IM 664
Pediatric Emergency Medicine Clerkship
Selective/Elective Clerkship Rotation Syllabus

Osteopathic Medical Specialties
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Chairperson, Instructor of Record

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For all questions regarding content or administrative aspects of this course, contact

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MSUCOM constantly strives to improve and advance 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.
**General Description**

This course is designed to provide the student with an opportunity to actively engage in patient-based, learning experiences under the guidance of a faculty member (preceptor) in collaboration, as appropriate, with residents and/or fellows.

Rotations are typically two week, 3 credit hours or four week, 6 credit hours in duration. Timeframes for each rotation are decided at least 30 days prior to the beginning of the rotation.

The overall performance of course participants will be evaluated through customary assessment instruments normally employed by the department for core rotations, at the discretion of the instructor of record.

This rotation may count for Pediatrics selective/elective or Emergency Medicine selective/elective credit.

**Educational / Instructional Goals & Objectives**

Course participants will:

A. Develop an appreciation of the practice of medicine as related to the specialty of the preceptor.

B. Assimilate what they learn and demonstrate their understanding of patient-care through ongoing interaction and dialogue with, as well as formative feedback from, the preceptor.

C. Demonstrate an understanding of the (seven) osteopathic core competencies (as applicable).

**Pediatrics: Emergency Medicine Approach to the Febrile Child**

**Objectives:**

By the end of this module, a 4th year medical student will be able to:

1. Define the neonatal period.
2. Define a fever in terms of temperature and method of obtaining.
3. Recognize hypothermia as a sign of sepsis in the neonatal period.
4. State the appropriate evaluation for a febrile neonate.
5. Identify characteristics that characterize febrile children >3mo old to have low risk for SBI.
6. Explain the mechanisms humans use to maintain thermoregulation
7. Identify signs and symptoms that indicate toxicity in children
8. State the appropriate emergent management for children who are exhibiting signs or symptoms of toxicity
9. Identify risk factors in otherwise well appearing children that place them at risk for serious bacterial infection

**Reading list**


**Questions of ponder**

Access Emergency Medicine: Case Files: Emergency Medicine, 3e. Fever without a source in a 1-3 month old infant.
**Pediatrics: Emergency Medicine Pediatric Rehydration and Calculation of Fluids and Electrolytes (Under Construction)**

**Objectives**
1. Define mild, moderate and severe dehydration
2. Define components of rehydration
3. Define common additives to rehydration fluids
4. Discuss weight based calculations of potassium, sodium, and fluids

**Reading list**

**Trauma: Emergency Medicine Mild Traumatic Brain Injury and Management: Concussion Management and PECARN head CT rules**

**Objectives**
1. Be able to apply the PECARN head CT rules in children
2. Define concussion
3. List common sequelae of concussion
4. Apply return to activity guidelines for patients recovering from a concussion
5. Discuss the process of reading a head CT for trauma
6. Know the components and classifications of the Glasgow Coma Scale
7. Discuss the classification of head injury into mild, moderate, severe, primary and secondary
8. Know the relationship between mean arterial pressure, systolic and diastolic blood pressure, intracranial pressure and cerebral perfusion pressure
9. Identify patterns of head injury based on clinical examination

**Reading list**


Questions to ponder

Why does elevation of the head of the bed decrease ICP
What is the effect of maintaining the head in the midline versus turned to one side on ICP
Regarding clinical decision rules, understand that they never supersede the clinician at the bedside's exam and/or gestalt and are only guidelines.

Pediatrics: Emergency Medicine and Pediatric Poisoning (Under Construction)

Objectives

1. Develop a list of common medications in which one pill could kill an inquisitive 2 year old.
2. Develop a poison control sheet to hand out to parents/grandparents discussing the risks of certain medications that fit into the one-pill can kill category

Reading list

Reference Materials

There is no assigned textbook. See above suggested readings for each of the modules listed. The ones under construction should be available by early spring, 2015. Reading assignments are also under the purview of the preceptor.

Student Responsibilities

Course participants will meet the preceptor on the first day of the rotation at a predetermined location to be oriented to rotation hours, location(s), and expected duties and responsibilities while on-service.

<table>
<thead>
<tr>
<th>Rotation Clinical Requirements</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>Attending Evaluation of Rotation</td>
</tr>
<tr>
<td>“the determination of a satisfactory attending evaluation is governed by the University’s Policy for Retention, Promotion, and Graduation”*</td>
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<tr>
<td>Student Evaluation of Rotation</td>
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### IM 664 Pediatric Emergency Medicine Corrective Action Policy

There is no Corrective Action Policy or Plan as there are no graded components to the IM 664 rotation. All items with the exception of the attending evaluation are under the direct control of the student and there is no reason that they cannot be completed in a timely fashion. If the student has an extension in the rotation due to some verifiable reason, then they will receive this same extension for submitting the required end of rotation paperwork.

**IMPORTANT NOTE:** Attending Evaluations do not follow the above “Corrective Action” process. Marginal Attending Evaluations will be reviewed on a case-by-case basis by the department, where the Instructor of Record will then determine whether to give the students a Pass or an N grade for the rotation. If the department determines students will be given an N grade in light of the evaluation, they will then proceed to “Remediation Policy” process.

### Unsatisfactory Clinical Performance

A student’s clinical performance will be assessed through the Attending Evaluation. A satisfactory Attending Evaluation is required for completion of the clinical requirements for the course.

Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation. Evaluations with below average scores in two or more categories defined as rankings of Needs Improvement/Unsatisfactory (on a scale of Needs Improvement/Unsatisfactory-Exceptional) or 3 and below (on a numerical scale of 1-7) will be referred to the Department Chairperson/Instructor of Record for review and grade determination.

Any student with two or more marginal evaluations will be referred to the COSE Clerkship Performance Subcommittee for review.

**IMPORTANT NOTE:** The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course.
“N” Grade and Remediation

http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm

A student who receives an “N” grade will be required to appear before the Committee on Student Evaluation (COSE) Clerkship Performance Subcommittee for review of the student's overall performance. The Subcommittee may recommend that the student who has received an "N" grade be permitted to remediate the “N” grade (see below) or academically dismissed. If a student is recommended for dismissal, the student will appear before COSE to have their status in MSUCOM determined. COSE will review the student’s academic/clinical performance; determine whether dismissal is appropriate or if the student’s circumstances warrant an opportunity for continuation in the curriculum. The student’s eligibility to remediate will be determined following this COSE decision.

Remediation is the method by which course objectives will be met after receiving an "N" grade. Remediation will be offered only after the student’s eligibility for remediation has been determined.

To successfully remediate an “N” grade, a student must demonstrate mastery of the course objectives. To do this the student may be required to retake the course or enroll and participate in a College directed study course demonstrating successful mastery of the course objectives.

Upon remediation of the “N” grade, the original “N” grade remains on the permanent transcript along with the grade, “P” or “N,” for the remediation experience.

MSU College of Osteopathic Medicine Standard Policies

The following are standard MSUCOM policies across all Clerkship rotations.

ATTENDANCE POLICY

Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

An absence request for the first or last day of the rotation will be denied. All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.

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.

STUDENTS 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 relationship between faculty and student 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 rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and 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

- **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. 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.

ROTATION EVALUATIONS

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
Kobiljak online 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.

Students should keep a copy of the evaluation and turn the original in to the “Office of the Registrar” upon their return from the rotation. 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. 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 schedule through Kobiljak.

EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. While on rotations that may occur outside of the base hospital system notify your attending immediately of any exposure and follow the MSU procedure for evaluation and treatment. You can access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>#Required</th>
<th>Pt. Initials</th>
<th>Date</th>
<th>Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate 2 patients with musculoskeletal trauma</td>
<td>1.</td>
<td></td>
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<tr>
<td>Evaluate 2 patients with fluid/electrolyte disturbances</td>
<td>1.</td>
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<tr>
<td>Perform five toddler (ages 2-4) evaluations for any complaint</td>
<td>1.</td>
<td>2.</td>
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<td>Participate in two splint applications</td>
<td>1.</td>
<td>2.</td>
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<tr>
<td>Evaluate five patients with a fever</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
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<tr>
<td>Participate in two laceration repairs</td>
<td>1.</td>
<td>2.</td>
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<tr>
<td>Evaluate two patients with a head injury</td>
<td>1.</td>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>Evaluate 1 patient with a toxic exposure</td>
<td>1.</td>
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