

**University of
Central Florida
College of Medicine**

**PEDIATRIC
CLERKSHIP**

BCC 7140

**Handbook
2011 - 2012**

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Clerkship Directors Welcome

Welcome to your pediatric clerkship and the world of pediatrics. It is the goal of this clerkship to provide you with the knowledge and clinical experience necessary to develop basic skills in the evaluation and management of health and disease in infants, children and adolescents. This is an introductory course in the care of children and will emphasize those aspects of pediatrics which should be understood and mastered by all physicians regardless of their ultimate career choice. As one of the core clerkships during your third year of medical school, pediatrics shares with internal medicine, surgery, obstetrics and gynecology, neurology and psychiatry the common responsibility to teach knowledge, skills and attitudes basic to the development of a competent general physician.

Your rotations through the inpatient unit at Arnold Palmer Hospital for Children, Winnie Palmer Hospital for Women and Babies and the pediatric outpatient facilities of Orlando Health will provide you with a broad exposure to the field of pediatric medicine and will address the issues unique to childhood and adolescence such as developmental biology, normal growth and development, the impact of family and community on childhood health and disease, and role of prevention and health supervision. As a medical student you will be an integral part of a team providing care for children in a family centered context. I encourage you to cherish this role and be an active advocate for your patients.

The curriculum for this rotation has been specifically developed using the Council on Medical Student Education in Pediatrics (COMSEP) curriculum as a guide to meet the needs of the students of the UCF COM and of the patients at Orlando Health. It is also a course in evolution and I welcome your input at any time. Serving as your first line contact in any administrative area is Carlene Grant, the pediatric and OB/GYN clerkship coordinator. Ms. Grant is very knowledgeable about the clerkship and will be able to steer you in the right direction. (Her contact information as well as mine, is available in this syllabus in the key contact section.)

I am excited and look forward to sharing with you during this clerkship the field of medicine which has been challenging and immensely rewarding to me.

Statement of Educational Need

This pediatric clerkship will meet the LCME curricular requirement for clinical experience in pediatrics. Clinical instruction will cover all organ systems, underscoring the relevance of basic sciences to clinical sciences and include important aspects of preventive, acute and chronic, rehabilitative and end of life care in both the inpatient and outpatient setting.

Clinical Locations and Faculty

The pediatric clinical experience will take place at the Arnold Palmer Hospital for Children, the Winnie Palmer Hospital for Women and Babies and the Orlando Health Outpatient Pediatrics Faculty Practice all located on the downtown campus of Orlando Health. The clinical faculty will consist primarily of the established and experienced general pediatric teaching faculty of the Medical Education Department and the Pediatric Subspecialty Practice of Orlando Health (listed below), with assistance from faculty of affiliated programs in Pediatric Cardiology, Pediatric Anesthesiology, Pediatric Neurology, Pediatric Radiology, Pediatric Surgery, Pediatric Emergency Medicine, the Nemours Children's Clinic and pediatric residents of Orlando Health as well as

ancillary providers within the Orlando Health System (nurse practitioners, lactation consultants, doctors of pharmacy). The UCF Pediatric Clerkship Director will oversee as well as provide direct teaching experiences.

All of the above faculty may directly supervise learners in the outpatient, newborn nursery, general pediatrics practice and subspecialty pediatric practice as well as provide didactic sessions and small group mentoring.

General Pediatric Faculty

Robert Middleton, MD, Joan Meek, MD, Penelope Tokarski, MD, Douglas Short, MD, Janice Howell, MD, Odett Stanley-Brown MD, Sunita Patil, MD, Anita Moorjani, MD, Veenod Chulani, MD, David Skey, MD, Nicole Bramwell, MD, Eva Desrosiers, MD, Stephen Cummins, MD, Jean Moorjani, MD

Pediatric Subspecialty Faculty

Richard Banks, MD, Paul Desrosiers, MD, Joshua Yang, MD, Jeffrey Bornstein, MD, Reinaldo Figueroa-Colon, MD, Devandra Mehta, MD, T. Mehta, MD, Daniel Garcia, MD, Carlos Sabagol, MD, Mark Weatherly, MD, Maricor Grio, MD, Jorge Ramirez, MD, Linda Pollack, MD, Ramon Ruiz, MD

Pediatric Cardiology

Susan Desjardis, MD, Craig Fleishman, MD, David Nykanen, MD, Aykut Tugertimur, MD, Elizabeth Welch, MD

Pediatric Cardiothoracic Surgery

William DeCampi, MD

Pediatric Critical Care

Mary Farrell, MD, Lawrence Spack, MD, Shoba Srikantan, MD, John Tilelli, MD, Jerome Chen, MD

Pediatric Hematology/Oncology

Don Eslin, MD, Vincent Giusti, MD, Robert Sutphin, MD, Alejandro Levy, MD

Pediatric Neonatology

Gregor Alexander, MD, David Auerback, MD, Shannon Brown, MD, Ana Diaz-Albertini, MD, Douglas Hardy, MD, Brian Lipman, MD, Michael McMahon, MD, Paul Palma, MD, Angelina Pera, MD, Jose Perez, MD

Pediatric Neurology

Ronald Davis, MD, Carl Barr, DO, Jasna Kojic, MD

Key Contacts

Clerkship Director:

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Site Director Orlando Health:

Robert Middleton, MD
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CLERKSHIP OVERVIEW

This course will introduce third year medical students to the basic principles of general pediatrics. Through both inpatient and outpatient encounters with children across the age range of pediatrics, from neonates through young adulthood, the student will get exposure to the clinical care of children.

The learner will participate in the newborn nursery and outpatient health supervision visits where the fundamental concepts of the pediatric interview and physical exam, growth and development, anticipatory guidance, primary prevention, screening, and vaccination will be presented. Clinical experience with acute/chronic illness visits will afford the learner exposure to common pediatric complaints and symptoms as well as common pediatric diagnoses. Participation in the inpatient component of this course will solidify students' pediatric skills of data gathering, data synthesis, development of problem lists and working diagnoses, and formulating therapeutic plans while being a member of a health care team providing family centered care to children.

Clerkship Goals and Higher Level Objectives

1. Medical Knowledge- After completing this rotation, the student will:

- Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician caring for children; demonstrate the ability to acquire, critically interpret and apply this knowledge in pediatric patient care.
- **Interpret common diagnostic tests and procedures** used to evaluate patients who present with common symptoms and diagnoses encountered in the practice of pediatrics.
- Define, describe and discuss **vaccines and vaccination schedules** recommended from birth through adolescence. Identify and counsel patients whose immunizations are delayed.
- Demonstrate understanding of common procedures, including indications, procedure, risks, and interpretation of results.

2. Patient Care- After completing this rotation, the student will be able to:

- Perform, document and present in standard format thorough and systematic, comprehensive **histories and physical examinations** of newborns, infants, toddlers, preschool aged children, school aged children and adolescents.
- Synthesize clinical data into **problem lists and differential diagnoses** and formulate initial and ongoing therapeutic plan of care for patients with common pediatric problems.
- Provide **family centered pediatric care** that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health by gathering essential and accurate information using the following clinical skills: medical interviewing, physical examination, interpretation of diagnostic studies and developmental assessments, provision of preventive services and anticipatory guidance.
- Discuss the **effects of societal problems** (domestic abuse, child abuse, teen pregnancy, high school dropout rates, substance abuse...) on the health and well-being of children including screening, evaluation and management strategies for affected patients and their families.
- Describe or demonstrate and document required technical and **procedural skills** as listed in Pediatric Checklist.

3. Interpersonal and Communication Skills- After completing this rotation, the student will be able to:

- Demonstrate a ***commitment to provide patient centered care*** with compassion, and respect to all patients and their families, regardless of medical diagnosis, gender, race, and socioeconomic status, intellect/level of education, religion, political affiliation, sexual orientation, ability to pay, or cultural background.

4. Practice-Based Learning and Improvement- After completing this rotation, the student will be able to:

- Generate ***answerable clinical questions*** and use information technology to gather information and support decision-making and patient management in pediatrics and discuss process and results with clinical team.
- Apply ***evidence based principles*** to compare and contrast available treatment options with regard to efficacy, risk, benefit, and cost-effectiveness.
- Recognize when it is appropriate to utilize other ***community and healthcare professionals and programs*** in the diagnosis or treatment of patients.

5. Systems-Based Practice- After completing this rotation, the student will be able to:

- Define, describe and discuss the role and contribution of each ***healthcare team member*** to the care of the patient.
- Take the appropriate degree of ***responsibility*** at the medical student level to recognize system flaws in the delivery of care; prevent medical errors and ensure patient safety.

6. Professionalism – After completing this rotation, students will be able to:

- Demonstrate a commitment to carrying out ***professional*** responsibilities, adherence to ethical principles, and sensitivity to diversity.
- Demonstrate an understanding and commitment to ***ethical principles*** including patient confidentiality and informed consent.

CLERKSHIP LOGISTICS

Specific Teaching Modalities

The primary teaching modality throughout this clerkship will be faculty/resident supervised active participation in clinical patient encounters with immediate, one on one instruction and feedback. Family centered, teaching rounds on the inpatient service and newborn nursery will enable bedside instruction, demonstration, and role modeling and will emphasize problem solving while encouraging clinical care generated discussion. All clinical encounters will support formulation of answerable clinical queries. Morning report style conference as well as specific objective- based, core lecture series will complement the clinical experience. Additionally, small group mentoring sessions will provide opportunity for reflection, clarification and debriefing. Case based learning will be implemented using the Computer-assisted Learning in Pediatrics Program (CLIPP) through the Council on Medical Student Education in Pediatrics for individual assignments and group discussions.

Description of Clinical Activities: Overview

The learner will participate in the outpatient clinical care of children for 3 weeks of this course. During this time students will spend 10 full days divided between the general pediatric practice (14 half day sessions) and the pediatric subspecialty or pediatric surgical specialty practice (6 half day sessions.) The remaining 5 days will be spent in the newborn nursery at Winnie Palmer Hospital. The student will experience pediatric health maintenance encounters and acute care visits. Under the immediate supervision of faculty, students will present and discuss their findings as well as implement a diagnostic and therapeutic plan. Students will present brief, patient directed clinical topics to the clinic team and will participate in discussions of related pediatric clinical issues such as access to care and communication through a interpreter. Students will experience care in a multidisciplinary clinic such as cleft palate or spina bifida clinic and participate in the post clinic debriefing conference where all involved specialists plan a course of therapy for these medically complex children. Other clinical experiences in the outpatient realm may include an immunization session, observer for a lactation consultation, observer of circumcisions, the Howard Phillips Early Childhood Development Center, Child Protection Team or participation in an established advocacy program known as "In the Zone". Students will work in the range of 40-50 hours per week on the outpatient portion of this course. Call responsibilities will be from 6-10 pm in the newborn nursery examining new admissions and attending deliveries once a week.

During the newborn nursery, the learner will examine healthy newborn infants under the direct supervision of residents and faculty. They will participate in providing anticipatory guidance to families, rounding daily with the newborn team, arranging for follow up care with primary care providers, observing delivery room resuscitation, exploring the role of the neonatal intensive care unit and observing neonatal circumcisions. Primary didactics will emphasize transition to extra uterine life, normal newborn physiology and physical findings, and communication with families. Students will work in the range of 8-10 hours per day on the newborn nursery portion of this course. Call responsibilities will be from 6-10 pm in the newborn nursery examining new admissions and attending deliveries ~once a week.

The 3 week inpatient experience at Arnold Palmer Hospital for Children will complete the students' clinical experience in general pediatrics. The student will be an integral team member on a service that provides family centered patient care in a developmentally appropriate, compassionate and effective manner. The student will be responsible daily for up to 3 patients, from time of admission to time of discharge or beyond if applicable. Students will be expected to document admission history and physicals, to enter orders, pre-round on their patients, to present their patients on team rounds, and to formulate evidence based plan of care. Students will appropriately document patient progress and review their documentation with supervising resident and faculty. Students will assist in all daily care activities of their patients including consulting subspecialists, attending procedures, and communicating updates of progress to family and the health care team. Throughout a patient's hospital course a student will be exposed to the pediatric emergency department, the critical care units, pharmacology consultants and non-physician providers. Students will take evening call from 6-10 pm on average every 4th night with one weekend day from 6 a.m. until 10 p.m.

All patient encounters and procedures will be logged in the standard UCF COM format through OASIS.

Description of Clinical Activities: Inpatient Service

Patient Load: Each student should have 3 inpatients at all times. If you have fewer patients, you need to ask the resident for additional patients to keep up your clinical load.

On Call: Students will take call every fourth night and on those nights you should pick up at least one admission. Make every effort to take call with the same intern though this may be a problem with the night float system. You should take the history and do the physical exam in the presence of the intern (and the resident or faculty, if they so desires). **Try to have the intern let you do at least part of the history and part of the PE in an uninterrupted flow - so you can practice and receive feedback on these skills. Be persistent in this request.** If there are no admissions by 10:00 p.m., the student should check the ER for any admissions waiting to come up and you can pick up the patient the next morning. Your call schedule will be provided to you at orientation on the first day of the clerkship. Night call on the wards ends at 10:00 P.M. Weekend call starts with work rounds at 6:00 AM and lasts until 10:00 P.M. Student should have taken 3 weekday and one weekend calls by the end of the rotation. During the call, the student should cover all of the other students' patients and respond to any problems that arise. Other on call responsibilities include:

- Evaluating any problems that arise on any patient
- Assisting the intern with any task related to patient care issues
- Writing notes on all patients followed by the other students on your team
- Covering all of the other student's patients

Other Responsibilities:

- Examine your patient at least twice a day (once first thing in the morning and once before you leave for home at the end of the day).
- In addition to a required morning note on all your patients, you must return to the wards at 5:00 p.m. to check on your patients and write any addenda regarding daytime developments. Speak to the on-call intern and consult the chart for details.
- All notes should be reviewed and critiqued by the intern or teaching resident and by your attending. The Progress Note Feedback Form from Blackboard may be used for this purpose.
- You are also responsible for presenting your patients on all rounds.

Admission Write Ups: Follow the format of the Pediatric History and Physical on Blackboard. Hand in a total of 3 write ups to the teaching attending to be critiqued and to Clerkship Director for assessment. You will need to hand in your formal write up to Carlene Grant or Dr. Moran **within three days of your call experience**. If these are late or not handed in at all you will miss important feedback and it will be reflected in your final grade for this course.

Daily Presentations and Write ups: Presentation of morning rounds must be focused and concise. Specifically:

- Give a one-line introduction with: age, sex, diagnosis(es)
- Brief HPI with chief complaint, length and type of symptoms, medical interventions (if any)
- ER course: Vital signs, exam in ER, interventions
- Floor course: Exam if different from ER, interventions
- Your plan: Medical management, studies required, etc.

Concise, effective presentations are very difficult to synthesize. To help you do this, use the intern who is assigned to the patient to figure out what information is pertinent, and give a trial run of your presentation to him or her.

You should practice your presentation and time yourself. The goal is less than two minutes! Remember to include what you feel are the PERTINENT positives and negatives. Your senior resident and attending will ask specific focused questions if they require more information. Again, let me emphasize that we realize this is a difficult task. If you feel uncomfortable or unsure, talk to one of the seniors on your team and they can guide you through your specific areas of concern. Use the Oral Case Presentation Checklist from Blackboard to solicit feedback on your presentation skills.

Remember to carry your level of involvement beyond what is minimally expected by trying to formulate decision points and making some recommendations about what decision you feel is the best. Remember to back up your statements with literature and pathophysiology and not with anecdotes that you heard.

Daily Activity Details:

Pre - Rounds: (6:00 a.m.- 7:00 a.m.) During this time, check on how each of your patients did overnight and examine all your patients in a focused manner to assess their current health status. Try to write your progress notes at this time and prepare your work round presentations. At the beginning of the rotation, you should leave about 30 minutes per patient until you figure out how long it takes you to pre-round.

Work Rounds: (7:00 a.m. - 8:00 a.m.) Residents run these rounds for the purpose of setting the day's agenda for each patient. Present all your patients in a focused manner - following the SOAP - by systems format - as per the house staff. Be prepared to present in bullet form if time is short.

Conference time: (8:00a.m. – 9:00a.m.) Grand Rounds or Morning Report

Attending Rounds: (9:00 a.m. - 11:00 a.m.) Be prepared to discuss and present your patients during this time. Discussions should reflect your preparation and knowledge of the literature regarding your patient's problems. They should also reflect that you have thought about your patients and made some judgments regarding their problems

Work Time: (11:00 a.m. - 12:00 p.m.) You and the interns should take a deep breath and prioritize what needs to be done. This will help you develop clinical judgment. Use this time to finish your notes, speak with families, do necessary procedures and arrange tests and consults.

Sign Out Rounds: (late afternoon) The time for this activity fluctuates so you will again have to follow the house staff's lead on this issue. Your role here will also depend on the individual house officers involved. Clarify this with them early in the clerkship.

Example of Daily Routine on Inpatient Service

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds
	Work Rounds	Work Rounds	Work Rounds	Work Rounds	Work Rounds
8:00-8:45		Grand Rounds	Morning Report		Morning Report
9:00-11:00	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds
11:00-12:00	Team Duties	Team Duties	Team Duties	Team Duties	Team Duties
12:00-1:00	Student Conference	Student Conference	Student Conference	Student Conference	Student Conference
Afternoon	Team Duties	Team Duties	Team Duties	Team Duties	Team Duties

Documentation during Inpatient Rotation: It is the medical school's policy that all student documentation of patient encounters NOT be a part of the official medical record. For this reason, all student admission notes, progress notes, procedure notes, discharge summaries will be created and maintained in an unofficial section of SUNRISE, the official EMR of Orlando Health. You will be given information on this process when you reach your clinical destination.

Description of Clinical Activities: Outpatient Service

Patient Load: Each student is expected to see 2-3 patients per half day session

Activity Detail: You will be responsible for interviewing the patient or caretaker, examining the patient, gathering additional necessary information; synthesizing an assessment and plan; and present patient succinctly (1-2 minutes) to clinic attending or senior resident. Pay special attention to your diagnostic reasoning process and justify your plan during your presentation. If necessary, consult with residents or textbooks before presenting to help with support for your reasoning. Patients are scheduled beginning at 8:45. This should be your arrival time on days you do not have conference. On conference days, you should arrive in clinic no later than 9:05 even if you must leave conference before its conclusion. You will be excused from patient care responsibilities at 12:00 so you may go get lunch and attend noon conference at APH. Afternoon clinic begins at 1:00. Please be prompt in your return.

Documentation: The outpatient pediatric facilities of Orlando Health maintain a written patient chart utilizing formatted encounter sheets. Medical Student documentation on these formatted sheets is recommended but your note MAY NOT be part of the official patient record. After you complete your patient care activities, complete your written documentation and present it to a senior resident or attending for feedback. The Progress Note Feedback Form from Blackboard may be used for this purpose. Please put all of your patient encounter documentation in the UCF COM file folder located in the acute clinic conference room. These will be saved in your pediatric clerkship portfolio in the Clerkship Office.

Specialty Clinics: During your outpatient experience you will be attending on pediatric subspecialty clinic for ~6 half day sessions. During these clinics your focus should remain general pediatrics (This is not difficult!) Please address the following during your time on the subspecialty practice:

- Recognize the health care challenges of a child with a chronic disease.
- Identify members of an interdisciplinary team and describe their roles.
- Appraise the impact of a child's disease on his or her family.
- Give examples of additional history skills, physical examination skills, and diagnostic tests that are used in a sub-specialty.
- Summarize the consultative process and recognize the importance of communication with referring physicians.

On Call: You will be assigned to take call approximately every 4th night in the newborn nursery. You should be in the nursery on your call day no later than 5:30. Call lasts until 10:00. During this experience, you will be attending deliveries with the resident team, managing issues which arise among the team's newborn patients, and admitting new patients. If time allows, ask your residents to bring you through the Neonatal Intensive Care Unit.

Description of Clinical Activities: Nursery

Patient Load: Each student should have 2-3 newborns at all times. Newborn infants have very short nursery stays. New admissions arrive constantly. Ask the residents for additional patients to keep up your clinical load as you discharge patients.

Activity Detail: You will be responsible for the new patient admission, orders, daily exams and progress notes on every patient you follow. The work day in the newborn nursery generally begins around 6-6:30 a.m. All patients are examined, notes written and families talked to prior to rounds. You will be teamed with a resident or intern for these activities. Formal rounds with the attendings, residents, nursing staff begin on the 8th floor at 10:00 a.m. You are expected to be able to present your patients during these rounds. Pre rounding with the residents is suggested. After attending rounds, there is time to begin daily work of writing orders. Patient discharges are the priority for this time frame. Every senior resident will run the service slightly differently. Check with you senior resident about daily work routine, how admissions are handled and about any additional didactic sessions. IT IS RECOMMENDED that for at least one newborn nursery patient during your week that you observe a social work family interview. You may document this in your log to cover domestic violence, substance abuse or child abuse or neglect exposures.

On Call: You will be assigned to take call approximately every 4th night in the newborn nursery. You should be in the nursery on your call day no later than 5:30. Call lasts until 10:00. During this experience, you will be attending deliveries with the resident team, managing issues which arise among the team's newborn patients, and admitting new patients. If time allows, ask your residents to bring you through the Neonatal Intensive Care Unit.

Documentation during Nursery Rotation: It is the medical school's policy that all student documentation of patient encounters NOT be a part of the official medical record. For this reason, all student documentation (admission notes, progress notes, procedure notes, discharge summaries...) will be handwritten on Newborn Nursery Progress Notes. You will be given information on this process when you reach your clinical destination.

Didactics

Day	Monday	Tuesday	Wednesday	Thursday	Friday
8:00		Grand Rounds	Morning Report		Morning Report
12:00	Student Conference	Student Conference	Student Conference	Student Conference	Student Conference

Students will participate in a core pediatric clerkship conference series throughout the rotation. These conferences will be held either the APH ED Conference Room or in the pediatric resident library on the second floor of Arnold Palmer Hospital (APH). These will take place every Friday from 12:15 until ~4:00. Please refer to the monthly schedule for details. Students will be required to sign in and attend 85% of all resident conferences throughout the clerkship. Departmental Morning Report is held every Wednesday and Friday at 8:00 am on the second floor in the Resident Conference Room of APH. Pediatric Grand Rounds takes place every Tuesday morning at Winnie Palmer Hospital. Attendance is required and participation is appreciated at all of these conferences. Additional didactics will occur during the rotation such as Professors Rounds, Radiology Report, Neonatal Morbidity and Mortality and Pediatric Emergency Medicine Conference. The third Thursday of every month hosts a University of Florida pediatric rheumatology conference. Students will be given a schedule of these conferences at the beginning of their clerkship rotation.

EXPECTATIONS

Students: Expectations of all students include the following:

- Be an ACTIVE learner; be present and participate fully in all clerkship activities, including orientation, group meetings, and examinations.
- Make decisions, defend them, and understand the consequences of both a good and a poor decision.
- Give 100% effort while on the clerkship and expect the same from your classmates.
- Be current with all your patients and be prepared in advance with relevant reading. Search peer-reviewed literature and bring articles with you! Remember the structure: *read first-see patient- read again- present patient*.
- Be present every day unless you are ill or have a family emergency.
- You are expected to be respectful of your classmates, residents, faculty, and other staff at all times.
- You should expect residents and attending to provide constructive feedback so that you can improve throughout the clerkship. Formal mid-rotation feedback sessions will also be held with the clerkship/site director. Do not feel you are imposing by asking for feedback. Be aware of barriers to eliciting feedback. These include:
 - Confusing feedback with evaluation.
 - Feeling the need to be right or perfect.
 - Feeling that you are imposing by asking for feedback.
 - Allowing the person who gives you feedback to be vague. Don't accept 'good job' or 'fine' as feedback. If you did well, ask for the specific behaviors that were good.
- You will be assigned to specific sites and teams by the clerkship director.
- Remember that the patient is the focus of clinical care, not you.
- Take advantage of the unique aspects of pediatrics and enjoy the experience.

Attending physicians and residents: All attending physicians and residents are expected to provide:

- Daily supervision.
- Direct observation of basic skills.
- Teaching and guidance.
- Constructive feedback.
- Written assessment of student performance on the rotation within six weeks of completion of the rotation.

Site directors: Site directors are expected to:

- Work directly with the clerkship directors to develop and implement the clerkship.
- Serve as a person of first contact for students who have site-specific questions.
- Participate in curriculum design.
- Participate in the clerkship grading committee.

Clerkship director: The duties of clerkship directors have been defined by the COM. At a minimum, clerkship directors are expected to provide:

- Rotation objectives and grading criteria.

- Orientation of community preceptors and residents to clerkship content, policies, and procedures.
- Overall course management and leadership.
- Necessary disciplinary action regarding students.
- Both mid-clerkship formative feedback (verbal and written), as well as final summative assessment within six weeks of course completion.

LOGBOOK AND REQUIRED CLINICAL EXPERIENCES

The student will record all significant patient encounters in the Pediatric Electronic Log-OASIS according to the directions. The Pediatric Clerkship Portfolio will be reviewed during the second and fifth weeks of the clerkship by the Clerkship Director. If exposure to a required clinical cases has not been met, additional clinical encounters or supplemental learning experiences will be arranged to accommodate student learning needs. Successful passage of the clerkship requires that the Pediatric Electronic Log documentation be kept up to date daily. DO NOT attempt to enter patient encounters the day before log is due for review. Clerkship administration will review log entries every Friday. Failure to keep log up to date may result in point deduction from final grade at the discretion of the Clerkship Director.

Students are required to maintain an electronic log of patients and problems seen in the clinical setting. The log is used to assess knowledge and skills. The expectation is that students will complete 100% of the minimum requirements as presented in the log. A student should see at least one patient listed as required to be seen in each of the domains (patient type or core conditions as below.)

For each patient seen, students will enter under the primary diagnosis of required conditions or under "OTHER" the patient's name, age in months if less than 24 months (2 years) gender, location of encounter (nursery, inpatient, outpatient, ED, specialty clinic), level of student involvement (observed, participated, fully participated), whether the attending was a general pediatrician, a specialist, or a consult with a specialist (if unsure ask resident) and other major diagnoses.

Failure to maintain a patient encounter log may result in the need to remediate the clerkship.

Required Patient Encounters

In order to provide the learner with a comprehensive view of the field of pediatrics as well as to meet LCME regulations, a list of required clinical encounters with children has been created. This list is attached below and is duplicated in OASIS. The LCME requires that clerkship directors ensure student exposure to key types of patients in a rotation. Programs accomplish this by not only tracking patient exposures (74%), but also using simulated patients (20%) and/or using videos (35%). UCF COM has these resources available, and in addition may make use of simulation technology to enhance student learning. An additional resource for exposure to pediatric encounters available to UCF COM is the Computer-assisted Learning in Pediatrics Program (CLIPP).

Clerkship	Patient Types or Clinical Conditions	Level of Student Responsibility*	Clinical Setting†
Pediatrics	Patient Types/Clinical Conditions		
	Abdominal pain	P	I/O
	Acute cough/wheeze	P	I/O
	Acute infection	P	I/O
	ADHD/Behavior Problem	P/O	O/CBL
	Allergies	P	I/O
	Anemia	P	I/O
	Asthma (chronic cough/wheeze)	P	I/O
	Child abuse and neglect	P/O	I/O/CBL
	CNS problem: evaluation	P	I/O/CBL
	Dehydration	P	I/O
	Diarrhea	P	I/O
	Dyspnea/respiratory distress	P/O	I
	Ear pain	P	O
	Electrolyte or acid/base disorder/dehydration	P	I/O/CBL
	Fever: child <3months of age	P/O	I/O
	Fever: child >3months of age	P	I/O
	GU complaint	P/O	I/O
	Growth problem	P	I/O/CBL
	Headache	P	I/O
	Joint/limb pain/injury	P/O	I/O
	Nausea/vomiting	P	I/O
	Pharyngitis	P	O
	Rhinorrhea	P	I/O
	Skin disorder/problem	P	I/O
	Substance Abuse	P/O	O
	URI	P	O
	Clinical Skills: Health Maintenance Visits		
	Health maintenance: infant (0-12 mo) well child visit	P	O
	Health maintenance: toddler (1-4 yr) well child visit	P	O
	Health maintenance: school-age (5-11 yr) well child visit	P	O
	Health maintenance: adolescent (12-18 yr) well child visit	P	O
	Clinical Skills: Procedures		
	HEADSSS assessment in adolescent	P	I/O
	Plot growth curve	P	I/O
	Calculate/plot BMI	P	I/O
	Determine immunization needs	P	I/O
	Provide immunization	P/O	O
	Prescription writing	P	I/O
	Circumcision	P/O	O
	Lumbar puncture	P/O	I/O/SIM

Observed Clinical Encounters

During your clerkship you are not only encouraged but required to have your clinical skills observed and documented. An Observed Clinical Encounter form is provided for this purpose in Blackboard. Three complete encounters must be observed by senior residents or faculty with the feedback form handed into clerkship administration. It is suggested that you solicit observation and feedback whenever possible from senior residents and faculty. Ask that you not be interrupted during the clinical encounter. It is also efficient to ask to be observed for a 2 minute portion and have feedback provided for this portion. More information on soliciting feedback on your clinical skills will be provided during orientation. Observed Clinical Encounter Forms are available for general pediatrics and for the newborn nursery and can be found in the "Forms" section of Blackboard. These forms will be due the last Thursday of the clerkship at noon.

PICO Exercises

Each student is required to form 3 answerable clinical questions using the PICO format and search the medical literature for evidence to answer their questions. The standardized UCF PICO Sheet must be completed with an attached list of references from each search and turned into the clerkship coordinator by the last Thursday of the clerkship at noon.

Self-Assessment

Development as a physician occurs in three general areas: clinical skills, knowledge and professional attitudes. As future physicians you will be required to organize your ongoing professional education in an individualized learning plan along these lines. For this clerkship medical students are required to think of at least 3 personal goals in each of these areas, write them down at orientation and assess their progress towards these goals at our mid clerkship evaluation. These need not be complicated objectives such as "I would like to develop a technique to restrain a wiggling child during an ear exam" or "I would like to portray confidence through nonverbal communication skills when interviewing a parent and examining a child." A form for you to write down your learning objectives will be distributed at orientation and will be collected at the end of orientation. The form is available through Blackboard as well as attached as an appendix to this document. The pre clerkship self-assessment will be due the first Tuesday of the rotation by noon.

Reflective Exercise

The rationale for this assignment is well represented by this excerpt from an article in Academic Medicine: "Reflection is thinking critically about thoughts or actions that seem to be occurring spontaneously and without conscious deliberation. It turns experience into deep learning- that is, reflection allows new experiences to either modify one's existing knowledge structures or schemas or be integrated into one's existing knowledge structures. True behavior change, in contrast to mimicked behaviors, can occur when one reflects on new experiences and changes their own knowledge structures." During this clerkship students are required to *REFLECT* on a clinical experience during this clerkship. It can be related to a patient care experience or an ethical or professional dilemma or something as simple as reflecting on an emotion drawn from a clinical encounter. The key is to recognize how you were affected by a clinical encounter and how this contributed to your learning. You will *need to provide evidence of this reflection* to the clerkship

director due by the last Wednesday of the clerkship at noon. This can be in the form of prose, conversation with faculty, role playing... Ask clerkship director for assistance if you need direction.

CLIPP Cases

The pediatric clerkship has arranged for you to have access to the Computer Assisted Learning in Pediatrics Program (CLIPP). This program consists of greater than 30 general pediatrics clinical cases. You will be assigned 6 required cases to complete over the clerkship but the others are available for you as a study reference. These are a very good preparation for the NBME pediatric SHELF exam and you are encouraged to work through them all. Case by case objectives for these scenarios can be found in Blackboard. Each case will take about 30-60 minutes to complete. Keep this in mind and *do not attempt to complete all required cases during the last week*. After students have completed the CLIPP cases, you will email the summary page to carlenegrant@ucf.edu. These summary sheets should be returned by 5 p.m. on Monday and for week 6, by the last Thursday of the clerkship at noon to receive credit. Please turn in a summary sheet of any case reviewed not just required cases.

Written History and Physical

Each student is required to *completely and formally* write up an admission encounter with assessment, plan and discussion for each week on the inpatient service (that means THREE H&Ps need to be turned in). A guide to the pediatric H&P can be found on Blackboard. You will also find on Blackboard the formative assessment tool to be used to standardize feedback on these write ups. Ask your resident and clinical faculty to review your write up prior to handing it into the clerkship director. These write ups are due the third working day after your scheduled on call experience. It is acceptable to select an admission from a non-call day to write up; this is suggested especially if you are on the inpatient service in the days leading up to the SHELF exam.

TEXTBOOKS AND OTHER COURSE MATERIALS

Required textbook:

Marcdante K et al. *Nelson Essentials of Pediatrics: with Student Consult online Access*. 6th ed. Elsevier Health Sciences; 2010

Recommended textbooks:

Barness L and Gilbert-Barness E. *Pediatric Physical and Clinical Diagnosis*. 8th ed. Oxford University Press; 2008

Kliegman RM et al. *Nelson Textbook of Pediatrics*, 18th ed. Elsevier; 2007

Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009

Custer JW, Rau RE, eds. *The Harriet Lane handbook: a manual for pediatric house officers*. 18th ed. St. Louis: Mosby-Year Book; 2009.

Government agency

Additional references can be found on Blackboard.

OVERVIEW OF ASSESSMENT/EVALUATION PLAN

Formative Assessment

- Self-Assessments based on initial needs assessment
- Commendation cards and early warning cards
- Preceptor feedback from direct observation
- Preceptor feedback from written documentation
- Preceptor and clerkship director review (written and oral) of written documentation

Clerkship or onsite director will meet with students at a minimum of mid clerkship (between inpatient/outpatient components) and end of clerkship to review performance and assist with self-assessment. Small group mentor will meet with students weekly and may serve as a resource to the clerkship director in providing mid rotation review of students strengths and weaknesses. Preceptors (faculty and residents) will provide immediate feedback both verbally and in writing.

Summative Assessment

- 20 % NBME SHELF Exam must be passed at the 15%ile
- 12 % Observed Clinical Exams (3)(Inpatient, Outpatient, Newborn Nursery)
- 10 % Participation in Clerkship Activities
- 20 % Standardized UCF COM Resident and Faculty Evaluation forms
- 10 % "PICO" assessments (3)
- 18% Formal, written documentation of pediatric history and physical (3)
- 7% Participation and evaluation from reflection/professionalism
- 3% Self-Assessment- complete (pre, mid, end).

Requirements for Course Credit

To receive credit for the Core Clerkship in Pediatrics, students MUST have completed and or turned in the following:

By the end of the clerkship, each student must submit:

- _____ 3 observed clinical encounter(OCE) checklist evaluations (must be observed by faculty, chief resident or fellow, senior resident) from the inpatient service, outpatient service and newborn nursery
- _____ 3 PICO assessments
- _____ 1 completed Self-Assessment (Pre, Mid, +/-End Clerkship)
- _____ 1 completed reflective experience
- _____ 6 CLIPP cases (submitted weekly throughout clerkship)

For inpatient weeks per 3 week session:

- _____ 3 History and Physical Exams written in standard format, reviewed by (faculty, senior resident) from inpatient service and emailed to clerkship director
- _____ at least one faculty evaluation of the student, and
- _____ at least one resident/intern evaluation of the student, and
- _____ one student evaluation of each of the attending, resident and intern

For outpatient weeks per 3 week session (nursery or outpatient):

- _____ at least one faculty evaluation of the student, and
- _____ at least one resident/intern evaluation of the student, and
- _____ one student evaluation of each of the attending, resident and intern

All evaluations must be submitted in OASIS within 2 weeks after the last day of the clerkship. Failure to complete your evaluations may result in delay in clerkship grade release. Clerkship administration will be responsible for obtaining resident and faculty evaluations.

Students must also complete:

- _____ NBME Subtest in Pediatrics
- _____ Clerkship Evaluation (completed the last day of the clerkship)
- _____ Faculty Evaluations
- _____ Clerkship Patient Log
- _____ return textbook, beeper, clerkship badge

Grades will not be released until these items have been completed.

Failure to submit essential items in a timely manner may result in a failing grade for the clerkship.

Clerkship Grade Determination

- Self-directed learning: 20 points
 - Reflection (4 points)
 - Pass =4 points
 - Fail =0 points
 - Mentoring/Professionalism (3 points)
 - Pass =3 points
 - Fail =0 points
 - Self-assessment (3 points)
 - Pass =3 points
 - Fail =0 points
 - PICO(3 for 10 points)
 - Pass =3.33 points
 - Fail =0 points
- Evaluation- depends on number submitted 20 points
 - Faculty, resident =20 points
- SHELF 20 points
 - Scaled score equating 5th %ile to 70%
 - Your % *.20= points
- Observed Clinical Encounters (3 for 12 points) 12 points
 - For each OCE
 - Above expectations=4 points
 - Meets expectations=3 points
 - Below expectations but improving=2 points
 - Below expectations with no improvement=0 points
- Histories and Physicals- written (3 for 18 points) 18 points
 - For each written H&P
 - Above expectations=5 points
 - Meets expectations=4-5 points
 - Below expectations but improving=2-3 points
 - Below expectations with no improvement=0 points
 - IMPROVED over clerkship 3 points
- Participation (85% conference attendance and clerkship activities) 10 points
 - ≥85% attendance at conferences and 6 completed CLIPP cases = 10points
 - .5 deduction for every CLIPP case not completed or late
 - .5 deductions for other evidence of lack of participation
 - <85% attendance at conferences =0 points
 - Unexcused absence from clerkship point deduction at discretion of director

Final Grade out of 100 points

>89 points = A
 >78-89 points = B
 69-78 points = C

Final Grade with SHELF Failure

Less than 5%ile on SHELF = incomplete
 May retake SHELF after “study plan” within 12 wks.:
 Retake score ≥5th %ile final grade = C
 Retake score <5%ile final grade = Failure

Midterm and End of Clerkship Student Evaluation

Each student will meet with the Clerkship Director or Site Director halfway through the clerkship, for review of the clinical experience; performance feedback; and review of the Pediatric Clerkship tasks requiring documentation and/or verification. The student should bring the copies of his/her CLIPP case summary to their mid-clerkship evaluation to be reviewed by Clerkship Director. Clerkship Director or Site Director will review the Pediatric Electronic Log before the mid-clerkship evaluation meeting.

No formal end of clerkship evaluation meeting is scheduled. Students are welcome to make appointments to review performance at any time.

Unsuccessful Clerkship, Clerkship Remediation, Grade Appeal

Please refer to the UCF COM Student Handbook

http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf Section V. subsection B. Medical Student Advancement and Faculty Evaluation for details on remediation and appeal of pediatric clerkship assessment.

COURSE EVALUATION

We value your input! In order for the pediatric clerkship administration to improve this clerkship we need your comments about the strengths and weaknesses of the experience. Clerkship administration is available to discuss issues at any time. You do not need to wait until you complete the clerkship evaluation to offer suggestions.

Students are required to complete a clerkship evaluation form, faculty evaluation form (at least one for inpatient, outpatient and nursery) resident evaluation form (at least one for inpatient, nursery, +/- outpatient) as described in the Requirements for Clerkship Credit. These evaluations will be completed in OASIS. Grades will not be released UNTIL APPROPRIATE EVALUATIONS ARE COMPLETED. Please try to complete your evaluations as you finish a given service.

PROFESSIONALISM

Students are expected to follow the UCF COM Standards for Ethics and Professionalism according to the Student Handbook at all times. Significant infractions of professionalism will be addressed by clerkship director and student affairs as necessary.

How to survive this clerkship

1. **Read:** Clinical clerkships are unlike any learning experience you have had to date. You are responsible for your own learning based on the clinical encounters provided throughout the clerkship. The key to a successful clinical clerkship is READING. You need to develop an organized reading plan from day 1. Your reading plan should incorporate “scheduled” reading where you sit down with your textbook and read it cover to cover over the 6 week rotation. The second type of reading is “focused” on topics encountered during your clinical day, either with patient encounters, didactics or evidence based questions. A final type of reading should be a readily available resource to carry with you and pull out during down time in the clerkship, i.e. a book of questions such as Pretest or Appleton Lange’s Pediatric Review. It is also suggested that you pre read topics for didactics.
2. **Safety:** Orlando Health is a busy medical center in the downtown area of a major metropolitan city. As such, you must pay attention to your personal safety as well as that of your belongings. Protective Services is available 24 hours a day and can be contacted through 321-841-2818. You are encouraged to use their services after hours when leaving the hospital buildings to get to your cars in the parking decks. Numerical keyed pad locked rooms are available to store your belongings but you are encouraged to keep valuable materials on your person or at home. DO NOT keep valuable items in your car. Lockers can be arranged for you for the duration of your clerkship upon request.
3. **Meals:** Breakfast and Lunch are served in all of the doctors dining rooms on the Orlando Regional Campus. Students are welcomed to get there meals in these facilities. Your badge will not get you entry into the dining rooms so you will need to be accompanied by a resident or faculty. Historically, there has been a deficit of seating in the actual dining rooms so residents and students are encouraged to take their meals with them to conference or eat in the main hospital dining areas.
4. **Copy machine:** A copy machine for large copying jobs is available in the clerkship office in the Legends Building. Smaller copying jobs can be performed locally. Ask your residents.
5. **Pediatric Resident Library:** There is a pediatric resident library equipped with computers, printer, copy machine and study area located on the second floor of Arnold Palmer Hospital. This library is for quiet study, research and other scholarly activities. It is not for sleeping. It is for the use of medical students while on their pediatric clerkship exclusively. You will be given a card with door access code and a means of identification as a pediatric clerk. This card must be handed in to clerkship administration prior to end of clerkship and before grade release.
6. **Arnold Palmer Tower Six Conference Room:** A physician conference room is located on Tower Six of APH. This is a main meeting site and activity hub during your inpatient rotation. You will be given the door access code to this room on your pediatric identification card at orientation. Even though this room is “secure” it is suggested that you not leave items of value here.
7. **Getting Help:** If you encounter any problems while on the pediatric clerkship you are welcome to make an appointment with Dr. Middleton or Dr. Moran at any time. The faculty participating in your clerkship has been involved in medical education for many years and may also be a valuable resource. JUST ASK.

Attendance Policy

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. On this 6 week clerkship, students will be allowed to miss **three** full days of responsibilities as excused absences for the following:
 - ☐ Illness
 - ☐ Family emergencies
 - ☐ Presentation at professional meetings
2. Absences due to illness or family emergencies should be reported (phone call AND email) to the appropriate Clerkship or Site Director, AND supervising physician/senior resident on service. Approval for student presentations at professional meetings must be requested in advance (refer to UCF COM M.D. Program Student Handbook). Such absences must be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, you must inform your supervising physician/chief resident of your absence. The Student Absence Form will be completed and forwarded to the Office of Student Affairs by the Clerkship Director.
3. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship Director. Examples include the taking of call on weekends or weekend shift.
4. The three days of excused absences do not include for example, vacation or social events.
5. Any questions or problems during the clerkship should be addressed with the Clerkship or Site Director.

An unexcused absence is a potentially serious matter and may be looked upon as a breach of professionalism. It is expected that the student would be counseled by the clerkship director about such an episode, and that it would be an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student. Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include inability to receive an "A" grade on the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Assistant Dean for Clinical Education or a formal Letter of Concern for the student's file, particularly if there is a pattern of absences across clerkships.

Duty Hours

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and*

scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - b. In-house call must occur no more frequently than every third night.
 - c. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - d. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

Bloodborne Pathogen and Communicable Disease Exposures

In the case of a student exposure to a bloodborne pathogen through needle stick should occur, the student on the pediatric clerkship can refer to Appendix J for the Orlando Health Policy on Needle Stick Exposure. Students are also encouraged to reference the UCF COM Student Handbook (http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) pages 74-76

Standard Precautions

Refer to the UCF COM Student Handbook (http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) Section VII. Health Policy E. Exposure to Infectious Disease and Environmental Hazards.

HIPAA and Patient Confidentiality

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

Dress Code for Patient Care and Clinical Activities

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

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats when required for an activity should be clean, wrinkle free and in good repair. White coats are not required for your pediatric experience.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
 - a. Men should wear dress shirts or polo shirts with collar. Ties are optional but are recommended for patient care.
 - b. For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
 - c. T-shirts with slogans or pictures are not allowed.
 - d. Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
 - e. Shoes should be clean with heels no greater than 2 inches.
 - f. Scrubs should only be worn in designated areas and for this clerkship that includes only the newborn nursery.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of ¼" or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.

Clerkship Disclaimer

Disclaimer: The instructor reserves the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.

Appendix A: Sample Student Rotation Schedule for Pediatric Clerkship

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Student A	APH	APH	APH	WPH	OH: FP	OH: SP
Student B	APH	APH	APH	OH: FP	WPH	OH: SP
Student C	APH	APH	APH	OH: SP	OH: FP	WPH
Student D	APH	APH	APH	WPH	OH: FP	OH: SP
Student E	WPH	OH: SP	OH: FP	APH	APH	APH
Student F	OH: FP	WPH	OH: SP	APH	APH	APH
Student G	OH: FP	OH: SP	WPH	APH	APH	APH
Student H	WPH	OH: SP	OH: FP	APH	APH	APH
<i>Inpatient: Arnold Palmer Hospital For Children</i>						
<i>Outpatient: OH Faculty Practice/ Specialty Practice</i>						
<i>Nursery: Winnie Palmer Hospital For Women and Babies</i>						

Appendix B: Sample Outpatient Clinic Schedule

[illegible]

Appendix C: Self-Assessment for Pediatric Clerkship

Pre Clerkship

Development as a physician occurs in three general areas: clinical skills, knowledge, and professional attitudes. Choose at least three personal objectives for this clerkship in each general area and list them below. At the midpoint of this clerkship, we will measure your progress toward these goals.

Clinical Skills

1.

2.

3.

Knowledge

1.

2.

3.

Professional Attitudes

1.

2.

3.