

# Pediatrics

WRITE Preceptor Faculty  
Development 2018

# Collaboration Across the Region

- 
- Focus on overall goals
    - Clarity and transparency
  - Curricular tools developed centrally and shared regionally
    - Core Pediatric topics
    - No need to spend time building curriculum
    - Concentrate efforts on teaching, guidance
  - Streamlining administrative duties
    - Centralize as much as possible to limit burden



## Clinical Phase

### Education

#### Medical Student Program

##### Overview

##### Current Students

Foundations Phase

Clinical Phase

Explore and Focus Phase

Career Advising

Online Pediatric Resources

Visiting Students

Pediatric Residency Program

##### Fellowship Programs

The core pediatric clerkship is designed to provide a comprehensive overview of the approach to the care of children and their families. In addition, you will explore the range of reasons children seek medical care, from well child visits to acute medical problems in both the inpatient and outpatient setting and the ongoing management of chronic illnesses. Each clerkship site is unique in the setting, faculty and patients seen.

The information and core materials for your clerkship are detailed below in the following links and attachments:

### Orientation Information

Clerkship orientation video

Clerkship Manual

### Core Materials

- Therapeutics Problem Set (Exercises 1-4)

- Fluid Management - Volume Deplete
- Fluid Management - Maintenance
- Medication Ordering
- Fever

- Growth Problem Set Instructions

- Growth Charts
- Ethics Cases

### Forms

- Mini-CEX forms
- Clinical Encounters Checklist
- Observed Communication Skills Checklist
- Mid-Clerkship Feedback
- Daily Feedback

### Policies

- Grading Approach
- UWSOM Blood borne Pathogen Exposure Policy
- Have concerns about the learning environment? <http://blogs.uw.edu/esom/learning-environment/>

**Pediatric Clerkship**

***Orientation Video***

# Orientation Information



**2018-2019 Academic Year**



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# Welcome to Pediatrics!

- We are glad you are here
- We want you to have a good time
- We want you to be successful and learn a lot about children's health



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# Where can I get the information I need?

- Pediatric Clerkship Manual
- The Website
- Your site administrator
- Your site director



# Core Pediatric Clerkship Manual Directory

## PEDS 600 Basic Pediatric Clerkship



### Sites

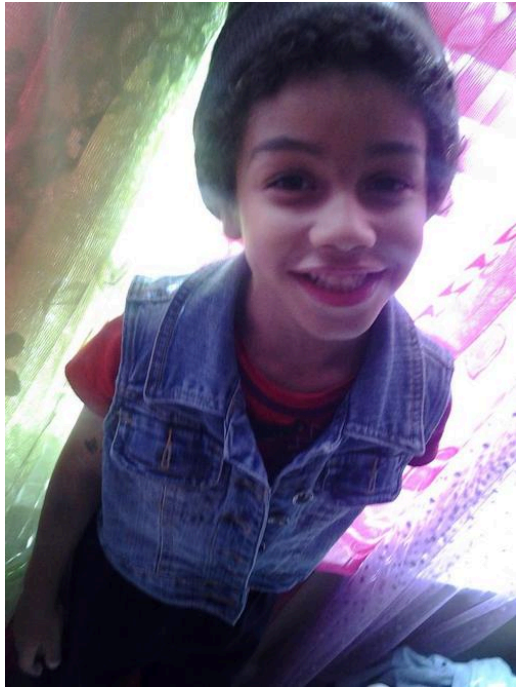
PEDS 648 Everett, WA  
 PEDS 649 Centralia/Olympia, WA  
 PEDS 650 Moses Lake, WA  
 PEDS 651 Bozeman, MT  
 PEDS 652 Idaho Falls, ID  
 PEDS 653 Helena, MT  
 PEDS 655 Jackson, WY  
 PEDS 656 Wenatchee, WA  
 PEDS 657 Missoula, MT  
 PEDS 658 Boise, ID

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<b>Overview</b>	
Educational Objectives	2-3
Minimal Competency Outline for Pediatric Skills	4-12
Grading Approach	13
Grading forms (feedback and clinical performance evaluation)	14-17
<b>Assignments</b>	
Checklist of Assignments	19
Clinical Encounters Checklist	20-21
Pediatric Communication Skills	22-24
Pediatric History Taking	26-39
<ul style="list-style-type: none"> <li>Approach to the Patient</li> <li>Explanation of Pediatric H&amp;Ps/Pediatric Database</li> <li>Example H&amp;Ps (older child and infant)</li> </ul>	
Pediatric Physical Examination	40-54
<ul style="list-style-type: none"> <li>Pediatric Physical Examination Benchmarks</li> <li>Observed Physical Examination Forms (neonate and older child)</li> </ul>	
Pediatric Medical Knowledge	55-70
<ul style="list-style-type: none"> <li>Requirements and other learning resources</li> <li>CLIPP cases and Instructions</li> <li>Therapeutics Problem Set (Exercises 1-4)</li> <li>Growth Problem Set</li> </ul>	
Pediatric Ethics and Professionalism	71-77
<ul style="list-style-type: none"> <li>Discussion Cases</li> <li>Resources</li> <li>Benchmarks</li> </ul>	
<b>Other materials</b>	
Career Advisors	79
<b>Logistics</b>	
General Policies (UWSOM)	81-83
<ul style="list-style-type: none"> <li>Work Hours Policy</li> <li>Attendance, Weather and Holiday Policy</li> </ul>	

# What are the required assignments?



- Clinical encounters
- CLIPP cases
- H&Ps for review
- Observed physical examinations
- Observed communication
- Therapeutics exercises/problems
- Pediatric ethics case discussions
- Final online exam





# PEDIATRIC Assignments in WRITE

- 
- Clinical Encounters
  - Newborn exam – observed
  - Communication skills – observed
  - Growth problem set (ideally with well child exam)
  - Everything else during inpatient rotation here



# Clinical Encounters Sheet

Domain-patient type/core condition	Symptoms/signs/issues related to domain/patient condition	Date seen	ONLINE CASES	Expected level of student responsibility* (OB, PP, FP)	Clinical setting+ (O, I, E)
Health Maintenance	Well newborn care (0-1 month)			FP	O
	Well infant care (1-12 months)			FP	O
	Well toddler care (12-60 months)			FP	O
	Well child care (5-12 years)			FP	O
	Well adolescent care (13-19 years)			FP	O
Growth	Parental concerns/abnormalities			FP	O,I,E
Nutrition	Parental concerns/abnormalities			FP	O,I,E
Development	Parental concerns/abnormalities			FP	O,I,E
Behavior	Parental concerns/abnormalities			FP	O,I,E
Upper respiratory tract	Runny nose, eye discharge, sore throat, difficulty swallowing, earache			FP	O,I,E
Lower respiratory tract	Cough, wheeze, shortness of breath			FP	O,I,E
Gastrointestinal tract	Nausea, vomiting, diarrhea, abdominal pain			FP	O,I,E



# Curricular Equivalency



Courses Users Help Feedback My Profile

formerly MedU [LOG OUT](#)

## Aquifer Pediatrics (CLIPP)

[Course Users](#) [Edit](#) [Delete](#)

Aquifer Pediatrics' 32 interactive pediatric virtual patient cases deliver on the learning objectives of the Council on Medical Student Education in Pediatrics (COMSEP) residency curriculum. Aquifer Pediatrics is a collaboration between Aquifer and COMSEP.

## Cases

[Add Cases](#) [More Actions](#) [Remove Cases](#) [Course Report](#)

Search...

Title Date Updated



Pediatrics 01. Review acute infant evaluation and case



Pediatrics 02. Infant female well-child visits (2, 6, and 9 months)



Pediatrics 03. 3-year-old male well-child visit



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# COMPONENTS: Observed Communication

- Observe your preceptor doing different types of pediatric interviews & note their skills (using the checklist)
- Review teaching materials about pediatric communication
- Perform 2 different types of patient interactions while your preceptor observes part/all of the visit
  - Well child
  - Follow up visit or acute care visit
- Get feedback on your skills

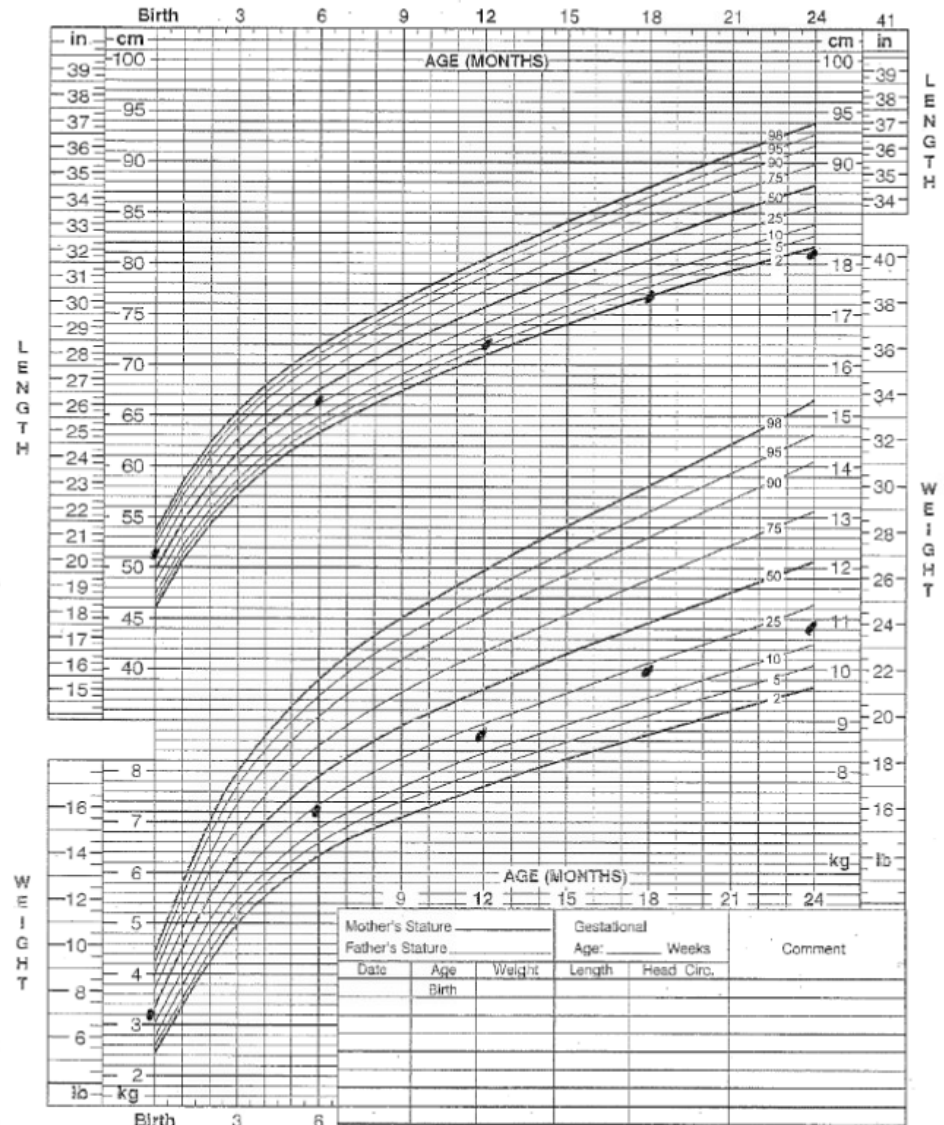


# Growth Scenarios

- Materials posted on the website & in your manual
- Make sure you review the instructions

Birth to 24 months: Boys  
Length-for-age and Weight-for-age percentiles

NAME CASE 1 / Scenario A  
RECORD #



Published by the Centers for Disease Control and Prevention, November 1, 2009  
SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)

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# How are grades determined?



- Professionalism
- Assignments
- Clinical Performance
- Final Examination

***Source for  
Clinical Grade***

- Clinical Grade and Exam Grade combine to yield Final Grade



# How are grades determined?

TIME SPENT WITH STUDENT	RECOMMENDED LEVEL OF EVALUATION FOR TIME SPENT	
Little or no contact	Exceptional Performance (Honors)	5
Sporadic and superficial contact	Exceeds Expectations (High Pass)	4
Infrequent but in-depth contact	Meets Expectations (Pass)	3
Frequent and in-depth contact	Below Expected Performance (Marginal)	2
	Unacceptable Performance (Fail)	1

EXAM GRADE and ADJUSTMENT		ADJUSTED TOTAL GRADE, RANGE, and FINAL GRADE		
90% and above	+ 0.15	<i>Adjusted Total Grade is the Sum of Clinical Grade and Adjustment from Exam Grade</i>	Greater than 4.5 and Exam $\geq 75\%$	Honors
70%-89%	No Adjustment		3.75 – 4.5 or $>4.5$ but Exam $<75\%$	High Pass
60%-69%	- 0.10		3.0 – 3.74	Pass
Less than 60%	Fail		Less than 3.0 or Exam Fail	Fail



# Synopsis for WRITE

- 
- Our Goal:
    - All students capable of giving safe/compassionate care for kids
    - Not make everyone a pediatrician
  - WRITE students generally very comfortable talking to kids and parents and examining kids
  - WRITE students often less comfortable with the presentations and write ups required on the inpatient side

