Aging
- Bright Futures Handbook
  - Use this as your source for information on health maintenance in pediatrics. This is an excellent resource for information pertaining to health promotion in pediatrics.
- Notes for Clinical Pediatrics (Growth Issues) (folder located in D2L)

**Learning Objective:** Know how to approach anticipatory guidance and what is pertinent for the patient’s age.

**Activities/Resources:**

- Read “Tips for Clinical Pediatrics” (Anticipatory Guidance) (folder located in D2L)
- Read [https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx](https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx)

- Provide anticipatory guidance to 2 families per day.

**Learning Objective:** Use the MICR to determine what vaccines are due.

**Activities/Resources:**
• Review AAP Vaccine schedule:
  http://www2.aap.org/immunization/izschedule.html
    o 2003 link:
      http://aapredbook.aappublications.org/site/resources/IZSchedule.pdf

• Read about vaccine issues:
  o http://www.cdc.gov/vaccines/vac-gen/6mishome.htm
  o http://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html

Learning Objective: Know what is important to look at on the physical exam (PE) and know how to do a complete PE.

Activities/Resources:
• Read https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx

Learning Objective: Know how to do the 2-minute orthopedic screen and crucial H&P.

Activities/Resources:
• Read Developmental Dislocation (Dysplasia) of the Hip (DDH):
  http://orthoinfo.aaos.org/topic.cfm?topic=a00347

Learning Objective: Become knowledgeable of pediatric nutritional issues.

Activities/Resources:
• Read “Notes for Clinical Pediatrics” (Nutrition, Vitamin D Deficiency and Growth Issues) (folder located in D2L)
• Discuss with your clinical instructor strategies for working with families regarding weight issues

Learning Objective: Know what screenings are important and when indicated.

• Read https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx
• Read http://www.cdc.gov/ncbddd/genetics/index.html (pulse ox; includes testing algorithm)

• Read http://www2.gsu.edu/~psydlr/Diana_L_Robins,_Ph.D._files/M-CHAT_new.pdf (autism screen)

• Read http://pediatrics.aappublications.org/content/130/2/353 (lipid screening)

• Read MDHHS Newborn Screening http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911-4916-233939--,00.html (metabolic)


• http://pediatrics.aappublications.org/content/114/Supplement_4/1175.full.pdf+html (TB)

**Learning Objective:** Know the approach to the typical “sick” office visit: what to do and how to do it.

**Activities/Resources:**

• Read “Tips” for Clinical Pediatrics” (folder located in D2L)

• See 2 pediatric patients per day presenting for a basic “sick” office visit

**Learning Objective:** Be able to recognize, list differential diagnosis, and manage the following respiratory symptoms:

• URI, sinusitis, strep, viral pharyngitis, coxsackie infections, foreign body in nose, tonsillar abscess, thrush

• OM, OME, ETD, OE, teething, adenitis, abscess-retrophary, mastoiditis

• Influenza, laryngitis, pertussis, mycoplasma infections, pulmonary foreign body

• Bacterial pinkeye, allergic conjunctivitis, corneal abrasion, blocked tear duct, hordeolum, chalazion, glaucoma, periorbital-orbital cellulitis

**Activities/Resources:**

• Read “When Doing Less is Best” Commentary (folder located in D2L)
• Read the related content from these sources found on the Reference List within this syllabus
  o Blueprints Pediatrics
  o Red Book
  o UpToDate
  o http://www.cdc.gov/getsmart/campaign-materials/pediatric-treatment.html (antibiotics & respiratory illness)

**Week 2 – Common Pediatric Health Problems and Mental Health Issues**

**Learning Objective:** Be able to recognize, do a differential diagnosis and manage (based on age when necessary):

• Roseola, enterovirus, strep, influenza, URI, pneumonia, Kawasaki’s, sepsis-meningitis

• Respiratory distress

• Neck masses – shotty, adenitis, TB, cat scratch, TGD-brachial cleft cyst, cystic hygroma, lymphoma

• Acute and chronic asthma and allergies

**Activities/Resources:**

• Read the related content from these sources found on the Reference List within this syllabus
  o Blueprints Pediatrics
  o Red Book
  o UpToDate

• Read “Notes for Clinical Pediatrics” (Asthma) (folder in D2L)

**Learning Objectives:**

• Know the approach to, and be able to, counsel parents on these common behavioral issues:
  o Infant “colic”
- Toddler picky eater
- Toddler temper tantrums
- Toddler toilet training
- Child bedwetting
- Teen excessive risk-taking (assess and inform)

- Describe and distinguish pediatric mental health disorders.
- Describe and distinguish:
  - Abuse
  - Autism
  - Cognitive deficit
  - Eating disorders

**Activities/Resources:**

- Study thoroughly “Pediatric Mental Health Disorders: Overlapping Co-Morbidities and Evidence-Based Management – A Systematic Process for Evaluation and Monitoring” (folder located in D2L)
- Read the related content from this source found on the Reference List within this syllabus
  - Blueprint Pediatrics
- Read “Notes for Clinical Pediatrics” (ADHD) (folder located in D2L)
- Semester 2 Young and Aging lectures

**Week 3 – The Healthy Term Newborn and Common Pediatric Health Problems**

**Learning Objectives:**

- Know the approach to the healthy term neonate.
  - Relevance of prenatal-perinatal history, SGA/AGA/LGA and implications, APGAR interpretation
  - Normal newborn exam and common variant physical findings, maturity evaluation (Ballard, Dubowitz)
- Hearing screens, Vitamin K, eye prophylaxis, Hep B vaccine, skin-to-skin time

- Identify newborn feeding problems.

**Activities/Resources:**

- Nursery experience: 4 hour focus on the normal newborn history and exam
- Read “Tips for Clinical Pediatrics” (folder located in D2L)
  - Basic Neonatology
  - Breastfeeding Problem Management
  - Maternal Breastfeeding Issues (folder located in D2L)

**Learning Objective:** Be able to recognize, do a differential diagnosis and manage common GI issues:

- Infant vomit: viral GE, GER, GERD, protein sensitivity-food allergy, pyloric stenosis, malrot-stenosis, IBEM
- Child vomit: GE, GERD, OM, pneumonia, UTI, DKA, appy, pancreatitis, increased ICP
- Diarrhea: viral GE, bacterial GE, giardia, “Toddler,” lactose intolerance, celiac, IBS, IBD
- Constipation: stool-holding (encopresis), excess dairy/inadequate fiber, botulism, Hirschsprung’s
- Abdominal pain: constipation, GERD, lactose intolerance, RAP-IBS, strep, IBD, giardia, H pyloria, pneumonia, UTI-pyelo, kidney stone obstruction, intussusception, tumor

**Activities/Resources:**

- Read the related content from these sources found on the Reference List within this syllabus
  - Blueprints Pediatrics
  - Red Book
  - UpToDate
**Week 4 – The “Sick” Newborn and Common Pediatric Health Problems**

**Learning Objective:** Know the approach to the “sick” newborn:

- Hypoglycemia, drug withdrawal, respiratory distress, cyanosis, murmur, sepsis, hypotonia, infant of diabetic mother, maternal STD, TORCH infections, bilious emesis, clavicle fracture

**Activities/Resources:**

- Nursery experience: 4 hour focus on the “sick” newborn
- Read the related content from these sources found on the Reference List within this syllabus
  - Blueprints Pediatrics
  - Red Book
  - UpToDate

**Learning Objectives:**

- Recognize, do a differential diagnosis and manage the following cardiovascular problems:
  - Murmurs, hyperlipidemia and elevated blood pressure
- Recognize, do a differential diagnosis and manage the following rashes:
  - *Mac-pap spots*: enterovirus, roseola, 5<sup>th</sup> disease, strep, mono, scabies, drug, insect bites, swimmer’s itch, unilateral laterothorasic exanthema, folliculitis
  - *Mac-pap blotchy*: hives, food allergy (hives), yeasty, cellulitis, E multiforme, seborrhea dermatitis
  - *Eczematous*: eczema, contact dermatitis, impetigo
  - *Pink Patches*: tinea corpora, pityriasis rosea, eczema, psoriasis
  - *Vesicular-Pustular*: Hand-foot-mouth, chicken pox-zoster, HSV-whitlow, impetigo, folliculitis, MRSA, scabies, acne, neonatal acne
  - *Papular*: molluscum, warts
  - *Patchy hair loss with flaky scalp*: tinea capitis
- Alopecia: alopecia areata
- Petechial: ITP, HSP, ALL, HUS, meningococcal, hemophilia
- Itchy head: lice, dandruff, tinea capitis

- Recognize, do a differential diagnosis and manage tension and migraine headaches, and increased intracranial pressure and concussion from head trauma
- Recognize, do a differential diagnosis and manage the following genitourinary issues:
  - UTI, VUR, pollakiuria, hypercalciuria
  - Nocturnal enuresis
  - Vaginitis, STD, PID
  - Menstrual problems, amenorrhea, dysmenorrhea, irregular menses, DUB

Activities/Resources:
- Read the related content from these sources found on the Reference List within this syllabus
  - Blueprints Pediatrics
  - Red Book
  - UpToDate
- Read “Notes for Clinical Pediatrics” (headache, concussion, structural head injury, murmurs) (folder located in D2L)

References

There are not required references for this course. All references listed below are highly recommended.

On-Line links

Bright Futures Recommendations for Preventative Pediatric Health Care

**Bright Futures Handbook**

This is an excellent resource for information pertaining to health promotion in pediatrics with particular focus on the Physical Examination, Screening and Anticipatory Guidance.

https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx

http://www2.aap.org/oralhealth/RiskAssessmentTool.html

**AAP Vaccine Schedule**


**2016 Link**

http://aapredbook.aappublications.org/site/resources/IZSchedule

**Vaccine Issues**


http://www.cdc.gov/vaccines/vac-gen/6mishome.htm

http://www.cdc.gov/vaccinesafety/Vaccines/multiplevaccines.html

**UpToDate**

http://www.uptodate.com/home  This is a good electronic source when working with pediatric patients.

**Suggested Books**


- This is the main resource for medication dosages. It also contains information on procedures as well as other diagnostic and therapeutic information.


- This is a good resource for looking up detailed descriptions of disease processes. This is THE pediatric textbook.

- This should serve as a good basic resource on basic pediatric pathology.


- Excellent resource for vaccines & infectious diseases.


- An Excellent visual guide to pediatric conditions.

*Other readings may be assigned by clerkship faculty.*

**Student Expectations**

During the course of this rotation, the student is expected to take a proactive approach to learning about the discipline of pediatrics. Students will meet the preceptor on the first day of the rotation at a predetermined location to be oriented to rotation hours, location(s), expected duties, and responsibilities while on-service. During the orientation meeting, students should present the preceptor with a copy of the Attending Evaluation form as well as review this syllabus together. Doing so will improve the overall rotational experience in terms of training and evaluation.

Failure to meet the clinical responsibilities (as determined by your preceptor, DME and Instructor of Record) may result in a failing grade for this course and require the student to appear before the Committee on Student Evaluation (COSE).

It is expected that the student will meet the following **clinical responsibilities** during this rotation:

- Strictly adhere to the MSUCOM Clerkship Attendance Policy and Statement of Professionalism as outlined within the MSU College of Osteopathic Medicine Standard Policies section of this syllabus.

- Report to the rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
• Demonstrate an enthusiastic and proactive attitude toward the learning process in general and pediatrics specifically.

• Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.

• Do not engage in behaviors that are unprofessional or unethical, illegal, or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.

• Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician, excepting any inappropriate behaviors previously mentioned.

• Represent oneself, fellow students and the College in a positive and professional manner.

• Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

The student will meet the following academic responsibilities during this rotation:

• Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.

• Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

Failure to meet the clinical responsibilities (as determined by your preceptor, DME and Instructor of Record) may result in a failing grade for this course and require the student to appear before the Committee on Student Evaluation (COSE).
## Rotation Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Passing Grade (Must meet all below)</th>
<th>Extended Grade (Received if any of the following are met)</th>
<th>Honors Designation Must meet all below</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skills Checklist</strong> <em>(signed by attending)</em></td>
<td>Completed 100% and uploaded in correct drop-box by the last day of the rotation.</td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Failure to complete 100% and upload within the two weeks immediately following the last Friday of the rotation.</td>
</tr>
<tr>
<td><strong>Health Maintenance Note and Sick Visit Note (both signed by attending)</strong></td>
<td>Completed 100% and uploaded in correct drop-box by the last day of the rotation.</td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Failure to complete 100% and upload within the two weeks immediately following the last Friday of the rotation.</td>
</tr>
<tr>
<td><strong>Student Experience Log</strong>(2) <em>(signed by attending)</em></td>
<td>Completed 100% and uploaded in correct drop-box by the Friday immediately following the last day of the rotation.</td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Failure to complete 100% and upload within the two weeks immediately following the last Friday of the rotation.</td>
</tr>
<tr>
<td><strong>Pediatric COMAT Examination</strong></td>
<td>Receive a minimum score of 84.</td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Failure to score 84 or above within two attempts. Failure to complete the retake exam. Failure to take the exam on the prescribed date for the rotation without prior authorization.</td>
</tr>
</tbody>
</table>

Received a minimum score of 120.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Passing Grade</th>
<th>Extended Grade</th>
<th>Non-Passing Grade</th>
<th>Honors Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Evaluation of Student</td>
<td>May receive one “Below Expectations within the subcategories.”</td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Receives two (2) or more “Below Expectations” within the subcategory sections. Receives comments that indicate below expectations of performance.</td>
<td>Receives a minimum of two “Exceeds Expectations.” Receives no “Below Expectations.”</td>
</tr>
<tr>
<td></td>
<td>Must receive “Meets Expectations” or “Exceeds Expectations” in overall section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Attending</td>
<td>“Evaluate” link in Kobiljak schedule <em>(link will activate on final Monday of rotation)</em></td>
<td>Will be conditional until all requirements of the rotation are met. Requirements must be completed within two semesters of rotation.</td>
<td>Failure to complete the evaluation.</td>
<td>Completed 100% and uploaded by the last day of the rotation.</td>
</tr>
</tbody>
</table>

Students are responsible for completing any and all additional requirements set by the hospital/clinic site in which the student is completing the rotation. However, students are not responsible for reporting results of requirements outside of the ones listed above to the college.

1. *If not returned by 2 weeks following the due date, you will be required to meet with the Pediatric Department Chairperson.*

2. **Aquifer (CLIPP - Computer-assisted Learning in Pediatrics Program) Cases:**
   a. The Department of Pediatrics has purchased access to 32 interactive virtual pediatric patient cases for your learning, accessible at [https://aquifer.org/courses/aquifer-pediatrics/](https://aquifer.org/courses/aquifer-pediatrics/). If you are not able to see a patient as listed within the Student Experience Log, you must successfully complete the corresponding Aquifer (CLIPP) Case(s).
3. The determination of each case based on your time on the page, multiple choice question scores, use of the clinical reasoning toolbar and summary statement. In order to pass, a green engagement score is required. **NOTE:** you must go to the very last page of the case in order to receive credit in the system. If you stop even 1 page early, you will not be scored accurately. All 32 cases are available to you and we encourage you to access ones that relate to patients you have seen and in preparation for the Pediatric COMAT exam. If you do not receive the required green traffic light on any of the required cases, email the Course Assistant to have a case reset.

4. The determination of a satisfactory attending evaluation is governed by the College Policy for Retention, Promotion, and Graduation.

**Rotation Evaluations**

**Attending/Faculty/Resident Evaluation of Student**

Students are responsible for assuring that the clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.

Students should assertively seek feedback on their performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by COSE and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

**Student Evaluation of Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online evaluation system at:

http://hit-filemakerwb.hc.msu.edu/Clerkship/login_student.html
COMAT Exam Information

DUE DATE: The last Friday of the Rotation

For information on exam registration and administration, please visit the COM Office of the Registrar’s COMAT webpage: http://com.ms.edu/Students/Clerkship/COMAT_Subject_Exams.htm.

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Office of the Registrar 7 days in advance of the COMAT examination date. The student must also disclose which allowed accommodations s/he intends to use for the exam 7 days in advance of the COMAT examination date.

COMAT GRADING

- **Honors:** You will need to obtain a minimum score of 120 on the exam, in addition to meeting the other Honors Requirements listed in the “Rotation Requirements” section of this syllabus.

- **Pass:** You will need to obtain a minimum score of 84 on the exam, in addition to meeting the other passing requirements listed in the “Rotation Requirements” section of this syllabus.

- **ET:** Will be the conditional grade given until all of the requirements of this rotation are completed.

- **N:** Not taking or passing the COMAT Exam by the due date on the first or second attempt.

COMAT Corrective Action

- It is your responsibility to take the exam on the last Friday of the rotation. If this deadline is not met (with the exclusion of the following scenarios) you will receive an “0” for that attempt of the exam and will only be given one (1) time to re-take the exam (on the next immediate date the exam is available). You must receive a passing score on the retake exam or you will receive an “N” grade for the rotation.

- It is your responsibility to contact the Course Assistant (listed on the front of the syllabus) by the end of the first week of the rotation for consideration of delaying the exam if you have a conflict regarding the prescribed exam date.

- It is your responsibility to contact the Course Assistant (listed on the front of
the syllabus) within 24 hours of an emergency that will keep you from taking the exam the last Friday of the rotation, in order for consideration of delaying the exam.

- The Department will notify students of their failure.

**Student Rotation Responsibilities**

During the course of this month, the student is expected to take a proactive approach to learning about the discipline of Pediatrics. Students should make every effort to have an initial orientation session with their attending physician/resident in an effort to review goals, objectives and expectations on both the part of the preceptor and student. During this initial orientation meeting, students should present the preceptor with both a copy of their evaluation form as well as review this syllabus with him or her. Doing so will improve the overall rotational experience in terms of training and evaluation. Students should also have a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on commentary from the preceptor.

Doing so will encourage active participation and improve summative evaluations that occur at the end of the rotation.

It is expected that the student will meet the following **clinical responsibilities** during this rotation:

- Report to their rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.

- Demonstrate an enthusiastic and proactive attitude towards the learning process.

- Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.

- Not engage in behaviors that are either unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
Complete any, and all, requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.

The student will represent him/herself, fellow students and the College in a positive and professional manner.

The student is expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

It is expected that the student will meet the following academic responsibilities during this rotation:

Complete all College’s curricular elements of the rotation as specified in this syllabus in a timely fashion.

Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.

The student is expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patient’s health problems.

The student is expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

**MSU Email**

To facilitate communication from faculty and staff to students, students are required to have a functioning MSU email address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received.

Forwarding MSU email to another email account or failure to check email are not valid excuses for missing a deadline or other requirements of the clinical education program.

Further, students must use secure email when working in a hospital, clinic or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.
Use of Electronic Devices

Students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships or during other required activities can be distracting and disrespectful to patients, preceptors, lecturers, and fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures, or when in the room with patients: the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any clerkship required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across all rotations:

Attendance Policy

In order to gain the knowledge and skills to successfully complete the MSUCOM clerkship program, consistent participation/attendance in program activities is essential. Any time off must not interfere with the quality of the rotation.

1. In the event a student needs to be absent from any rotation for the reasons listed below and permissible by the rotation syllabus, students may request time off.

2. Any absence (unless emergent) must be approved in advance (at least 30 days) of absence by the medical education department (student coordinator/director or DME), utilizing the Clerkship Program Excused Absence Request Form. Students must notify rotation team and medical education of emergent/illness absences on day of absence.

3. A student may not be absent more than 2 days on any one 4 week rotation (no time off allowed for rotations of 2 weeks or less) for the reasons below (exception Interview absences or Conference absences as below).

4. Any additional time off any one rotation must be approved by the MSUCOM Instructor of Record for the course the absence will occur.

Absence due to interviews:
For the purpose of interviewing only, a student may be absent 4 days on a 4 week rotation (2 days on a 2 week rotation) during the months of September to January in the OMS year 4. Interview invitations must accompany the Clerkship Program Excused Absence Request Form.

**Absence due to examinations:**

<table>
<thead>
<tr>
<th>Examination</th>
<th>Maximum Time Off (includes travel time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE</td>
<td>1 day</td>
</tr>
<tr>
<td>MSUCOM COMLEX PE Simulation at MSU</td>
<td>1 day for each scheduled simulation</td>
</tr>
<tr>
<td>COMLEX USA Level 2 PE/USMLE Step 2 CS (Canadian Students Only)</td>
<td>2 days</td>
</tr>
<tr>
<td>COMAT/SHELF examinations</td>
<td>Travel time and time for exam</td>
</tr>
</tbody>
</table>

**Personal Day Absence:**

Students are allowed 5 personal days per academic year in OMS 3 and OMS 4. These days are not carried over from third year to fourth year. These are to be used for illness, physician appointments, and special events (weddings, graduations, special anniversary events) and must not exceed 2 days on any 4 week rotation (#3 above). Prolonged illness and bereavement will be handled on a case by case basis between MSUCOM Director of Clerkship and the base hospital/medical education department. Students must notify rotation team and medical education of emergent/illness absences on day of absence.

Hospital organized community events that might lead to periodic absence from rotations – student participation is encouraged and if base hospital approved, would be considered part of the rotation and not a personal day absence. Jury duty – when obligated, student participation is not considered a personal day. Court excuses must accompany any absence. If absence is prolonged, this will be handled on a case-by-case basis between the base hospital/medical education and MSUCOM.
Conference Absence:

While on required/core rotations, no excused absences for any professional meeting will be allowed unless the student is present in research in which they have participated.

1. Appropriate paperwork with proof of presentation and copy of conference agenda must accompany the form.
2. Time off in this situation will be for travel and presentation only.

While on selective/elective rotations: A student may submit a request for an excused absence to attend one (1) professional meeting, time not to exceed 3 days off rotation. The meeting agenda must accompany the Clerkship Program Excused Absence Request Form [MSUCOM Clerkship Absence Request Form].

Policy for Medical Student Supervision

Supervisors of the Medical Students in the Clinical Setting

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

Level of Supervision/Responsibilities

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of the facility regarding medical records and clinical care.
Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:

- The students demonstrated ability
- The students level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available.

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student’s level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures.

Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.

**Student Responsibilities Regarding Patient Supervision**

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure, the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

1. Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
2. If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.

3. If the student is not known by the patient, the student should properly identify her/himself to the patient.

4. If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.

5. It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.

**Unsatisfactory Clinical Performance**

A student’s clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation.

A designation given to any student who:

- Receives one (1) and/or two (2) N grades in any Clerkship course; and/or
- Receives two (2) or more overall “Below Expectations” ratings on any Clerkship rotation evaluation; and/or
- Displays indicators of marginal performance on any clerkship rotation.
- The student will be required to appear before the COSE Clerkship Performance Subcommittee.
- Any student failing to appear, when directed, without due cause, or fails to meet any Subcommittee requirement, will be suspended from the College.

**Statement of Professionalism**

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and
professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

**Student Rights and Responsibilities**

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationships between faculty and students are fundamental to the college’s function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.

**Faculty Responsibilities**

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during the rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

**Course Grades**

- **H-Honors** – A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabi. While Honors
designation will be awarded to students meeting the criteria in the syllabi of the above courses, Honors is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved Honors in the course. The students Medical Student Performance Evaluation will reflect each Honors grade.

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

**N-Grade Policy**

Student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE). Students that fail this Core rotation will have to repeat the entire rotation and fulfill all requirements.

**Attending/Faculty/Resident Evaluation of Student**

Students are responsible for assuring that his/her clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Clerkship schedule:


Students should assertively seek feedback on his/her performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

It is important to know that evaluations will not be accepted by the Office of Student Services if submitted by the student.
Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received and approved.

**Student Evaluation of Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the evaluation system at:

http://hit-filemakerwb.hc.msu.edu/Clerkship/login_student.html

**Exposure Incidents Protocol**

A form has been developed by the University to report exposure incidents. The form can be accessed at:

Base Hospital Requirements

(To be defined and evaluated by individual hospitals)
Students are required to complete the student experience log, and submit it via D2L dropbox by 11am on the last day of the rotation.

You are required to see patients with the following 13 common pediatric problems. If you do not see a patient with the clinical problem, you need to complete the corresponding CLIPP case. Please enter the date when you saw the patient or completed the CLIPP case.

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Patient Seen</th>
<th>CLIPP Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB with respiratory distress</td>
<td>Date:</td>
<td>CLIPP Case 7</td>
</tr>
<tr>
<td>NB with jaundice</td>
<td>Date:</td>
<td>CLIPP Case 8</td>
</tr>
<tr>
<td>Infant well-child (2, 6 &amp; 9 months)</td>
<td>Date:</td>
<td>CLIPP Case 2.</td>
</tr>
<tr>
<td>8-year-old well child check</td>
<td>Date:</td>
<td>CLIPP Case 4</td>
</tr>
<tr>
<td>Asthma</td>
<td>Date:</td>
<td>CLIPP Case 13</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>Date:</td>
<td>CLIPP Case 14</td>
</tr>
<tr>
<td>Acute gastroenteritis</td>
<td>Date:</td>
<td>CLIPP Case 15</td>
</tr>
<tr>
<td>Skin rash/lesions</td>
<td>Date:</td>
<td>CLIPP Case 32</td>
</tr>
<tr>
<td>UTI</td>
<td>Date:</td>
<td>CLIPP Case 10</td>
</tr>
<tr>
<td>Obesity</td>
<td>Date:</td>
<td>CLIPP Case 4</td>
</tr>
<tr>
<td>ADHD</td>
<td>Date:</td>
<td>CLIPP Case 4</td>
</tr>
<tr>
<td>Headache</td>
<td>Date:</td>
<td>CLIPP Case 20</td>
</tr>
<tr>
<td>Seizure</td>
<td>Date:</td>
<td>CLIPP Case 19</td>
</tr>
</tbody>
</table>

Comments:

Attending Signature:

OMM: Briefly describe how you used OMM on one patient during this rotation:

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation:

Wellness: The active process of becoming aware of and making choices toward a healthy and fulfilling life.

Have you set one personal wellness goal you would like to accomplish during this rotation?

- Yes
- No

Did you accomplish this goal by the end of the rotation?

- Not at all
- Somewhat
- Completely accomplished goal or exceeded