

THE PEDIATRIC CLERKSHIP  
DEPARTMENT OF PEDIATRICS  
YALE UNIVERSITY SCHOOL OF MEDICINE

TABLE OF CONTENTS

- I. INTRODUCTION
- II. CONTACT INFORMATION
- III. SCHEDULING ISSUES
- IV. SPECIFIC EXPECTATIONS
- V. EVALUATIONS AND GRADES
- VI. LEARNING OBJECTIVES
- VII. OUTLINE OF SPECIFIC CLINICAL SKILLS
- VIII. COMPREHENSIVE WRITE-UPS
- IX. CLIPP CASES
- X. PATIENT LOGS
- XI. EXAMINATION
- XII. PORTFOLIOS
- XIII. CLINICAL ASSIGNMENTS
- XIV. MONTHLY CALENDAR
- XV. REFERENCES
- XVI. WEDNESDAY CONFERENCE SCHEDULE
- XVII. SUMMARY OF REQUIREMENTS

This curriculum has been developed based on national recommendations. Please refer to the Council on Medical Student Education in Pediatrics (COMSEP) at [www.comsep.org](http://www.comsep.org).

In addition, we appreciate the input from the Education Committee of the Department of Pediatrics, Yale University School of Medicine. Reference: Olson AL, Woodhead J, Berkow R, Kaufman NM, Marshall SG. A national general pediatric curriculum: The process of development and implementation. *Pediatrics*. 2000; 106: 216-222.

## **I. INTRODUCTION**

Welcome to Pediatrics! We hope that you will have an excellent rotation with us. For some of you, this will be your main experience in clinical pediatrics. For all of you, whether or not you make Pediatrics your career, we believe this rotation will be a very important part of your medical training, and we take it very seriously. Here's why:

- Many of the clinical and organizational skills and professional behaviors you will continue to cultivate with us are broadly applicable throughout the medical profession (from interpersonal communication to management of I.V. fluids).
- Pediatrics brings together multiple aspects of medical science (from cell biology and molecular genetics to human development and behavior) that will contribute to your practice of medicine as a physician in any field.
- Any branch of the medical profession you choose to enter will likely bring you in contact at times with pediatric patients and/or pediatric-related diseases and issues during your residency and beyond. (Consider the obstetrician who cares for a pregnant teen or resuscitates a newborn at delivery)
- Children are nonetheless not "little adults" physiologically or otherwise- there are special considerations and skills (e.g. weight-based medication dosing) that you must consider.
- We believe that the emotional rewards of making a child better are second to none.

The clerkship is divided into an inpatient rotation and an outpatient rotation. The former takes place on a traditional inpatient ward and is designed to give you some experience in caring for more seriously ill children. You may well encounter some intriguing but uncommon diseases and conditions as well as some "bread and butter illnesses". The outpatient rotation takes place in a broader spectrum of different settings, where you will see problems and patients that command the greater part of a typical pediatrician's attentions and efforts.

## **II. CONTACT INFORMATION**

### **Clerkship Director**

Eve Colson, MD  
Associate Professor of Pediatrics  
[Eve.Colson@yale.edu](mailto:Eve.Colson@yale.edu)

### **Assistant Clerkship Director**

Matthew Bizzarro, MD  
Assistant Professor of Pediatrics  
WP 493, 688-2320  
[Matthew.Bizzarro@yale.edu](mailto:Matthew.Bizzarro@yale.edu)

### **Coordinator, Third Year Clerkship**

Tracy Sotere  
[Tracy.Sotere@yale.edu](mailto:Tracy.Sotere@yale.edu)  
203-785-6935

When applicable, to optimize communication, please direct all emails to Dr. Colson, Dr. Bizzarro and Mrs. Sotere. This is especially important when the emails involve schedule changes and absences. Specific contacts for each part of the rotation can be found in section XI.

If there is a problem with the Wednesday conferences after 1:30 pm, please contact Ann Marie Healy at 785-3898.

**Don't forget that you can find information at the Yale University School of Medicine, Department of Pediatrics Web Site: To link specifically to Medical Student Education:**

<http://www.yalepediatrics.org/education/medstudentedu.html>

**On the web site you will find:**

**Syllabus**

**Link to CLIPP Cases**

**Patient Log Form**

**Link to e-value**

**Clip about how to perform a physical examination on children of all ages (excellent!)**

### **III. SCHEDULING ISSUES**

#### **A. What do I do if I want to change my schedule?**

Please contact Tracy Sotere well in advance of your start date. Your schedule will be made based on your initial requests. We will try to accommodate schedule changes when possible.

#### **B. What should I do if I'm sick and can not come in?**

Please contact Mrs. Sotere with a copy to Dr. Colson & Dr. Bizzarro as soon as you are aware that you will not be able to come in. Please also notify the site where you are expected. In some cases, patients have been scheduled specifically for you so you must let the site know as soon as possible.

#### **C. What if I need to leave early on a given day or can not come in one day unrelated to illness.**

You are expected to be present each day of the rotation. The day will typically start at 7 am on inpatient and 7:30 or earlier on outpatient. On inpatient the days, when there is no call, the day will typically end around 6p but can go later depending on the needs of your patients and your team. The same is true for outpatient. You should avoid making doctor or other appointments that can be reasonable put off to another time. If you need to attend an important family function such as a wedding and will miss time you must let Mrs. Sotere, Dr. Colson, Dr. Bizzarro and the attending on your rotation know at least 2 weeks in advance. It is best to be on the outpatient service when you have special events that will require days and weekends away.

#### **D. What happens if I have a prolonged absence?**

In the event of a prolonged absence (more than 3 days) you may be required to make up the time at a later date. You are required to achieve certain core competencies in Pediatrics that will be difficult to achieve with prolonged absence. Please contact Dr. Colson, Dr. Bizzarro, Mrs. Sotere and the site where you were expected. We will work with you to find a time for make-up.

#### **E. Can I put off my rotation?**

You are required to complete both your inpatient and your outpatient rotations during your 3<sup>rd</sup> year and in sequence. All inpatient rotations must be completed at Yale or Bridgeport.

#### **F. Holidays**

Students are expected to perform their duties on any holiday as they would on the weekends. You can have the holiday off if it is considered a holiday by the Medical School and is listed as such on the Medical School calendar.

### **IV. SPECIFIC EXPECTATIONS**

#### **A. OVERVIEW**

You will need to successfully complete 4 weeks of inpatient and 4 weeks of outpatient pediatrics in order to graduate from Yale Medical School. These are full-time rotations (including evening and/or weekend call and responsibilities on the inpatient service). You should not expect to have time for thesis research or other major undertakings unrelated to the clerkship. You should not plan to travel during the rotation without checking with us and your colleagues rotating with you.

Dress Code: You are expected to dress in a professional manner. You should avoid sleeveless shirts or T-shirts. It is against hospital rules to wear open-toed sandals. You should not wear scrubs unless you are in the OR.

## B. THE INPATIENT SERVICES AT YALE AND BRIDGEPORT

**1. CALL:** You are expected to take call every 4<sup>th</sup> night. That includes weekends. You are not required to stay overnight. You should stay until approximately 10pm. If it is busy you should consider staying later. You should return the next morning for rounds and patient care. This includes the Saturday and the Sunday mornings that follow your on-call night. During the *weekdays* you should stay the entire day after the night you have been on call. You should participate in all activities.

You should plan to admit at least one patient on each call day. Aim to admit 2 patients each week. Your admission write-ups should go in the chart on your call day/night. (not the comprehensive write-ups that you give to your teaching attending for review)

***Please be careful when coming to and leaving the hospital, especially at night. We recommend you have an escort to your car or home especially at night. Yale University School of Medicine escort 785-2500.***

### **Why we think call is important:**

We believe it is important for you to take call to maximize your exposure to Pediatrics during your 4 weeks. Many times, the most interesting things happen and the most interesting patients come in after hours, when Pediatric offices are closed. If things seem “quiet” you could use that time to do a number of important things. For example, you could help your intern or resident. That will help make you an active member of the team and you can learn from looking up and interpreting labs on the team patients even if they are not “yours”. You could find articles about the patients that you or other team members are caring for and share those articles with the team. You could use the time to complete your comprehensive write-ups or complete your CLIPP cases (see below for information about write-ups and CLIPP cases).

As a medical student you play a very important role. You have time to spend with the families and patients you encounter. You can learn from them and thereby improve their care. We all strive to provide outstanding care to our patients and you can play a critical role in achieving this goal.

**2. CLINICAL SKILLS:** We want to continue to help you improve your oral presentations, history taking, physical examination and problem solving skills, especially as they apply to pediatrics. You should be observed doing at least part of a history and physical examination (or parts of each) at least 3 times during the rotation. You should seek feedback about these clinical skills. Most of these observations will be made by the teaching attending (Yale), teaching resident (Bridgeport) and Chief Resident (Bridgeport). Others who may have an opportunity to evaluate your clinical skills include your ward attending, hospitalist, a chief resident, a senior resident or a fellow. Please see sections VII for more details about specific clinical skills.

**3. PATIENT LOAD:** You should follow and be responsible (with supervision) for a minimum of 2 inpatients at any given time whenever possible, with a goal of 3 to 4 patients at any given time by the end of the rotation. You are responsible for daily notes on these patients. With supervision by your resident we would encourage you to try entering orders on your patients. You can not sign patient orders. All orders must be signed by a responsible physician.

**4. COMPREHENSIVE WRITE-UPS:** You should complete a minimum of 2 comprehensive write-ups about patients you admitted during the 4-week inpatient rotation. The first comprehensive write-up needs to be given to the teaching attending (which is sometimes the chief resident at Bridgeport) the first 10 days of the inpatient rotation. Both write-ups need to be submitted by the beginning of the last week of the 4-week inpatient rotation. Failure to hand your write-ups in on time will be reflected in your grade.

For specifics about what to include in the comprehensive write-up please see section on comprehensive write-up (VIII).



**5. FEEDBACK:** We believe formative (during the rotation) and summative feedback (at the end of the rotation) are important. At minimum, your attendings and residents should give you feedback about your performance midway through the rotation and at the end of the rotation. Attendings and residents are aware that they should give you feedback throughout the rotation. We also encourage you to ask for feedback about your performance from the resident on your team, the ward attending, teaching attending or anyone else who has worked closely with you. There are three mechanisms for you to communicate with us about the quality of your rotation and the attendings and residents whom you encounter: 1. E-Value- required of all students at the end of the clerkship 2. optional interview with one of the directors, Dr. Colson or Dr. Bizzarro. Please note that we would like to know about concerns/problems as soon as possible so we can work to improve the situation. There is much less we can do to help you or remedy a difficult situation when the rotation has already ended.

**What is feedback:**

Feedback occurs when a resident, attending or other supervisor sees you doing something and discusses what they have seen with you. It can be a formal sit down session, but it most often occurs during the action of the day. It may be easier to use the analogy of a coach giving feedback to an athlete. It happens when you are presenting a patient, when you are presenting on rounds, when someone watches you do a physical exam in the newborn nursery etc. It happens when you ask for help in listening to a heart murmur, or when you are conducting a history and the resident chimes in with more questions you did not think of asking.

**You should be receiving feedback about:**

Attitude/Professionalism: People will notice if you leave early, if you come in late, if you show disinterest in the rotation, if you don't show up for conferences, if you don't complete the requirements. It is likely this will be reflected in your grade. Unfortunately, attendings and residents are not always good about pointing out and giving feedback about unprofessional behavior. But they will notice it.

Skills: You are performing clinical skills all day. They include taking a history, performing a physical exam, completing formal and informal write ups, presenting your patients on rounds and at other times, doing developmental evaluations as well as formulating assessments and plans. On this rotation you should have opportunities to work with someone and/or on your own on these important skills. In the beginning of the rotation, you may be uncomfortable performing an examination on a newborn. By the end of the rotation you should feel proficient in this skill. Please be proactive in seeking help and guidance in improving and honing your skills.

Knowledge:

We are interested in your clinical knowledge (for example sorting through a patient's symptoms in search of the appropriate diagnosis and treatment) and your basic science knowledge (for example what is the pathophysiology of newborn jaundice with ABO incompatibility). You can improve your knowledge this rotation by reading about your patients and completing the required CLIPP cases. You can show your knowledge by, for example, presenting your patients to residents and attending or when possible giving presentations on specific topics.

**6. CLIPP CASES:** During your 4 weeks on the inpatient rotation you are expected to complete at least 5 CLIPP cases ([www.CLIPPcases.org](http://www.CLIPPcases.org)). We feel these cases are an important modality to supplement your experiences with pediatric patient. You will not receive your grade until you complete the required cases. See below for details (IX).

**7. PATIENT LOGS:** You should keep track of the patients you see during the rotation and enter on your patient logs. You will not receive your grade until we receive your completed patient log. See below for details. If you believe that you will not be seeing or completing a CLIPP case involving one of the required types of patients please notify us as soon as possible.

**8. TEACHING ATTENDING:** The teaching attending is assigned for the student on the inpatient service at Bridgeport and at Yale. At Bridgeport, the teaching attending is the chief resident and also Dr. Natt. At Yale, the teaching attending will rotate monthly. The charge of the teaching attending is to work with you around your clinical skills and patient care as well as to review your write-ups. The teaching attending will be one of the evaluators of your performance on your inpatient rotation.

## C. OUTPATIENT PEDIATRICS

**1. CLINICAL SKILLS:** While in the outpatient setting, you should focus on the succinct, problem focused history and physical examination. You should evaluate patients, complete notes and review your notes with a resident, fellow or attending whenever possible. Your clinical skills should be observed on a minimum of 3 patients.

**2. PATIENT LOAD:** For any given session in the primary care setting (such as PCC, and St. Mary's clinic) you should aim to see 2 patients/half day initially and up to 4 patients/half day by the end of the rotation when possible. Patient load in the subspecialty clinics/rotations will vary.

**3. FEEDBACK:** As in the inpatient setting, we believe formative (during the rotation) and summative feedback (at the end of the rotation) are important. All of your supervising residents, fellows and attendings are aware that they should be giving you feedback about your performance. Given the nature of the outpatient setting, getting feedback may be more challenging. We encourage you to ask your supervisors for feedback at opportune times, such as the end of a clinic session. As with the inpatient rotation, we also encourage you to give us feedback about the rotation in general. There are three mechanisms for you to communicate with us about the quality of your rotation and the attendings and residents whom you encounter: 1. E-Value- required of all students at the end of the clerkship 2. optional interview with the clerkship director, Dr. Colson 3. optional interview with the residency director, Dr. Friedman. Please note that we would like to know about concerns/problems as soon as possible so we can work to improve the situation. There is much less we can do to help you or remedy a difficult situation when the rotation has already ended.

**4. CLIPP CASES:** You should complete a minimum of 5 CLIPP Cases ([www.CLIPPcases.org](http://www.CLIPPcases.org)).

**5. PATIENT LOGS:** You should keep track of the patients you see during the rotation and enter on your patient logs. You will not receive your grade until we receive your completed patient log. See below for details. If you believe that you will not be seeing or completing a CLIPP case involving one of the required types of patients please notify us as soon as possible.

## D. CONFERENCES

1. **You are required to attend** Grand rounds which are held most Wednesdays at 12 noon in Fitkin Auditorium (except during the summer months). To confirm the schedule please check with the house staff and/or [www.yalepediatrics.org/education](http://www.yalepediatrics.org/education) (you will see link to grand rounds calendar). Grand rounds do not occur during the summer.
2. **You are required to attend** the weekly Wednesday conferences held specifically for students. Parking validation is available for the Howard Avenue Parking Garage only.
3. Please check with your residents and attendings about daily and weekly conferences at your site.

## V. EVALUATIONS AND GRADES

### A. YOUR GRADE

How is your grade assigned?

Dr. Colson and Dr. Bizzarro will make the final grade assignment. You will receive one grade for the inpatient portion of the rotation and another grade for the outpatient portion of the rotation. We will make every effort to assign your grade as quickly as possible when you have completed the rotation.

The grade will be determined based on evaluations from Attendings and Senior Residents who have worked with you as well as your timely completion of the requirements listed throughout this syllabus and summarized in the Checklist of Requirements (see XVII)

**IMPORTANT NOTE: WE EXPECT YOU TO COMPLETE YOUR PATIENT LOG, THE CLIPP CASES AND THE KNOWLEDGE EXAMINATION BY THE END OF THE 8-WEEK ROTATION. IF YOU DO NOT COMPLETE YOUR ASSIGNMENTS, YOUR GRADE WILL BE LOWERED ONE LEVEL PRIOR TO THE RELEASE OF YOUR GRADE. IF YOU WOULD OTHERWISE HAVE GOTTEN HONORS, YOU WILL RECEIVE A HIGH PASS, IF YOU WOULD OTHERWISE HAVE GOTTEN A HIGH PASS, YOU WILL RECEIVE A PASS, ETC.**

For all evaluations, the evaluators will be assessing your attitudes, knowledge and skills. Please see sample evaluation form below.

**YOUR EVALUATORS WILL BE BASING YOUR EVALUATION ON THE FOLLOWING (THIS IS TAKEN DIRECTLY FROM THE EVALUATION SYSTEM)**  
**THIS EVALUATION AND THE REST OF THE DETAILS PROVIDED IN THIS SYLLABUS ARE AIMED AT PROVIDING YOU WITH DETAILED INFORMATION ABOUT WHAT IS EXPECTED OF YOU DURING THIS ROTATION. IF YOU ARE STILL UNCLEAR ABOUT WHAT IS EXPECTED OF YOU PLEASE SET UP A MEETING WITH DR. COLSON OR DR. BIZZARRO.**

### EVALUATION

#### ATTITUDES AND BEHAVIOR

##### **Attendance & Effort** (Question 4 of 17 - Mandatory)

Freely accepts and satisfactorily discharges responsibility for learning and patient care; is absent only for compelling reasons such as illness or family crisis; assumes responsibility for notifying the staff and managing the schedule in such instances.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

##### **Relationships with Patients** (Question 5 of 17 - Mandatory)

Interactions with patients, families, and their significant others are characterized by respect, trust and positive affect.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

##### **Professional Relationships** (Question 6 of 17 - Mandatory)

Interactions with peers, physicians, other health care professionals and staff are positive; student functions as a member of the patient care team.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Overall Professional Conduct** (Question 7 of 17 - Mandatory)

Ethical, trustworthy, reliable, compassionate, unselfish, committed to the patient's well-being, freely acknowledges his or her own limitations and mistakes, listens and follows instructions, and observes boundaries.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Self Directed Learning** (Question 8 of 17 - Mandatory)

Identify limitations in his or her own knowledge; formulates relevant questions arising out of clinical scenarios; is familiar with and utilizes information resources; works independently to find answers and solutions to problems.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**CLINICAL SKILLS****Interview**

Able to utilize a range of communication and interpersonal skills to (A) elicit a complete, developmentally appropriate biomedical and psychosocial story of the patient's illness; (B) respond to the patient's concerns and needs and establish a trusting relationship and (C) inform, educate, and enlist the patient to participate in his or her health care.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Physical Examination** (Question 10 of 17 - Mandatory)

Competent in the full range of commonly used examination techniques; focuses the examination in a manner appropriate to the patient's problem; examines patients in such a way as to minimize their discomfort and embarrassment; and requires data that are accurate.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Reasoning & Judgment** (Question 11 of 17 - Mandatory)

Able to organize information gathered from the interview, physical examination, and paraclinical tests and formulate reasonable hypotheses and diagnosis as well as management plans which are cost-effective and consistent with the patient's interests, needs, and preferences.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Oral Presentation** (Question 12 of 17 - Mandatory)

Able to present clinical information in a concise and coherent manner

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Written Presentation** (Question 13 of 17 - Mandatory)

Able to summarize clinical information in a concise and coherent manner; handwritten notes are legible; notes reflect the status of the patient.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Basic Science** (Question 14 of 17 - Mandatory)

Understands basic principles of anatomy, physiology, pathology, pharmacology, and human development, and behavior.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**Clinical Science** (Question 15 of 17 - Mandatory)

Understands the relationships among pathophysiology, clinical manifestations of disease, diagnosis, prognosis and treatment of diseases.

NA: Not able to evaluate	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective
0	1	2	3	4

**VI. LEARNING OBJECTIVES**

These learning objectives should be met by the end of your 8 week rotation. These are some of the ways in which you will be able to meet these learning objectives:

- Rotation on the inpatient service
- Rotation on the outpatient service
- Didactic sessions
- Clinical skills observations by residents, fellows and attendings
- Simulations/ Computer based learning (CLIPP)
- Independent study utilizing standard textbooks (Nelson, Oski or Rudolph), on line resources and journal articles.

We will provide the basis for you to meet objectives 1-5. You are responsible for meeting objective 6. You should actively participate in the direct care of as many patients as you can, complete the required CLIPP cases, attend conferences and simulations, work with the teaching attending and study independently. We expect that you will spend time each day reading about your patients and reading about topics important in Pediatrics that may not be covered through direct patient care or didactic sessions.

This list of objectives is not meant to be exhaustive, but will give you an idea of the basic skills and knowledge we feel you should have by the end of your 8 week rotation.

You come to the pediatric clerkship having met certain prerequisites:

1. Introduction to pediatric care during your first year in the preclinical clerkship which included the interviewing of pediatric patients and the history and physical examination of the newborn.
2. During your second year, you also participated in tutorials focused on the history and physical examination of pediatric patients with attendings from our pediatric faculty.
3. In addition, throughout the first 2 years, you have been learning about the function of the human body, both normal and pathologic, much of which can be applied to pediatric patients as well.
4. During your first 2 years, you have also learned about humanism in medicine, doctor-patient communication, confidentiality, HIPAA, ethics and professionalism---all of which should be applied during this rotation.

**COURSE OBJECTIVES FOR THE THIRD YEAR CORE CLERKSHIP IN PEDIATRICS**

<u>OBJECTIVES</u>	<u>MEASURING/ASSESSING THE OBJECTIVE</u>	<u>ASSESSOR</u>
<b>PROFESSIONAL CONDUCT AND ATTITUDES</b>		
1. Demonstrate communication skills with patients and families that convey respect, integrity, flexibility, sensitivity and compassion	Observing the student interacting with families and patients	Teaching attending Ward Attending Residents Fellows
2. Demonstrate respect for patient, family attitudes, behaviors and lifestyles, paying particular attention to cultural, ethnic, and socioeconomic influences to include actively seeking to elicit and incorporate the patient's, parent's and family's attitudes into the healthcare plan.	Observing the student interacting with families and patients	Teaching attending Ward Attending Residents Fellows
3. Describe and demonstrate behaviors that respect the patient's modesty and privacy	Observing the student interacting with families and patients	Teaching attending Ward Attending Residents Fellows
4. Demonstrate collegiality and respect for all members of the healthcare team	Observing the student interacting with colleagues and staff	Teaching attending Ward Attending Residents Fellows
5. Demonstrate a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting and acting on feedback, flexibility when differences of opinion arise, and reliability (including completing all assignments with honesty).	Attendance at conferences Completing CLIPP Cases Handing in at least 2 comprehensive write-ups Preparing presentations Feedback from supervisors	Teaching attending Ward Attending Residents Fellows Clerkship director

<u>OBJECTIVES</u>	<u>MEASURING/ASSESSING THE OBJECTIVE</u>	<u>ASSESSOR</u>
<b>SKILLS</b>		
<p><b>1. Interview Skills</b>            Demonstrate the ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult.            * see specifics in outline below</p>	<p>Direct observation of interview skills while on inpatient and outpatient rotations receiving direct and immediate feedback from observer. Minimum of 2 comprehensive write-ups for evaluation by teaching attending.</p>	<p>Teaching attending            Ward Attending            Residents            Fellows</p>
<p><b>2. Physical Examination Skills</b>            Be able to conduct a physical examination keeping in mind the <i>nature of the visit</i> (complete vs. focused examination) and the <i>age of the patient</i>. * see specifics in outline form below</p>	<p>Direct observation of interview skills while on inpatient and outpatient rotations receiving direct and immediate feedback from observer.</p>	<p>Teaching attending            Ward Attending            Residents            Fellows</p>
<p><b>3. Problem Solving Skills</b>  <b>A.</b> Demonstrate the ability to generate an age-appropriate differential diagnosis and problem list based on the interview and physical examination.  <b>B.</b> Outline a diagnostic plan based on the differential diagnosis and justify the diagnostic tests and procedures taking into account the sensitivity, specificity and predictive value of the test. Also consider the invasiveness, risks, benefits, limitations and costs  <b>C.</b> Formulate a therapeutic plan appropriate to the working diagnosis. Remember that pediatric medications are typically dosed in milligrams per kilogram. Be prepared to record and report all doses in this fashion: e.g. The patient is receiving Nafcillin in a dose of 100 mg/kg/day.</p>	<p>Observation of case presentations during ward rounds and by teaching attending.</p> <p>Minimum of 2 comprehensive write-ups for evaluation by teaching attending.</p>	<p>Teaching attending            Ward Attending            Residents            Fellows</p>

<u>OBJECTIVES</u>	<u>MEASURING/ASSESSING THE OBJECTIVE</u>	<u>ASSESSOR</u>
<b>KNOWLEDGE</b>		
<p><b>1. Health Supervision</b></p> <p><b>A.</b> Describe the components of the health supervision visit including health promotion and disease prevention, the appropriate use of screening tools and immunizations of newborns, toddlers, school aged children and adolescents.</p> <p><b>B.</b> Describe the rationale for immunizations.</p> <p><b>C.</b> Describe the rationale for screening tests such as the newborn screen, lead, smoking, and domestic violence.</p> <p><b>D.</b> Demonstrate the ability to provide age-appropriate anticipatory guidance about nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality and substance use and abuse.</p> <p><b>2. Growth</b></p> <p><b>A.</b> Demonstrate ability to measure and assess growth including height/length, weight and head circumference and BMI in patient encounters using standard forms.</p> <p><b>B.</b> Describe variants of normal growth in healthy children.</p> <p><b>C.</b> Identify failure to thrive and obesity/overweight in a child or adolescent using BMI and other growth measures and outline the differential diagnosis and initial evaluation.</p> <p><b>3. Development</b></p> <p><b>A.</b> Describe the four developmental domains of childhood as defined by the Denver Developmental exam (gross motor, fine motor, cognitive and social/emotional development)</p> <p><b>B.</b> Demonstrate an ability to assess social, cognitive (includes language), and motor development in pediatric patients using appropriate resources such as the Denver developmental test, HEADSS screening in adolescent etc.</p> <p><b>C.</b> Describe the initial evaluation and need to refer a patient with evidence of developmental delay or abnormality.</p>	<p>Students will demonstrate their knowledge of each of the areas listed by:</p> <ol style="list-style-type: none"> <li>1. Direct care of patients in the inpatient and outpatient settings under the supervision of attendings, residents and fellows.</li> <li>2. Presentations to supervisors about related patients.</li> <li>3. Presentations to supervisors about related topics.</li> <li>4. Attendance at lectures including ward attending rounds, teaching attending rounds, and Rounds, Discharge conference about related topics.</li> <li>5. Completion of CLIPP Cases about related topics.</li> <li>6. Minimum of 2 comprehensive write-up during inpatient month to be given to teaching attending for review</li> </ol>	<p>Teaching attending Ward Attending Residents Fellows CLIPP Cases Clerkship director</p>

<u>OBJECTIVES</u>	<u>MEASURING/ASSESSING THE OBJECTIVE</u>	<u>ASSESSOR</u>
<p><b>4. Behavior</b>  <b>A.</b> Identify normal behavior patterns in the developing child. Examples: Toddler tantrums, teenage need for independence.  Identify behavioral and psychosocial problems of childhood using the medical history and physical examination.  <b>B.</b> Describe the typical presentation of common behavioral problems and issues in different age groups such as newborns with colic, toddlers with toilet training, school aged children with enuresis and/or adolescents with eating disorders.</p> <p><b>5. Nutrition</b>  <b>A.</b> Demonstrate the ability to obtain an age-appropriate dietary history  <b>B.</b> Determine the caloric adequacy of infant’s diet.  <b>C.</b> Describe the benefits of breastfeeding.  <b>D.</b> Describe the signs and symptoms of common nutritional deficiencies in infants and children (e.g. iron, vitamin D) and how to prevent them.  <b>E.</b> Describe the nutritional and psychosocial factors that contribute to childhood obesity</p> <p><b>6. Prevention</b>  <b>A.</b> Know what immunizations are recommended to Pediatric patients based on age and underlying illness.  <b>B.</b> Describe how the risk of illness and injury changes based on the age of the patient</p> <p><b>7. Issues Unique to Adolescents</b>  <b>A.</b> Recognize the unique features of physician-patient relationship during adolescence including issues of confidentiality and consent.  <b>B.</b> Describe the approach to the psychosocial interview of an adolescent e.g. using the HEADSS tool to guide the interview.  <b>C.</b> Discuss the sequence of the physical changes of puberty, describe the sexual maturity rating scale.  <b>D.</b> Recognize the risk taking behavior of adolescents such as alcohol and drug use, sexual activity and violence.</p> <p><b>D.</b> Describe the presentation of the following problems: neonatal jaundice, respiratory distress, feeding problems, neonatal sepsis</p>	<p>See Above</p>	<p>See Above</p>

<u>OBJECTIVES</u>	<u>MEASURING/ASSESSING THE OBJECTIVE</u>	<u>ASSESSOR</u>
<p><b>8. Issues Unique to Newborns</b></p> <p><b>A.</b> List the information from the history of the pregnancy, labor and delivery that have implications for the health of the newborn.</p> <p><b>B.</b> Discuss the effects of gestational age on the newborn.</p> <p><b>C.</b> Understand the appropriate care of the newborn including:</p> <ul style="list-style-type: none"> <li>Feeding (amount, breastfeeding vs. formula feeding)</li> <li>Elimination patterns</li> <li>Sleep</li> <li>Newborn screening</li> <li>Safety (Back-to-Sleep recommendations, car seat use, anticipatory guidance)</li> </ul> <p><b>9. Medical Genetics and Dysmorphology</b></p> <p><b>A.</b> Discuss the effects of maternal health.</p> <p><b>B.</b> Explain the use of family history and be able to construct a pedigree</p> <p><b>C.</b> Describe the approach to evaluation a child with possible genetic disorder</p> <p><b>D.</b> List the indications for obtaining chromosome studies</p> <p><b>10. Fluid and Electrolyte Management</b></p> <p><b>A.</b> List the daily water and electrolyte requirements for children of all ages.</p> <p><b>B.</b> List the factors that increase daily fluid requirements.</p> <p><b>C.</b> Define each of the following and discuss how it relates to fluid management in health and illness: maintenance, deficit, ongoing losses</p> <p><b>D.</b> List the key historical and physical exam information necessary to determine the hydration status of a child.</p> <p><b>11. Child Abuse</b></p> <p><b>A.</b> List characteristics of the history that should trigger concern for possible abuse.</p> <p><b>B.</b> Know the laws of your state for mandatory reporting of suspected child abuse and neglect.</p> <p><b>C.</b> Discuss the unique communication skills required to work with families around issues of maltreatment.</p> <p><b>D.</b> Recognize the role of the physician in reducing child maltreatment</p>	See Above	See Above

## **VII. OUTLINE OF SPECIFIC CLINICAL SKILLS**

### **INTERVIEW SKILLS**

Demonstrate the ability to obtain the following information in an age-appropriate and sensitive manner from a child and or the accompanying adult:

- Chief Complaint
- History of Present Illness
- Past History
  - Neonatal history (when appropriate) including:
    - Birth weight and approximated gestational age
    - Maternal complications
    - Problems in the newborn period
  - Immunizations
  - Previous hospitalizations
  - Surgeries
  - Medications and medication allergies
  - Chronic medical conditions
  - Growth and development
  - Nutrition
- Family History
  - Age and health of family members to include acute and chronic medical conditions
  - Drug and alcohol use and abuse
  - Tobacco use
  - Construct family pedigree
- Social History:
  - Household composition and socioeconomic status
  - School performance
  - Family relationships
  - Peer relationships
- Safety and Environmental Assessment: (when appropriate)
  - Seat belts and car seats
  - Bicycle helmets
  - Firearms in home
  - Environmental Tobacco Smoke exposure
  - Lead
  - Home safety for infants and toddlers

## PHYSICAL EXAMINATION

(Don't forget: You can see a video clip of the pediatric examination at:

<http://www.yalepediatrics.org/education/medstudentedu.html>)

The emphasis is on skills specific to Pediatric patients (please refer to general pediatric text for full description of the pediatric physical examination)

Be able to conduct a physical examination keeping in mind the *nature of the visit* (complete vs. focused examination) and the *age* of the patient.

### *Appearance:*

Be able to interpret the general appearance of the child, including size, morphologic features, behaviors and interactions of the child with the family and with the examiner.

Learn to identify signs of acute and chronic illness in the neonate, infant, toddler, school-aged child and adolescent as evidenced by skin color, respiration, hydration, mental status, cry and social interactions.

### *Vital Signs:*

Demonstrate knowledge of appropriate values based on age.

### *Growth:*

Demonstrate ability to graph and interpret height (length), weight and head circumference.

Calculate, plot, and interpret BMI.

Understand usefulness of longitudinal data in assessing growth.

### *Development:*

Accurately identify and interpret major developmental milestones of the neonate, infant, toddler, school-aged child and adolescent.

Describe the sexual maturity stages

### *HEENT:*

Observe, measure and describe head size and shape, symmetry, facial features, ear position as part of examination for dysmorphic features.

Identify sutures and fontanels in neonates and infants and interpret findings.

Identify red reflex in newborns and infants.

Assess hydration status.

### *Chest:*

Observe, measure and interpret the rate, pattern and effort of breathing.

Identify normal variations of respirations and signs of respiratory distress in a children based on age.

### *Cardiovascular:*

Identify pulses in the upper and lower extremities through palpation.

Observe and palpate precordial activity.

Describe normal rate and rhythm for age. Identify murmurs and know whether they are benign or pathologic.

Identify central vs. peripheral cyanosis in the newborn.

### *Abdomen:*

Palpate the liver, spleen and kidneys and interpret findings based on age.

Determine the need for a rectal examination and demonstrate age-appropriate techniques.

*Genitalia:*

Describe the difference in appearance of male and female genitalia at different ages and developmental stages.

Palpate the testes and identify genital abnormalities in males including undescended testicles, hypospadias, phimosis, and hydrocele.

*Extremities:*

Examine the hips of a newborn for developmental dysplasia of the hip using the Ortolani and Barlow maneuvers when appropriate.

Observe and describe the gait of children at different ages.

*Back:*

Perform and interpret a screening for scoliosis.

*Neurologic Examination:*

Elicit the primitive reflexes that are present at birth and describe how they change as the child develops.

Assess the quality and symmetry of tone, strength and reflexes using appropriate techniques.

## **VIII. COMPREHENSIVE WRITE-UPS**

### **WHAT YOU NEED TO KNOW ABOUT THE COMPREHENSIVE WRITE-UPS**

#### **Procedure**

1. During your inpatient rotation you are required to complete at least 2 comprehensive write-ups.

**2. This is important!!! You are required to complete one write-up about every 10 days. They should be submitted in a timely fashion for review. You should not submit them at the end of the 4 weeks or after. Late submission of your write-ups will be reflected in your grade.**

3. Who should review the write-ups?

Only one person needs to review each write-up.

An attending or chief resident will be responsible for reviewing your write-ups and providing feedback. Under most circumstances, the teaching attending will serve in this capacity. If the teaching attending is unable to review and comment on your write-ups then ask the ward hospitalist attending to do so. At Bridgeport, the chief resident will serve as the teaching attending and will be available to review the write-ups.

4. Documenting completion and review of the write-up.

You should hold on to your write-up after it has been reviewed. You should document on your patient log that you performed a write-up on a patient and write in the name of the attending who reviewed your write-up.

We will track that you completed your write-ups via your patient log.

## **Components of the Write-ups**

Remember to include a date and time on your write-ups

1. Chief Complaint: Generally in the patient's or parent's words. This may include some demographic information.

Example:

This is the first hospital admission for a 5-day-old white male whose parents report that he is yellow.

2. History of Present Illness:

The HPI should be a succinct telling of the story. It should proceed in chronologic order. You should tell the story up until the point that the patient reaches your care (usually when they are transferred from the ED to the floor). This should include why the patient was admitted. You should also include what was done in the ED without details of the labs. You should include pertinent negatives showing your knowledge of the differential diagnosis (note in the example below the student writes that there is no ABO incompatibility or family history of jaundice). You can also mention important components of the PMH here as they pertain to the current issue. (In an asthmatic, for example, you might say something about previous hospitalizations, PICU admissions or intubations to give the reader an idea of the severity of the asthma). Be aware that the feeding and voiding histories are often an important part of the HPI in children.

Example:

Patient is an 5-day-old boy first child in the family who was in otherwise good health, when his parents noted yesterday that he was starting to get yellow skin and the whites of his eyes were yellow. He is exclusively breastfed and his mother noted yesterday that he seemed more tired and less interested in breastfeeding. He is feeding about every 4 hours. He has had 2 stools in the past 24 hours and 2 wet diapers. His parents report that his stool is dark and sticky. He was seen this morning by his doctor for weight check. The doctor noted a weight loss of 10% as well as jaundice. He was sent to the ED for evaluation. There is no history of jaundice in the family, no ABO incompatibility. In the ED he had an elevated bilirubin and was admitted for treatment of his hyperbilirubinemia and dehydration.

3. Past Medical History

This part of the write-up should contain important information about previous hospitalizations, illnesses and surgery. In Pediatric patients you should include the prenatal, birth and neonatal history in children less than 2 years of age and also in older children where the birth history is important (such as a 3 year old child with asthma who was also born at 24 weeks gestation). In Pediatrics you should also include history of immunizations and details about the child's development and diet. It is also useful to include the name of the doctor who cares for the child in the outpatient setting and contact information for that doctor.

Example:

Prenatal: Uncomplicated.

Birth Hx: Birth weight 3900 grams at Full-term normal via vaginal delivery to a 28yo G1 P0-1Ab0LC0-1 mom with no complications at deliver. Mom A+ Baby O+. Mother Rubella immune VDRL nonreactive, GBS negative, HIV negative.

Neonatal history: Uncomplicated. Was discharged home with parents within 48 hours.

Diet: breastfeeding. See HPI

Immunizations: Infant received first hepatitis B vaccine in the nursery

Development: Appropriate for newborn. Responds to voices. Fixes without following. Sleeps for 4 hour stretches.

Allergies: no known drug allergies

Medications: Trivisol 1 ml every morning

Pediatrician: Dr. Leventhal, Pediatric Primary Care Center 688-2470

#### 4. Social History

The social history should include information about who lives with the child, who cares for the child (if in daycare for example) and if there is smoking in the home. Should include school history for older children. More extensive information in adolescent patients. (see HEADDSS evaluation from CLIPP cases). You should ask about medical insurance (that can be a big concern for some families and you may have an opportunity to assist them by having the social worker help them obtain appropriate insurance). You should think about screening for domestic violence, drug abuse and alcohol abuse in the home.

Example: Infant lives with mother and father. No one smokes in or outside the home.

#### 5. Family History

The family history should include details about heritable illnesses in family members such as diabetes and asthma. Consider drawing a pedigree. Include information about genetic diseases.

Example: There is no family history of jaundice, liver disease or hematologic diseases.

#### 6. Review of systems.

#### 7. Physical Examination

You should include the vital signs (heart rate, respiratory rate, temperature-and note if axillary or rectal, and blood pressure) and you should know what is normal for age. Always include the weight with percentiles (with height and BMI where appropriate). Head circumference should be measured in children less than 2 years of age. It may also be helpful to write down the time of the exam, especially in a patient who has a changing exam such as a patient with asthma. Please see clinical skills section for information about what you should be looking for specific to the pediatric physical examination and refer to general text. Please avoid unusual abbreviations and be as comprehensive as possible. Oxygen saturation can be included with vital signs.

Example: (from 5 day old above)

T 97.7, HR 150, RR 50, BP 76/45, Wt: 3510g (give % for age here, and including birth weight gives good reference for reader to assess weight loss)

General: Pink and vigorous in NAD

Skin: jaundice to knees, no rash

HEENT: NCAT, anterior fontanelle open soft and flat. + bilateral red reflexes. Palate intact.

CVS: S1 S2 regular rate and rhythm, no murmurs appreciated, 2+ femoral pulses, brisk capillary refill.

Resp: CTA bilaterally, good air entry, no retractions, grunting or flaring.

Abd: Soft, without HSM without masses. +Bowel sounds.

Sacrum: no tufts, dimples

Hips: normal exam. No clunks appreciated.

GU: NI circumcised penis, testes descended b/l, anus patent

Ext: Equal movement all extremities. Acrocyanosis.

Neuro: good suck, moro, grasp reflexes, good tone

#### 8. Admission labs

Record data. It is always helpful to note what is abnormal for age (giving normal parameters or light level in case of hyperbilirubinemia).

Example: total bilirubin 20.1 (light level=20) direct 0.10. CBC WBC 14.2, HCT 53 Retic count 2.1.

#### 9. Summary statement

Should be 2-3 sentence phase summarizing the issue(s) with your patient.

Example:

Well appearing 5 day old with poor feeding, weight loss and increased bilirubin admitted for treatment with phototherapy.

#### 10. Assessment and Plan, with differential diagnoses, by problem(s)

Example:

##### 1. Jaundice

Assessment: Well appearing patient with indirect hyperbilirubinemia, no evidence of jaundice and no cephalohematoma. Baby is exclusively breastfed and has lost 10% of birth weight. The differential diagnosis for indirect hyperbilirubinemia in a neonate includes physiologic hyperbilirubinemia, breast milk jaundice, breast feeding jaundice, immune-mediated hemolytic anemia (ABO/Rh disease), non-immune mediated hemolytic anemia (pyruvate kinase, spherocytosis, G6PD deficiency), infection, polycythemia. Likely diagnosis is breastfeeding jaundice (dehydration) for the following reasons:

- No ABO incompatibility (mom A+)
- Well-appearing child (infection unlikely)
- Normal DAT (immune mediated process unlikely)
- Normal reticulocyte count and hematocrit (unlikely hemolytic process or polycythemia)
- Signs of dehydration
- Timing consistent with breast feeding jaundice

Plan:

Begin triple phototherapy.

Check bilirubin levels every 8 hours to evaluate efficacy of treatment.

##### 2. Weight loss

Assessment: Decreased stool and urine output as well as weigh loss indicative of inadequate intake.

Plan:

Lactation consultation for mother to assess breastfeeding and milk production

Follow weights and stool output closely

Consider formula supplementation as needed.

## 11. Discussion

Pick one of the problems in the list and write a discussion as it pertains to your patient. The discussion should be approximately 1 page. You should include at least 2 references that you used to learn more about the problem. Although it is fine to use a SECONDARY reference (REVIEW OR EDITORIAL) such as up-to-date or a chapter from a text, please make sure to integrate your thinking and relate it to your patient. A simple review of a topic, such as jaundice in the newborn should also include your thoughts about your patient, why they have jaundice etc. **Please be careful not to copy word for word from any sources. If you want to directly quote an author, please place text in quotations and provide a reference.**

## IX. CLIPP CASES

During your 8 week rotation you are required to complete 10 CLIPP Cases (5 during the first 4 weeks and 5 during the second 4 weeks).

**To do the CLIPP CASES follow these instructions:**

Go the CLIPP Home Page at [www.CLIPPcases.org](http://www.CLIPPcases.org) . (or click on CLIPP CASES on the Pediatric Clerkship page on Blackboard) Click "Go to Cases" in the left column, and it will take you to the CLIPP Login page.

Click the "register "link, and on the User Data page, type in your name and e-mail address. Click OK. The system will send you 2 e-mails with your Login and Password. When you get them, on the Login page:

Type in your Login and Password, then click "Login." The case selection page will appear.

Please make a note of your Login and Password and use them whenever you access the cases.

One thing many users have not noticed is that once you have done a part of a case, the system will save what you have done as a "Session." Once you log in, you will come to a Case Selection page. Click the "Resume session" link below the name of the author, and the case will open where you left off. Also, there is a Clipboard button on the bottom navigation bar, which will give you a way to go back to cards in the case that you have already completed. It will not let you skip ahead!

Changing a Password: If you want to change your password, here are the directions for doing so:

On the login page, type in your Login and your current password. Then click the Edit user data checkbox right below the password field. Click Login.

A User Profile page opens, and there are two fields to type in your new password. After you do that, click OK.

***IMPORTANT NOTE: WE EXPECT YOU TO COMPLETE THE CLIPP CASES BY THE END OF THE 8-WEEK ROTATION. IF YOU DO NOT COMPLETE CLIPP CASES BY THE END OF THE 8-WEEK ROTATION, YOUR GRADE WILL BE LOWERED ONE LEVEL PRIOR TO THE RELEASE OF YOUR GRADE. IF YOU WOULD OTHERWISE HAVE GOTTEN HONORS, YOU***

WILL RECEIVE A HIGH PASS, IF YOU WOULD OTHERWISE HAVE GOTTEN A HIGH PASS, YOU WILL RECEIVE A PASS, ETC.

## **X. PATIENT LOGS**

We will email a file to you. It will also be available to at [www.yalepediatrics.org](http://www.yalepediatrics.org), click Education, then Medical Student Education. You will need to complete this list and send it back to us. At the end of each 8weeks (inpatient and outpatient) email your logs to Mrs. Sotere ([Tracy.Sotere@Yale.edu](mailto:Tracy.Sotere@Yale.edu)) and Dr. Colson ([Eve.Colson@Yale.edu](mailto:Eve.Colson@Yale.edu)) The logs should be fully completed after the 8-week rotation.

This patient log is an important part of your portfolio for Pediatrics (It will show the patients you have seen, the write-ups you have done, and clinical skills observations)

### **\*\*Very Important:**

If you believe that you will not be seeing (or completing a CLIPP case) involving one of the required types of patients please notify us as soon as possible. We do not want this to affect your ability to complete all the requirements of the rotation.

*IMPORTANT NOTE: WE EXPECT YOU TO COMPLETE YOUR PATIENT LOG BY THE END OF THE 8-WEEK ROTATION. IF YOU DO NOT COMPLETE YOUR PATIENT LOG BY THE END OF THE 8-WEEK ROTATION, YOUR GRADE WILL BE LOWERED ONE LEVEL PRIOR TO THE RELEASE OF YOUR GRADE. IF YOU WOULD OTHERWISE HAVE GOTTEN HONORS, YOU WILL RECEIVE A HIGH PASS, IF YOU WOULD OTHERWISE HAVE GOTTEN A HIGH PASS, YOU WILL RECEIVE A PASS, ETC.*

## **XI. EXAMINATION**

A comprehensive examination will be administered during the second to last week of the 8-week block. The purpose of this exercise is to provide you with an assessment of your general knowledge of Pediatrics in addition to providing us with helpful feedback regarding our curriculum and our success in achieving some of our learning objectives for the clerkship. The examination will be mandatory, but will be anonymous and WILL NOT affect your final grade.

This examination will evaluate your general knowledge of Pediatrics and will include, but will not be limited to, topics addressed in the Pediatric Clerkship Teaching Conferences. It will be administered electronically, utilizing Exam Master Online™ technology, and will consist of 50 multiple choice questions administered over a 90-minute time period. The examination will be available to you on-line for a 48 hour period. You may access it at any time during these 48 hours, but once you log-in you will only have 90 minutes to complete it and you must complete it in one session. Once you have finished, you may view the correct answers. In addition, detailed explanations are available for each question and answer to assist in your learning.

*IMPORTANT NOTE: WE EXPECT YOU TO COMPLETE THE KNOWLEDGE EXAMINATION BY THE END OF THE 8-WEEK ROTATION. IF YOU DO NOT COMPLETE THE KNOWLEDGE EXAMINATION BY THE END OF THE 8-WEEK ROTATION, YOUR GRADE WILL BE LOWERED ONE LEVEL PRIOR TO THE RELEASE OF YOUR GRADE. IF YOU WOULD*

*OTHERWISE HAVE GOTTEN HONORS, YOU WILL RECEIVE A HIGH PASS, IF YOU  
WOULD OTHERWISE HAVE GOTTEN A HIGH PASS, YOU WILL RECEIVE A PASS, ETC.*

## **XII. PORTFOLIOS**

**THE FOLLOWING ARE THE COMPONENTS OF YOUR PORTFOLIO THAT ARE REQUIRED IN ORDER TO COMPLETE THE 8-WEEK ROTATION.**

**1. 10 CLIPP CASES**

**2. PATIENT LOG COMPLETED WITH THE FOLLOWING INFORMATION:**

- A. INCLUDE INFORMATION ABOUT 2 REQUIRED WRITE-UPS DURING THE INPATIENT ROTATION REVIEWED BY ATTENDING. YOU DO NOT NEED TO HAND IN THE WRITE-UP AT THE END BUT IT MUST BE LISTED ON THE LOG. THE WRITE-UPS NEED TO BE COMPLETED BY THE BEGINNING OF THE LAST WEEK OF YOUR INPATIENT ROTATION.**
- B. LIST OF PATIENTS SEEN OR CLIPP CASES COMPLETED THAT FULFILL THAT REQUIREMENT. SEE LOG FOR DETAILS.**
- C. OBSERVATION OF CLINICAL SKILLS BY A RESIDENT OR ATTENDING. AT LEAST 3 ON INPATIENT AND AT LEAST 3 ON OUTPATIENT ROTATION.**

**3. COMPLETION OF THE EXAMINATION (ANONYMOUS, SCORE WILL NOT AFFECT GRADE UNLESS YOU DO NOT TAKE THE EXAMINATION**

*IMPORTANT NOTE: WE EXPECT YOU TO COMPLETE YOUR PATIENT LOG, THE CLIPP CASES AND THE KNOWLEDGE EXAMINATION BY THE END OF THE 8-WEEK ROTATION. IF YOU DO NOT COMPLETE YOUR ASSIGNMENTS, YOUR GRADE WILL BE LOWERED ONE LEVEL PRIOR TO THE RELEASE OF YOUR GRADE. IF YOU WOULD OTHERWISE HAVE GOTTEN HONORS, YOU WILL RECEIVE A HIGH PASS, IF YOU WOULD OTHERWISE HAVE GOTTEN A HIGH PASS, YOU WILL RECEIVE A PASS, ETC.*

### **XIII. CLINICAL ASSIGNMENTS**

#### **YALE-NEW HAVEN CHILDREN'S HOSPITAL**

The inpatient pediatric units are divided into three wards: Infant/Toddler, School Age/Adolescent and our ROR unit (respiratory, oncology, research). Each unit is completely autonomous; there is a separate resident and attending staff on each unit.

Sign-in rounds generally begin at 7:00 a.m., with team work rounds beginning at 8:30 a.m. Mondays-Fridays. Team rounds generally begin at 8:30 a.m. on weekends.

On the first day of your rotation, be sure to discuss with your attending and senior resident the work you'll do as a team member and your on-call schedule.

You will have regularly scheduled time to spend with the TEACHING ATTENDING. With the teaching attending focus on clinical skills such as patient interviews and examinations, discuss cases, review write-ups, and get feedback about your work.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7 a.m.	Sign-in: Students and Interns meet with senior resident and post-call team	Sign-in	Sign-in	Sign-in	Sign-in
7:30 a.m.	Students see their patients and begin their daily work	Student-Patient Encounters	Student-Patient Encounters	Student-Patient Encounters	Student-Patient Encounters
8:30 a.m.	Team Rounds	Team Rounds	Team Rounds	Team Rounds	Team Rounds
10:00 a.m.	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care
12N	Attending rounds: didactic or case discussion	Noon Conference	Grand Rounds (Not during summer)	Noon Conference	Attending Rounds: Didactic or Case Discussion
			Approx 1:30-4:30 (see schedule) Didactic Student Seminars (WP-1074 Conference room)	3:00 p.m. Radiology Session – Dr. Cindy Miller – Peds Radiology Reading Room	
Afternoon-sign out	Patient Care; End of day duties, rounds	Patient Care; End of day duties, rounds		Patient Care; End of day duties, rounds	Patient Care; End of day duties, rounds
5:00 p.m.				Discharge Conference HH	

H Pediatric Library 784 WP

HH Old Trask Room, 3108 LMP

#### **WARD ATTENDING SCHEDULE**

##### **Infant/Toddler**

Hostetter (12/11-1/7)

Kahn (1/8-2/4)

Leventhal (2/5-3/4)

##### **SchoolAge/Adolescent**

Vaezy (12/11-1/7)

Ryan (1/8-2/4)

Caprio (2/5-3/4)

#### **CONTACT INFORMATION for Teaching Attending (TA):**

**Dr. Carol Weitzman (1/5-1/30) – [carol.weitzman@yale.edu](mailto:carol.weitzman@yale.edu)**

**Dr. Warren Andiman (2/2-2/27) – [warren.andiman@yale.edu](mailto:warren.andiman@yale.edu)**

**Dr. Karen Santucci – [karen.santucci@yale.edu](mailto:karen.santucci@yale.edu), Dr. Kevin Ching – [kevin.ching@yale.edu](mailto:kevin.ching@yale.edu)**

**Dr. Cindy Miller- [cindy.miller@yale.edu](mailto:cindy.miller@yale.edu)**

## **PEDIATRIC ROTATION AT BRIDGEPORT HOSPITAL**

**Bridgeport Hospital has a pediatric in-patient unit, pediatric intensive care unit, well-baby nursery, neonatal intensive care unit (NBICU) and ambulatory clinics.**

Orientation: On the first day of each 4-week rotation, report to Dr. Beth Natt's office (Richardson 6: telephone 203-330-7485) at 8:30 a.m. for orientation. Park in the main lot in front of the hospital (on Grant Street) and ask visitor assistance personnel in the lobby for directions to the office.

**Structure: The typical 4-week rotation consists of 2 weeks on the general pediatric in-patient service and 2 weeks in the newborn intensive care unit and well-baby nursery. The opportunity to work in NBICU is unique to the Bridgeport Hospital pediatric rotation and includes close working relations with three outstanding neonatologists.**

Responsibilities: The medical student is an integral member of the various services and is afforded the opportunity to follow and help to manage patients under the supervision and direction of senior residents and attendings. A concerted effort is made to provide the students with regular feedback about their clinical work in pediatrics and a summative evaluation is provided at the conclusion of each two-week block.

Pediatric Inpatient: Students may have the initial contact with the patient and family. The students perform histories and physical examinations on select new patients admitted to the units and discuss these cases with their residents and attendings. The student should write orders and daily progress notes on their patients as well as present them during rounds. Orders and notes should be countersigned. Questions from the patients or families regarding diagnosis, treatment and prognosis should be referred to the resident or attending physician. Simple invasive procedures may be done under the direct supervision of a resident or attending. Students should plan to stay "on call" to 10-11 p.m. every fourth night including weekends. Students are expected to give a 15-20 minute presentation to the inpatient team at the end of their rotation, either on one of their patients' problems or on a topic of their own choosing that relates to general inpatient pediatrics.

One unique aspect of the inpatient unit at Bridgeport Hospital is our philosophy of Family Centered Care. Instead of discussing patients in a conference room with only physicians present, each patient is presented at the bedside with the entire care team, including family, nursing, case management, child life, and physicians. The presentations follow a traditional "SOAP" format, but are done in layman's terms so that all members of the care team can participate.

NBICU: During the 2-week rotation in the BH NBICU, the medical student is an integral part of the NBICU team. The team consists of a neonatology attending, a second year resident, and a PGY-1 or nurse practitioner (or physician assistant). The medical student provides care for 1-3 patients per day. The medical students attend high risk deliveries with the neonatology attending and learn about neonatal resuscitation. Teaching rounds are held 3-4 days per week, either during work rounds or at a later time during the day. Students are expected to give a 15-20 minute presentation to the NBICU team at the end of their rotation, either on one of their patients' problems or on a topic of their own choosing that relates to neonatology.

**Lectures:** There is a lecture series specifically for students on several afternoons during the rotation covering general and subspecialty pediatric topics.

### Attending Staff

Adolescent Medicine	Dr. Joanna Zolkowski-Wynne (ext. 3064)
Cardiology	Dr. Kieve Berkwits (Ext. 3783), Dr. Christa Miliarexis (Ext. 3783)
Developmental Pediatrics	Dr. Barbara Weber-Chess (Ext. 2845, Tuesday and Friday only)
General Pediatrics	Dr. Michael Smith (Ext. 3495), Dr. Allyson Driggers (Ext. 3064)
Pediatric Pulmonology	Dr. Jay Hen (Ext. 3711)
Neonatology	Dr. Robert Herzlinger, Dr. Cheryl Menzies, Dr. Harris Jacobs, Dr. Christine Butler (Ext. 3486)
Nephrology	Dr. Thomas Kennedy (Ext. 3712), Dr. Bruce McDonald (Ext. 3717)
Pediatric Hospitalist	Dr. Mary Lou Gaeta (Ext. 3520), Dr. Beth Natt (Ext. 7485)

### Pediatric In Patient Services Schedule at Bridgeport Hospital

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Pre-Rounds	Pre-Rounds	Sign-in Rounds	Pre-Rounds	Pre-Rounds
7:15	Morning Report	Morning Report	New Admissions	Morning Report	Morning Report
8:00 to 9:00	Sign-in Rounds: New Admissions Power Hour	Sign-in Rounds: New Admissions Power Hour	8:30 Grand Rounds Hollander Auditorium	Sign-in Rounds: New Admissions Power Hour	Sign-in Rounds: New Admissions Power Hour
9:00 to ???	Family Centered Rounds at patient bedside	Family Centered Rounds at patient bedside	9:30 Family Centered Rounds at patient bedside	Family Centered Rounds at patient bedside	Family Centered Rounds at patient bedside
11:30	Radiology Rounds Pedi X-Ray Board	Radiology Rounds Pedi X- Ray Board	Radiology Rounds Pedi X-Ray Board	Radiology Rounds Pedi X-Ray Board	Radiology Rounds Pedi X-Ray Board
12:00	Pediatric Noon Conference	Pediatric Noon Conference	<b>YALE TEACHING CONFERENCE</b>	Pediatric Noon Conference	Pediatric Noon Conference
4:30	Sign-out Rounds, East Tower 6	Sign-out Rounds, East Tower 6		Sign-out Rounds, East Tower 6	Sign-out Rounds, East Tower 6

**Newborn ICU Service Schedule at Bridgeport Hospital**

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7:30	Pre-Rounds	Pre-Rounds	Sign-in Rounds  Grand Rounds Hollander Aud.	Pre-Rounds	Pre-Rounds
8:00	Sign-in Rounds	Sign-in Rounds		Sign-in Rounds	Sign-in Rounds
8:30					
9:00	Attending/Work Rounds	Attending/Work Rounds	Attending/Work rounds	Attending/Work Rounds	Attending/Work Rounds
9:30					
11:30	Radiology Rounds	Radiology Rounds	Radiology Rounds	Radiology Rounds	Radiology Rounds
12:00	Pediatric Noon Conference	Pediatric Noon Conference	<b>YALE TEACHING CONFERENCE</b>	Pediatric Noon Conference	Pediatric Noon Conference
4:30	Sign-out Rounds	Sign-out Rounds		Sign-out Rounds	Sign-out Rounds

**Ground Rounds**

Pediatric Grand Rounds – held every Wednesday from 8:30 a.m. – 9:30 a.m. in the Hollander Auditorium (Podium 4).

**Miscellaneous**

Scrubs are provided to students and must be returned at the end of the rotation.

Parking is free in the main garage in front of the hospital.

Meals are not provided as a benefit though snacks are available for the on-call team. Students are not expected to stay overnight due to a shortage of on-call rooms.

**Well Newborn Nursery/Hill Health Center (WNN/HHC)**

WNN (Well Newborn Nursery): You are expected to come to morning conference at 7:30 in FMB37 (except for the days Mock Codes are scheduled, in which case you should report for the Mock Code in the ED). After conference come look for the resident and attending in the nursery on the 11<sup>th</sup> floor of the West Pavilion.

Hill Health Center: You should arrive at about 1pm. Hill Health Center is located at 428 Columbus Avenue. 503-3030. Although it within walking distance, we recommend that you either drive or take the shuttle bus.

Time	Mon	Tue	Wed	Thurs	Friday
7:30	PCC conference	PCC conference	PCC conference	PCC conference	PCC conference
8:30	Well Newborn Nursery	Well Newborn Nursery	Well Newborn Nursery	Well Newborn Nursery	Well Newborn Nursery
12 noon		Noon conference	Grand Rounds (not in summer)	Noon Conference	
1:00	Hill Health Center Dr. Williams	Hill Health Center	Required Student conferences (see schedule for time)	Hill Health Center Dr. Windom	Hill Health Center Dr. Updegrave
5:00				Discharge Conference	

**Pediatric Primary Care Center (2-Week Rotation)**

**The Primary Care Center (PCC) is located at 789 Howard Avenue. Please read the next 2 pages for an important orientation to the PCC.**

**Please note: On the 2<sup>nd</sup> Thursday morning (week #2) you not be going to PCC but will be meeting Dr. LaCamara.**

Meet Dr. LaCamera at 9am inside the Pediatric Emergency Department entrance. He will drive you to various sites in the New Haven area to observe and interact with community based programs (eg Birth-to-Three, Head Start, Special Ed., vocational) for children and adults with disabilities. He will get you back to the medical center in time for noon conference.

Time	Mon	Tue	Wed	Thurs	Friday
7:30	PCC conference	PCC conference	PCC conference	PCC conference	PCC conference
8:30	PCC	PCC	PCC	Wk 1 PCC Wk 2 Dr. LaCamara	PCC
12 noon		Noon conference	Grand Rounds (not in summer)	Noon Conference	
1:00	PCC	PCC	Required Student conferences (see schedule for time)	PCC	PCC
5:00				Discharge Conference	

## **PEDIATRIC PRIVATE PRACTICE OFFICES**

**PLEASE CONTACT THE OFFICE FOR DIRECTIONS AND OFFICE HOURS.**

<b>PRACTICE</b>	<b>PEDIATRICIANS</b>	<b>TELEPHONE</b>
Branford Pediatric & Allergy 784 East Main Street Branford, CT 06405	Patrick Alvino, Martin Gad, Ferrin Holmes, Christine Kennedy, Sherlet Kurian, Pamela Murtagh, Erin Rice, Margaret Sanyal, Gary Wanerka	203-483-2095 / 481-7008
Guilford Pediatrics 152 Broad Street Guilford, CT 06437	Frederic Anderson, Nancy Czarkowski, Ann Hoefler, Robert Nolfo, Jonathan Stein	203-453-5235
Hamden Pediatrics 9 Washington Avenue Hamden, CT 06518	Katherine Cambi, Christopher Canny, Gordon Streeter, Lisa Visscher	203-287-0552
Long Wharf Pediatrics & Adolescent Medicine 150 Sargent Drive, Suite 6 New Haven, CT 06511	Dennis, Durante, Kathleen Fearn, Richard Halperin, Lucille Semeraro	203-781-4321
North Branford Pediatrics 999 Foxon Rd North Branford, CT 06471	Alanna Coughlin, Jonathan Harwin, Ann Maley, Alan Meyers, Dawn Torres, Linda Wladman, Richard Whelan	(203) 484-7334
Pediatric & Adolescent Medicine P.C. 240 Indian River Road, Suite B-1 Orange, CT 06477-3560	Andrew Carlson, James Morgan, Marie Robert, Elizabeth Wiesner, Joseph Zelson	(203) 795-6025
Pediatric & Adolescent Medicine 1062 Barnes Rd. Wallingford, CT 06492	Luis Alonso, Sarah Baum, Mary-Helene Pouliot, Kerline Vassell **Nursery rounds at Midstate Medical Tu-Fri with practitioner on call. Meet practitioner in FamilyCenter /Maternity at hospital.	(203) 294-6328
Pediatric and Adolescent Medicine of Cheshire 677 South Main St. Cheshire, CT 06410	Jeanette Chinchilla-Karolicki	(203) 272-2382
Pediatric Associates of Branford Thimble Creek Office Condominiums 420 E. Main St., # 2-6 Branford, CT 06405	Robert Dorr, Sharon Kuhn, Raymond Seligson	(203) 488-8345
Pediatric Associates of Cheshire, P.C 420 South Main Street Cheshire, CT 06410	Louis DiMauro, Elizabeth Herz, Karalyn Kinsella, James O'Connor	(203) 272-0396
Pediatric & Medical Assoc. 200 Orchard Street, #108 New Haven, CT 06511	Ronald Angoff, Nancy Brown, Carol Dorfman, Gregory Germain, Paul Goldstein, Dyan Griffin	203-865-3737
Pediatric Medicine of Wallingford 850 North Main Street Ext, Bldg 2 Wallingford, CT 06492	Allison Beitel, Steve Frank, Jeffrey Jennings, Kathy Pae, Ellen Wolfson	(203) 265-9890
Staywell Pediatrics 365 Elm St. West Haven, CT 06516	Thomas Etkin, Simone Simon	(203) 932-3227
Shoreline Pediatrics 1110 Durham Road Madison, CT 06443	Bruce Freeman, Edward Gleich, Karen Goldberg, Eileen Lawrence, Lisa Pavlovic, Erin Springhorn	(203) 421-3600 - Arlene
Whitney Pediatrics 2200 Whitney Ave.	Robert Anderson, Marguerite Dillaway, Liesel Gould, Edwin Lomotin, Cynthia Mann	(203) 287-5400

Hamden, CT 06517

## OUTPATIENT SUBSPECIALTY ROTATIONS@ YALE

**Cardiology** 860-588-0443 - You can page the pediatric cardiology fellow on the Monday you start your rotation. If you would like to make contact with the fellow ahead of time, you can call Mary Fiasconaro (785-2337), and she can give you the name of the fellow who will be on service that day and their e-mail address.

**Child Advocacy** – You should email Dr. John Leventhal ([john.leventhal@yale.edu](mailto:john.leventhal@yale.edu)) the week before you start your rotation to make a plan of where and when to meet on Monday, the first day of your rotation. His beeper is 860-260-4575 in case you need to reach him the morning you start your rotation. You can also contact Dr. Andrea Asnes ([andrea.asnes@yale.edu](mailto:andrea.asnes@yale.edu)) who you will be rotating with if you have any questions (Beeper - 270-2482).

**Endocrinology** The day before you start your rotation, please call to confirm that they will be starting on Monday at 2 Church St. South, Suite 511 (Pedi Endo Clinic). Please call 764-6653 to confirm that there will be a clinic on that day. Kelly Byron 785-4279 is backup phone number to call. Another option is to call the answering service (764-9199 & press 1) and have the fellow on call paged and they will be able to help the student to confirm where to begin on Monday.

### General Endocrine Clinics

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>	Dr. Scott Rivkees (2 <sup>nd</sup> Monday)  Rachel Goldberg-Gell, APRN Obesity Clinic  PCOS Clinic (once a month on the 1 <sup>st</sup> Monday)	Dr. Stuart Weinzimer  Dr. Tania Burgert (2 <sup>nd</sup> Tuesday of month-Obesity; 3 <sup>rd</sup> Tuesday of month- Endo) Kerry Stephenson, APRN	Dr. Sonia Caprio Obesity Clinic	Kerry Stephenson, APRN Dr. Susan Boulware	Dr. Tania Burgert Type 2 Diabetes every other Friday  Dr. Sonia Caprio Obesity Every other Friday  Dr. Scott Rivkees (Thyroid Clinic on 2 <sup>nd</sup> floor of hospital on the 2 <sup>nd</sup> and 4 <sup>th</sup> Friday of month)  Dr. Thomas Carpenter – Bone Clinic (once a month in the Yale Physician's Building on Howard Ave).
<b>Afternoon</b>	Dr. Myron Genel Rachel Goldberg-Gell, APRN Obesity Clinic	Dr. Thomas Carpenter Dr. Eda Cengiz	Dr. Susan Boulware Rachel Goldberg-Gell, APRN Obesity Clinic	Dr. Susan Boulware	Dr. Catherine Dinauer (Thyroid Clinic on 2 <sup>nd</sup> floor of hospital)

Unless otherwise noted clinics are on the 5<sup>th</sup> floor of the Doctor's Building 2 Church Street South in Suite 511. The phone number to the secretary is 764-6653 (Kate).

**Endocrinology** (continued)**Type 1 Diabetes Clinic**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>	New patients	Follow up	Follow up	New patients	
<b>Afternoon</b>	Follow up	Follow up	Follow up	Urgent Follow up	

Type 1 Clinic is located on the 4<sup>th</sup> floor of the Doctor's Building 2 Church Street South in Suite 404. The phone number to the secretary is 785-5192 (Karen).

**Conferences**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>			12-1p.m. Pediatric Grand Rounds	8:30-9:30a.m. Fellow's Conference.  11:30-1:00p.m. Diabetes Team Meeting	7:30a.m.- 8:30a.m. Thyroid Conference

**GI/Hepatology**

*Dr. Dinesh Pashankar* - Fitkin 408 - 785-4649

**Hematology-Oncology 785-4640**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8:15	Round with inpatient team, 7West				
8:30-12:00 Ped Spec Clinic	Dr. F Pashankar Hem/Onc	Dr. J van Hoff Hem/Onc Dr. Beardsley Coag 1 <sup>st</sup> &3 <sup>rd</sup> Tues Dr. Kadan HEROs	Dr. B Sleight Hem/Onc/BMT	Dr. D Beardsley Onc	Dr. F Pashankar Sickle Cell  1 <sup>st</sup> &3 <sup>rd</sup> Fri Dr. J van Hoff Neuro-Onc Cl
9:30-10:00	Case Review with ROaR (7W)				
12:00-1:00	Attending Rounds with ROaR team (1 <sup>st</sup> M of month)	Noon Conf Pearson	GRAND RNDS Fitkin Amph	Noon Conf Pearson	
1:00				Fellows' Conf LMP 2075	
2:00	In-pt Rounds	In-pt Rounds	1:30 Student Tchg Conf, 1074 – WP	In-pt Rounds	In-pt Rounds
				1 <sup>st</sup> and 3 <sup>rd</sup> Thurs COG Research Meeting Surg Path Conf Rm	
4:00				Tumor Board Surg Path Conf Rm	**Section Conference, LMP 2075
5:00				Discharge Conf. Old Trask Rm 3108 LMP	

\*Clinic begins with pre-clinic conference at 8:30, Conference Room 2, Pedi Specialty Clinic

\*\*Students are expected to prepare a 10 minute talk for the section conference on the last Friday of their rotation.

**Genetics**

Contact Attending: Dr. Margretta Seashore

Administrative Assistant: Irene

Contact Numbers

Office: 785-4938

Clinic: 785-2660

Please call prior to beginning your rotations for information about where to meet the Attending/Fellow. They will provide you with a schedule.

**Infectious Disease**

Karen Lavery – LSOG 420 – 785-4758

***Nephrology 785-4643***

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30*	Rnds-meet 3086 LMP	Rounds	Clinic	Rounds	Rnds with I.M.
	Consults	Rounds & Clinic case review		Clinic Follow- up	Renal Tchg session/ Student talk- 2ndwk
12:00		Noon Conf Pearson	GRAND Rnds Fitkin Amph	Noon Conf Pearson	JournalClub DidacticTch
2:00	reading period/prepare topic for presentation		Student Teaching Conference	reading period/prepare topic for presentation	

On the first day of the rotation, you should meet at the Pediatric Renal office LMP 3086 at 7:30 am. If you are involved in orientation then call the office at the end of the orientation for instructions. If possible, call the office on the Friday before you start for instructions for meeting the team. If all else fails you can page the pediatric nephrology fellow for instructions about where to start.

***Pulmonology - 785-2480 Meet at 9a in PRCU (7<sup>th</sup> floor) If later page fellow 370-4536***

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00	PRCU Rounds	PRCU Rounds	PRCU Rounds	PRCU Rounds/Conf erence	PRCU Rounds
11:00					
12:00	Multidisci plinary rounds (Attending rounds once a month)	Clinic (conference 12:30)	GRAND Rnds Fitkin Amph	Research conference	Seminar (12-2)
1:00	Clinic 2 <sup>nd</sup> floor West pavilion	Clinic 2 <sup>nd</sup> floor West pavilion	1:30 Student Teaching	Clinic 2 <sup>nd</sup> floor West pavilion	
3:00			Conference		
4:00					
5:00				Discharge Conf. 3108 LMP	

During two of the clinic sessions- students will go to the PFT lab.



## WELCOME TO PEDIATRICS AT SAINT RAPHAEL'S

### Orientation for Yale Medical Students

#### About Who We Are...

The Hospital of Saint Raphael is sponsored by the Sisters of Saint Elizabeth to provide care for the sick and the poor. Saint Raphael's is a community teaching hospital of 400 inpatient bed and a leader in cardiovascular, cancer care, and diagnostic imaging. We are committed to medical education and will do our best to make your rotation successful.

#### Where to Park

Park in the Orchard Street garage, located at the corner of Chapel and Orchard streets. Linda (our Department Secretary) will give you a key card.

#### First Day of Rotation

9:00 am

1:00 pm

Meet with Linda Iacovo, Department Secretary, for parking card, I.D. card, and computer access code

View videotapes on "Caring for your Baby" and "How to Give a Shot"

**Location:** Private 418 – Take the "C" elevators from the Lobby to the 4<sup>th</sup> floor, go around the corner to your left and walk to the very end of the hallway, Linda's office is on the right.

Linda will then bring you down to the Pediatric Primary Care Center to meet the attendings, residents, and staff.

#### If you have questions...

Please call or page:

- Dr. Rick Young (Page 187-0608)
- Dr. Maryellen Flaherty-Hewitt (Page 187-2038)
- Dr. Elizabeth Bailey (Page 187-1240)
- Department secretary, Linda Iacovo, Ext 3499.

#### LOCKER

Please keep any cash / credit cards / valuables in your locker. Joanne Germe, LPN, in the Primary Care Center, will show you your locker and combination.

**WEEKLY SCHEDULE**

	MON	TUE	WED	THU	FRI
7:15 AM					Nursery Rounds
7:45 AM	Nursery Rounds	Nursery Rounds	Nursery Rounds	Nursery Rounds	
8:00 AM					HSR GR
8:30 AM	AM Conf	AM Conf	AM Conf	AM Conf	
9:00 AM	PCC	PCC	PCC	PCC	PCC
12:00 PM	Res/Student Noon Conf PCC	Noon Conf PCC	Yale GR	Noon Conf PCC	Noon Conf PCC
1:00 PM	PCC	PCC	Med Student	PCC	PCC
			Conferences		
			Yale		
4:30 PM	Student Conf w/ Dr. Young	Student Conf w/ Dr. Young		Student Conf w/ Dr. Young	

Please attend the following conferences:

- Student conferences at Yale on Wednesday afternoon
- Saint Raphael Grand Rounds on Friday mornings.
- Student Conferences at 4:30 pm (Monday, Tuesday, and Thursday with Dr.Young)
- Noon conference at PCC
- Newborn Conference at 8:30 am PCC

**Physician Assistant Students**

There is usually one Physician Assistant student from Quinnipiac University assigned to the Pediatrics Service at the Hospital of Saint Raphael.

**Student Presentation**

During your rotation, please prepare a conference on a topic related to pediatrics. Topics in the past have included:

- Medical care and the Native American
- Mitochondrial encephalopathy and Stroke
- Epidemiology of febrile seizures
- Autism: new facts
- Medical Jeopardy

Ideally, this should be done on Powerpoint. Please speak with Linda Iacovo and Dr. Young or Bailey about the date of your presentation.

## Outreach

During your rotation, please take the opportunity to work with our PA's and Nurse Practitioners at:

- Children's Center
- Juvenile Detention Center
- University of New Haven

## Primary Care Center

More than 12,000 outpatient visits are seen every year at Saint Raphael's, or, approximately 50 / day. To see this large number of children, the Primary Care Center is open from 9am to 5pm, M-F, and on Saturday morning. You play an important role in providing care to thousands of children in our community. *Please be certain to present every case to the Pediatric Attending. The Pediatric Attending provides continuity for the patients, so that they will see a familiar face when they come to the Primary Care Center.*

## Hours of Operation

- Monday through Friday, 9 am to 5 pm
- Saturdays, 10 am to 12 pm

Be CERTAIN to emphasize to our patients that we are open 6 days per week. Give each parent a telephone card emphasizing the telephone number and our on call service.

## Green Billing Sheets

Be certain to fill out a green billing sheet on every patient. This is CRITICAL to our reimbursement. Please ask an attending to explain the process to you.

## Yellow Immunization Record

Be certain to fill out the Yellow Immunization Record. **Check and Double check it for accuracy.** If the child does not have immunization data, note that it has been requested on the yellow immunization record. This information is vital to our reaccreditation.

**Yellow Problem List:** Be certain to keep the Problem List current.

## Procedures to be mastered on your Pediatric Rotation

- Administer a PPD test
- Use the tympanometer
- Perform a Rapid Strep test
- Administer an immunization SC or IM
- Administration of nebulized medication
- Use of MDI / Peak Flow Meter



**Guidelines for Health Supervision**

Age	Immunization	Test	Development	Guidance
Birth	Hepatitis #1	PKU 1	Grasp, Moro, Suck	Car Seats; Crying; Fever; Sleep on Back
2 Weeks			Lifts head	
2 Months	Pediarix #1 HIB #1 PCV #1		Smiles, Follows past midline; Coos	Danger of Hot Liquids
4 Months	Pediarix #2 HIB #2 PCV #2		Reaches; Bears weight	Solid Food
6 Months	Pediarix #3 PCV #3		Sits alone; Feeds self cracker	Danger of infant "walkers"
9 Months			Transfers objects hand to hand	Poisons; Ipecac; Outlets; Choking; Grapes, Nuts
12 Months	Varicella MMR#1	Lead; CBC, PPD Verbal Screen	Stands alone; Walks; Single words; Drinks from cup.	Electrical outlets; Bath safety
15 Months	HIB #3 DaPT #4 Polio #3		Stoops and recovers	Plastic Bags; Time out; Tantrums
18 Months			Clothes on / off; 5 words; Drinks from cup; Points out body parts.	
2 Years		Lead; CBC, PPD Verbal Screen	2 word sentences; Kicks ball; Draws simple line	
2 1/2 Years				Enroll Head Start
3 Years		PPD Screen, Lead, CBC	Talks constantly; copies circle	Toilet Training
4 Years			Knows colors	
5 Years	MMR#2 DaPT #5 Polio #4	Hgb	Hops on 1 foot; Counts 5 objects	School readiness
6 - 10 Years			Reads; Counts Money	School performance, Diet; Bed Wetting
11 Years	MMR #2(catch up) Meningitis vaccine		Multiplication and Division	Menstruation; Puberty
15 Years	dT or TdapBooster			Sex; Alcohol; Tobacco
16 - 18 Years	Hepatitis 1-3 (if not at given at birth)			Careers; College

1/9/2009

Pediarix = Dtap, IPV, Hep B

## **Children's Health Center - St. Mary's Hospital, Waterbury 709-7087**

On your first day, report to Nancy Wehry (709-7087) in the Children's & Family Health Center, 95 Scovill Street, Croft Commons, Pavilion B 3<sup>rd</sup> Flr, Waterbury, CT 06706. You should arrive at 10 am on the first day (unless it is the very first day of the rotation and then you should go for the afternoon). Students will continue to park in St. Mary's Parking garage located on Cole Street. The health center is located across the street. There is a gated parking lot in front of the building. The parking fee remains \$10.00, which is reimbursed to the student when they return their badge on the last day of their rotation. Please bring \$10 for deposit for your ID and free parking pass.

When you begin your rotation, please discuss the plan for Wednesdays. Since you are expected to be back at Yale on Wednesday afternoons, it may be possible to stay late one evening as a substitute for Wednesday morning activities. This should be discussed with the preceptors on an individual basis.

### **Clinical activities:**

The clinical services at the CHC include:

- 1) Float Area: Operating from 9am until 6:30pm, Monday through Friday, the CHC serves as the immediate care unit for all children with the exception of those with trauma requiring surgical attention.
- 2) Appointment Clinic: From 9:30am to 5:00pm, Monday through Friday, this service offers routine well-child care, as well as attention to many chronic problems.
- 3) Subspecialty clinics in gastroenterology, allergy/immunology, cardiology, endocrinology, pulmonology, neurology, and urology are also held in the CHC.

### **The Student Schedule:**

When you are assigned to the CHC, you should start your day by attending the 8:00am pediatric educational conference, held every Wednesday and fourth Friday (except July and August). Please also plan on attending Pediatric Grand Rounds held the second Tuesday of every month (except July and August) in the GO2 A&B Conference Room. A schedule of the conferences is usually available ahead of time.

At 9:00am after morning conference, and again in the afternoon, you will be assigned patients to see in the CHC. Generally, your day in clinic will end by 5pm.

On Wednesdays during the summer, you will need to leave the CHC in time to arrive at Yale for the teaching conferences that are held every Wednesday afternoon, beginning at 1:30pm. If you are at the CHC in September -June, you will need to leave early enough on Wednesdays to arrive at Yale in time for Pediatric Grand Rounds that begin at noon (to be followed by the teaching conferences).

### **The Student's Role in the CHC**

As a medical student, you are mainly to learn about pediatrics, rather than provide service. Therefore, you should focus your efforts on gaining as much knowledge and experience as you can. Of course, as the primary mode of learning during this rotation is through patient care, you will also be providing a real service to the children and families you see. Please keep a log of all the patients you see during your rotation. It is a good idea to organize your reading and study around the problems and clinical issues you encounter during your rotation. The log will also serve as a record of your clinical experience. Follow-up care: if you see a patient who needs some type of follow-up, you should make arrangements to

1/9/2009

have the patient come back when you are available to see him/her. If follow-up will be by phone, you must make arrangements to contact the parent with the results. Before the rotation is completed, each student may be asked to prepare a short presentation about a pediatric topic of his/her choice. A time and place for these discussions will be arranged (see Dr. Shea for details).

### **Clinical Setting**

At all times, you will be precepted by one of the faculty members. Orders, prescriptions and chart notes must be countersigned by the attending. However, you will have "first contact" with most of the patients you see. For each day of the month, there is a schedule for all staff, including the faculty preceptors. This schedule is on the bulletin board in the "old charting room." The day is divided into morning and afternoon sessions.

Before you enter the examination room, you should review the patient's chart to learn why they came for the visit. The intake nurse always writes a brief statement of the reason for the visit, along with the "vital signs". You should also review the patient's Problem List (see below) and the notes of the last few visits to familiarize yourself with the child's prior medical history.

It is important to introduce yourself by name, and to state that you are a medical student working with "Dr. ...." (the attending). You should inform the parent that the preceptor will be in to see them after you have finished taking the history and examining the patient. Our patients know that this is a teaching program, so it is extremely rare for parents to object to being seen by a student. However, be careful not to give a diagnosis or recommend a plan of treatment before being precepted. It is always better to defer this to the attending. Following your examination, gather your facts, observations and thoughts and present the case to the preceptor. In most instances, the preceptor will go with you to see the patient and review the physical findings. You will be responsible for writing any prescriptions, discussing the treatment plan with the parents and completing the parent instruction sheets. You will also write the chart note for the visit.

### **Writing Notes**

A) Acute Visit Notes: The ambulatory clinic is primarily oriented toward the care of acute medical conditions. Therefore, notes should be Problem Oriented in a SOAP format. The key is to focus on the important and salient information. Generally speaking, these should take no more than one side of a page (unless the problem is truly worthy of greater information).

B) Well-Child Care Notes: For children up to the age of 5 years, a series of Well-Child Care Forms has been created to guide practitioners and to assist in documentation. Please refer to the Guide to the Use of the CHC Well-Child Care Forms.

To write well-child care notes for children who are older than 5 years old, please consult the American Academy of Pediatrics "Guidelines for Health Supervision II," which is available in the CHC.

### **Forms and Paper Work**

#### 1) The Medical Record

The CHC medical record is divided into 8 sections:

a) the Problem List - located on the front inside cover. When used properly it provides a "table of contents" for the chart. Only clinically significant problems should be recorded here, otherwise it becomes too cluttered and loses its value. For example, all chronic problems (such as asthma, epilepsy, diabetes, etc.) should be noted, but occasional, episodic illness (such as URI, diarrhea, etc.) should not be entered. The exception occurs when the episodic problem becomes clinically significant. For example, when the child has had the problem multiple times over a short interval the problem should be noted as "recurrent ...". Obviously, this requires some judgment, and you should discuss any questions with the preceptor.

b) the Face Sheet - this is a computer generated sheet which appears on the top right side of the chart when it is first opened. Although containing mostly billing information, there are several important pieces of information. The patient's name, age, address, phone number and type of insurance are all

important facts which may play a role in the type of care the child receives and in plans for follow-up. For example, patients covered by MEDICAID are only entitled to receive certain medications allowed by the program. Prescriptions for non-formulary drugs must be paid "out-of-pocket". Similarly, if the plan is to wait for lab results before starting treatment, one should check to make sure there is a phone number to contact the parent. If the parents do not have a number, then try to get a neighbor's or relative's phone number.

c) Physician's Orders - each order should appear on a separate line and be countersigned by an attending. For example, if you want a CBC, electrolytes, blood culture and urinalysis - they should be written as follows:

CBC  
electrolytes  
blood culture  
urinalysis

d) Data Base - all recent charts (within the past 3-4 years) should contain growth charts appropriate for age and sex of the child, and a Uniform Data Base form (see the "Guide to the Use of the Well-Child Care Forms" for further details about completing this form).

e) Well-Child Care Forms - this is a series of forms designed to ensure that all children coming for routine well-child care receive a comprehensive and complete visit. The forms serve both as a guide to the practitioner and an easy to complete documentation of the information. Please see the manual for further details about these forms.

f) Sequential Progress Notes - every time a patient comes to the PAC, a dated entry is made in the progress notes section, even if the note for the visit is contained in the Well-Child Care forms, or in a consultation note. This section is primarily used for Walk-In visit notes and for documenting the well-child visits of older children.

g) Results Section - all laboratory results are filed sequentially, by type of examination, with the most recent toward the front of the chart.

h) Miscellaneous - other chart information, not fitting into one of the above categories, is filed in this last section.

### **Patient Pass**

The Patient Pass is used to record important summary data about each patient's visit. For example, the name of the student and/or resident, as well as the faculty member, who saw the patient; all of the relevant diagnoses; the clinic; the type of visit; and procedures performed by the physician. Diagnosis: the most common diagnoses are listed along with their ICD-9 codes for billing. All diagnoses should be recorded if they were "active" (e.g., if the patient who comes with a headache also has sickle cell disease, both should be noted - even if the sickle cell is not currently active - since it must be considered in the differential diagnosis and/or work-up of the headache problem). If the patient's problem cannot be found on the printed list, you may write it in the space provided. However, please keep in mind that someone must look-up the ICD-9 code for each "write in" diagnosis.

Seen By: please be sure to indicate the name of all the people who were involved in seeing the patient. For example, if two residents were called to examine the patient, indicate their names on the form. This will help in recording the resident's clinical experience.

Clinic Type: ALLC - allergy clinic; BHLC - Behavior and Learning clinic; CARD - cardiology clinic; DERM - dermatology clinic; DIAB - diabetes clinic; ENDO - endocrinology clinic; ER - patient transferred from the St. Mary's Hospital Emergency Room; FC - foster care clinic; GENC/PGAC/PGPC - refer to genetics clinic; GI - pediatric gastroenterology; NEURO - neurology clinic; PWIC - walk-in clinic; WCC - well-child care clinic.

Type of Visit: these are self explanatory.

M.D. Procedures: indicate any procedures which you (or anyone else) performed during the visit.



<p>26 SENIOR A.M. REPORT, 7:30 <b>Siegel Library</b> OUTPATIENT CONF., 7:30 FMB-037 "Skin Infections &amp; Exanthems" <b>Elijah Paintsil, MD</b> ETHICS CONFERENCE, 12:00 10<sup>th</sup> Floor Conference Rm.</p>	<p>27 SENIOR A.M. REPORT, 7:30 Siegel Library OUTPATIENT CONF., 7:30 FMB-037 "Breastfeeding" <b>Eve Colson, MD</b> FLTY SEMINAR SERIES, 8:30 Trask Room Karen Dorsey, MD NOON LECTURE, 12:00 Pearson Conf Rm "Leukemia &amp; Lymphoma" Nina Kaden-Lottick, MD</p>	<p>28 SENIOR A.M. REPORT, 7:30 Siegel Library OUTPATIENT CONF., 7:30 FMB-037 "Growth Failure Short Stature" <b>Ania Jastreboff, MD</b> GRAND ROUNDS, 12:00 Fitkin Amphitheater "TBA" Richard Kim, MD Dept of Surgery Cardiothoracic <b>Yale University</b></p>	<p>29 SENIOR A.M. REPORT, 7:30 Siegel Library OUTPATIENT CONF., 7:30 FMB-037 <b>"Managine Ex-Premies"</b> <b>Marjorie Rosenthal, MD</b> FELLOW'S CONF, 8:30 Trask Room Tiffany Otto, MD NOON LECTURE, 12:00 Pearson Conf Rm "Congenital Cystic Lung" Robert Touloukian, MD <b>DISCHARGE CONF., 5:00</b> Old Trask Room</p>	<p>30 OUTPATIENT CONF., 7:30 FMB-037 "Wound Management" <b>Melissa Langhan, MD</b> ATTENDING ROUNDS, 12:00</p>
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Prepared by Tracy Sotere on December 19, 2008. This calendar is available on-line at [www.yalepediatrics.org](http://www.yalepediatrics.org) under "Coming Events".

**\*\*Please refer to the website [www.yalepediatrics.org](http://www.yalepediatrics.org) and click on "Pediatric Calendar of Educational Events" on the right side of the page to view the current Department Calendar.**

## XV. REFERENCES

We recommend that you derive basic medical knowledge from one of the major pediatric textbooks. We encourage you to purchase or borrow a textbook especially if you feel you will continue in Pediatrics. Textbooks are also available on reserve in the medical library, in the pediatric resident library on the 7<sup>th</sup> floor and online through the medical library.

Rudolph CD, Rudolph AM, Lister G, Hestetter MK, Siegel NJ (EDS). **Rudolph's Pediatrics**, 21<sup>st</sup> Edition, McGraw-Hill Professional.

*Note that many of the faculty members in our Pediatric Department have contributed to this text.*

McMillan JA, DeAngelis CD, Feigin RD, Warshaw JB (EDS). **Oski's Pediatrics**. Lippincott Williams and Wilkins. 3<sup>rd</sup> Edition. 1999.

Behrman RE, Kliegman R, Jenson HB (EDS). **Nelson's Textbook of Pediatrics**. WB Saunders Co. 16<sup>th</sup> Edition. 2000.

Supplemental text

American Academy of Pediatrics: 2003 Red Book Report of the Committee on Infectious Diseases, 26<sup>th</sup> edition. 2003.

Commonly Referenced Pediatric Journals: *Pediatrics, Journal of Pediatrics, Archives of Pediatric and Adolescent Medicine, Pediatric Research, Pediatric Clinics of North America*

## **XVI. WEDNESDAY CONFERENCE SCHEDULE AND INFORMATION FOR SELECT LECTURES**

### **Pediatric Clerkship Teaching Conferences**

**January 5 – February 27, 2009**

**1:30 P.M. – WP-1074 Conference Room 10<sup>th</sup> Floor, West Pavilion**

**\*Orientation Conference is held in the Pearson Conference Room**

### **January**

<u>Monday</u>	5	* 9:00 History and Physical Exam *10:00 Growth and Development *11:00 Immunizations	Dr. Paul McCarthy Dr. Brian Forsyth Dr. Eugene Shapiro
<u>Wednesday</u>	7	1:30 Vomiting/Diarrhea 2:30 Rehydration	Dr. Dinesh Pashankar Dr. David Hersh
	14	1:30 Transition to Extrauterine Life 2:30 Respiratory Distress in the Newborn	Dr. Matthew Bizzarro Dr. Matthew Bizzarro
	21	1:30 Child Abuse 3:00 Nutrition/Breastfeeding or Injury Prevention	Dr. Andrea Asnes Dr. Ada Fenick
	28	2:00 Cyanotic Congenital Heart Disease 3:00 Palliative Care Session	Dr. Irfan Warsy Dr. Robert Brown, Carolyn Demsky

### **February**

<u>Wednesday</u>	4	1:30 Normal Development and Developmental Delay 2:30 Clerkship Overview	Dr. James McGrath Dr. Eve Colson
	11	1:30 Asthma 2:30 Cystic Fibrosis	Dr. Pnina Weiss Dr. Pnina Weiss
	18	1:30 Infectious Disease 2:30 Infectious Disease 3:30 Infectious Disease	Marietta Vazquez Jeffrey Kahn Robert Baltimore
	25	1:30 Solid Tumors 2:30 Anemia 3:30 Coagulation	Dr. Gary Kupfer Dr. Farzana Pashankar Dr. Diana Beardsley

\*\*If you need to reach someone regarding the lectures (during the conference time), please contact Ann Marie Healy at 785-3898.

1/9/2009

## **XVII. SUMMARY OF REQUIREMENTS**

**IMPORTANT:** The following are required before you will receive your grade:

**Inpatient:**

- 5 or more completed CLIPP cases
- 2 Comprehensive write-ups with feedback. Don't forget that you are **required to complete one write-up about every 10 days. They should be submitted in a timely fashion for review. You should not submit them at the end of the 4 weeks. Late submission of your write-ups will be reflected in your grade**
- Observation of clinical skills (3)
- Completed patient log **to hand in at the end of the 8 weeks.**

**Outpatient:**

- 5 or more completed CLIPP cases
- Observation of clinical skills (3)
- Completed patient log **to hand in at the end of the 8 weeks.**

**Regarding your patient log:**

**Your patient logs must be complete at the end of the 8-week rotation.**

**We realize that after the 4 weeks the log may only be partly complete. This should give you an idea of the types of patients you should see and/or the CLIPP cases you should complete before the end of 8 weeks.**

**\*\* Failure to hand in your patient log and complete your portfolio within 1 week of completing the clerkship will affect your overall grade.**

**Regarding the knowledge examination:**

**The examination must be accessed and completed during the 48 hours that it is available online. It will be anonymous and will not count toward your final grade.**

**WE HIGHLY RECOMMEND THAT YOU VISIT [WWW.YALEPEDIATRICS.ORG](http://WWW.YALEPEDIATRICS.ORG). CLICK ON EDUCATION AND THEN MEDICAL STUDENT EDUCATION.**

**THERE YOU WILL FIND A NUMBER OF LINKS INCLUDING LINKS TO AN EXCELLENT VIDEO CLIP ABOUT THE PHYSICAL EXAMINATION OF CHILDREN OF DIFFERENT AGES.**