PED 600
PEDIATRICS
CLERKSHIP REQUIRED ROTATION (R2) SYLLABUS

DEPARTMENT OF PEDIATRICS
JOEL GREENBERG, DO
CHAIRPERSON

MARGARET KINGRY, PhD, RN
INSTRUCTOR OF RECORD
kingry@msu.edu

EFFECTIVE US17, FS17, SS18

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

STEPHANIE SIX, MSA
COURSE ASSISTANT
six@msu.edu

At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

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

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

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

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

Your clinical experience will be supplemented with required online didactic material covering the primary areas of pediatrics and meeting the goals and objectives listed. You will be required to have computer access and utilize Desire2Learn (D2L) through which the online didactic material has been divided into weekly blocks*. You are strongly urged to work through these daily. While you are not required to go through the weekly blocks in the order listed in D2L, it is recommended that you start with the material located under Week 1, which contains information on how to perform the pediatric examination. At the end of the rotation, you will be required to take the Pediatric COMAT examination.

*DO/PhD student rotations generally span a period of approximately four months. As such, students on this curricular track should strive toward completing one module every three to four weeks.
Summary:

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

Goals and Objectives

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

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

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

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


Learning Objectives:
- List the AAP immunization schedule for children.
- Conduct age-appropriate screening for children.

GOAL 4: Become knowledgeable about common pediatric health problems.

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

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

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

**College Program Objectives**

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.

**Suggested Weekly Schedule**

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

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

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

*Activities/Resources:*

- Read “Tips for Clinical Pediatrics” Day 1 of rotation:
  - The Approach to the Young Child
  - Pediatric History
  - Pediatric Physical Exam
  - Pediatric Assessment
  - Pediatric Plan (folder located in D2L)
- Read *Bright Futures Recommendations for Preventative Pediatric Health Care:* [http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)
- Complete a minimum of 2 well-child checkups per day that require a history and physical on a variety of pediatric patients

*Learning Objective:* Understand growth and developmental assessment.

*Activities/Resources:*

- Semester 2 lectures from the Young and the Aging
- Bright Futures Handbook
Use this as your source for information on health maintenance in pediatrics. This is an excellent resource for information pertaining to health promotion in pediatrics.

Notes for Clinical Pediatrics (Growth Issues) (folder located in D2L)

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

**Activities/Resources:**
- Read “Tips for Clinical Pediatrics” (Anticipatory Guidance) (folder located in D2L)
- Read https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx
- Provide anticipatory guidance to 2 families per day.

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

**Activities/Resources:**
- Review AAP Vaccine schedule: http://www2.aap.org/immunization/izschedule.html
- Read about vaccine issues:
  - http://www.cdc.gov/vaccines/vac-gen/6mishome.htm

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

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

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

**Activities/Resources:**
- Read *Developmental Dislocation (Dysplasia) of the Hip (DDH):* http://orthoinfo.aaos.org/topic.cfm?topic=a00347
**Learning Objective:** Become knowledgeable of pediatric nutritional issues.

**Activities/Resources:**

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

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

- Read [https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx](https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx) (pulse ox; includes testing algorithm)
- Read [MDHHS Newborn Screening](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4916-233939--00.html) (metabolic)
- Read [http://pediatrics.aappublications.org/content/114/Supplement_4/1175.full.pdf+html](http://pediatrics.aappublications.org/content/114/Supplement_4/1175.full.pdf+html) (TB)

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

**Activities/Resources:**

- Read “Tips” for Clinical Pediatrics” (folder located in D2L)
- See 2 pediatric patients per day presenting for a basic “sick” office visit

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

- URI, sinusitis, strep, viral pharyngitis, coxsackie infections, foreign body in nose, tonsillar abscess, thrush
- OM, OME, ETD, OE, teething, adenitis, abscess-retrophar, mastoiditis
- Influenza, laryngitis, pertussis, mycoplasma infections, pulmonary foreign body
- Bacterial pinkeye, allergic conjunctivitis, corneal abrasion, blocked tear duct, hordeolum, chalazion, glaucoma, periorbital-orbital cellulitis

**Activities/Resources:**

- Read “When Doing Less is Best” Commentary (folder located in D2L)
- Read the related content from these sources found on the Reference List within this syllabus
  - Blueprints Pediatrics
  - Red Book
  - UpToDate *(A free version of UpToDate is available to current MSU students through MSU Libraries.)*

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

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

- Roseola, enterovirus, strep, influenza, URI, pneumonia, Kawasaki’s, sepsis-meningitis
- Respiratory distress
- Neck masses – shotty, adenitis, TB, cat scratch, TGD-brachial cleft cyst, cystic hygroma, lymphoma
- Acute and chronic asthma and allergies

**Activities/Resources:**

- Read the related content from these sources found on the Reference List within this syllabus
  - Blueprints Pediatrics
  - Red Book
  - UpToDate
- Read “Notes for Clinical Pediatrics” (Asthma) (folder in D2L)

**Learning Objectives:**

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

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

**Activities/Resources:**

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

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

**Learning Objectives:**

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

**Activities/Resources:**

- Nursery experience: 4 hour focus on the normal newborn history and exam
- Read “Tips for Clinical Pediatrics” (folder located in D2L)
  - Basic Neonatology
  - Breastfeeding Problem Management
  - Maternal Breastfeeding Issues (folder located in D2L)
**Learning Objective:** Be able to recognize, do a differential diagnosis and manage common GI issues:

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

**Activities/Resources:**

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

**Week 4 – The “Sick” Newborn and Common Pediatric Health Problems**

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

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

**Activities/Resources:**

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

**Learning Objectives:**

- Recognize, do a differential diagnosis and manage the following cardiovascular problems:
- Murmurs, hyperlipidemia and elevated blood pressure

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

- Recognize, do a differential diagnosis and manage tension and migraine headaches, and increased intracranial pressure and concussion from head trauma

- Recognize, do a differential diagnosis and manage the following genitourinary issues:
  - UTI, VUR, pollakiuria, hypercalciuria
  - Nocturnal enuresis
  - Vaginitis, STD, PID
  - Menstrual problems, amenorrhea, dysmenorrhea, irregular menses, DUB

**Activities/Resources:**

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

- Read “Notes for Clinical Pediatrics” (headache, concussion, structural head injury, murmurs) (folder located in D2L)

**References**

**On-line Links:**

Bright Futures Recommendations for Preventative Pediatric Health Care

Bright Futures Handbook (excellent resource health promotion in pediatrics information)
  https://brightfutures.aap.org/materials-and-tools/PerfPrevServ/Pages/default.aspx
  http://www2.aap.org/oralhealth/RiskAssessmentTool.html

AAP Vaccine Schedule
  http://www2.aap.org/immunization/izschedule.html
  2016 link: http://aapredbook.aappublications.org/site/resources/IZSchedule.pdf

Vaccine Issues
  http://www.cdc.gov/vaccines/vac-gen/6mishome.htm
  http://www.cdc.gov/vaccinesafety/Vaccines/multiplevaccines.html

Other
  (antibiotics & resp illness)
  http://orthoinfo.aaos.org/topic.cfm?topic=a00347 (DDH)
  http://www.cdc.gov/ncbddd/genetics/index.html (pulse ox; includes testing algorithm)
  http://www2.gsu.edu/~psydlr/Diana_L._Robins.,_Ph.D._files/M-CHAT_new.pdf
  (autism screen)
  http://pediatrics.aappublications.org/content/130/2/353 (lipid screening)
  http://pediatrics.aappublications.org/content/114/Supplement_4/1175.full.pdf.html
  (TB)

UpToDate
  http://www.uptodate.com/home A good electronic source when working with pediatric patients. (A free version of UpToDate is available to current MSU students through MSU Libraries.)

Suggested Books

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

  • This is a good resource for looking up detailed descriptions of disease processes. It is THE pediatric textbook but it tends to be of a greater depth of material than the 3rd year student needs for their exam.
- This should serve as a good basic resource on basic pediatric pathology for the 3rd year medical student in preparation for the exam. It does not, however, have any basic health promotion information.

- Excellent resource for vaccines & infectious diseases.

- An excellent visual guide to pediatric conditions.

**Pediatric Medical Literature**

Good Pediatric Review Journals: the 3rd year medical student should be reading some of the medical literature and these review journals are a good place to begin.
- Pediatric Clinics of North America
- Contemporary Pediatrics
- Pediatrics in Review
- Pediatric Annals
- UpToDate on-line summaries

**Student Responsibilities and Expectations**

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

Failure to meet the clinical and/or academic responsibilities (as determined by your preceptor, Director of Medical Education of your base hospital and Instructor of Record for PED 600) may result in a failing grade for this course.

It is expected that the student will meet the following **clinical responsibilities** during this rotation:
• Report to the rotation in a timely fashion and be dressed appropriately for each day of work.
• **Name tags must be worn at all times and must be worn above the waist.**
• Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
• Demonstrate an enthusiastic and proactive attitude towards the learning process.
• Treat all patients, parents, staff members, and other rotators with respect and demonstrate professional behavior in all interactions.
• Not engage in behaviors that are either: unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
• Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.
• Represent yourself, fellow students and the College in a positive and professional manner.
• Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.
• **Be knowledgeable about and complete all base hospital expectations for this rotation.**

It is expected that the student will meet the following **academic responsibilities** during this rotation:
• Complete all of the College’s curricular elements of the rotation as specified in this syllabus in a timely fashion.
• Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.
• Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.
• Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.
• Rotation Grading Requirements

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<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Checklist (found in D2L Rotation course site)</td>
<td>D2L (scan and upload)</td>
<td>Last day of rotation*</td>
<td>Submit</td>
</tr>
<tr>
<td>(signed by attending)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health Maintenance Note and Sick Visit Note (both signed by attending)</td>
<td>D2L (scan and upload)</td>
<td>Last day of rotation*</td>
<td>Submit</td>
</tr>
<tr>
<td>Student Experience Log (signed by attending)</td>
<td>D2L (scan and upload)</td>
<td>By 5pm on the last day of the rotation</td>
<td>Pass</td>
</tr>
<tr>
<td>Pediatric COMAT Examination</td>
<td>Online at assigned testing site</td>
<td>Last day of rotation</td>
<td>Pass</td>
</tr>
<tr>
<td>Attending Evaluation of Student (found in Kobiljak online schedule)</td>
<td>Submit completed evaluation to base hospital</td>
<td>Within one week of rotation completion</td>
<td>Pass</td>
</tr>
<tr>
<td><a href="http://kobiljak.msu.edu/Evaluation/UnitIII.html">http://kobiljak.msu.edu/Evaluation/UnitIII.html</a></td>
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</tr>
<tr>
<td>Student Evaluation of Attending</td>
<td>“Evaluate” link in Kobiljak schedule</td>
<td>Within one week of rotation completion</td>
<td>Submit</td>
</tr>
<tr>
<td><a href="http://kobiljak.msu.edu/Evaluation/UnitIII.html">http://kobiljak.msu.edu/Evaluation/UnitIII.html</a></td>
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*If not returned by 2 weeks following the due date, you will be required to meet with the Pediatric Department Chairperson.

**CLIPP (Computer-assisted Learning in Pediatrics Program) Cases:**
The Department of Pediatrics has purchased access to 32 interactive virtual pediatric patient cases for your learning which can be accessed at [www.med-u.org](http://www.med-u.org). If you are not able to see a patient as listed within the Student Experience Log, you must successfully complete the corresponding CLIPP Case(s). **NOTE:** you must go to the very last page of the case in order to receive credit in the system. If you stop even 1 page early, you will not be scored accurately. All 32 cases are available to you and we encourage you to access ones that relate to patients you have seen and in preparation for the Pediatric COMAT exam.
Core Competencies/Learning Modules

The Core Competencies were developed by the AOA to represent seven defined areas. In 2007, the American Association of Colleges of Osteopathic Medicine developed a document to assist colleges in integrating these same core competencies into medical education at the medical student level. The following core competencies are addressed during the month of Pediatrics:

1) Osteopathic Principles and Practice
   a. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
   b. Diagnose clinical conditions and plan patient care
   c. Perform or recommend OMT as part of a treatment plan
   d. Communicate and document treatment details

2) Medical Knowledge
   a. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

3) Patient Care
   a. Gather accurate data related to the patient encounter
   b. Develop a differential diagnosis appropriate to the context of the patient setting and findings
   c. Form a patient-centered, inter-professional, evidence-based management plan
   d. Provide health promotion and disease prevention (HPDP)
   e. Engage in documentation, case presentation, and team communication

4) Interpersonal and Communication Skills
   a. Establish and maintain the physician-patient relationship
   b. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
   c. Work effectively with other health professionals as a member or leader of a health care team

5) Professionalism
a. Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness

b. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others

c. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

6) Practice-Based Learning and Improvement

a. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice

b. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

7) Systems-Based Practice

a. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society

b. Identify and utilize effective strategies for assessing patients

**COMAT Exam Information**

**EXAM PREPARATION**

Students always wish to know the best way to prepare for an exam. The short and simple answer is STUDY APPROPRIATE CONTENT REGULARLY. Doing so will likely increase your ability to pass any testing elements you may encounter during your training, but will also help you to develop good habits in the pursuit of becoming an effective lifelong learner. This is the ideal every physician strives for, as should you.

‘Appropriate content’ is harder to define. In the case of the Pediatric National Board of Osteopathic Medical Examiners’ (NBOME) COMAT exam, NBOME has provided a list of recommended concentration areas covering specific dimensions of knowledge (Patient Presentation and Physician Tasks) as well as general and specific learner objectives. In addition, the NBOME provides recommended resources for learning as well as practice examinations. All of these elements may be accessed at the NBOME website ([http://www.nbome.org/comat-pd.asp?m=can](http://www.nbome.org/comat-pd.asp?m=can)).

The curriculum, provided as part of this course, is designed to support your preparation for the COMAT exam, but is by no means comprehensive and should NOT serve as your only learning resource for preparing for the exam. While designed to aid in studying for COMAT testing, it has multiple goals that extend beyond COMAT testing performance.
Each month students receive an MSUCOM e-mail announcement with instructions on how to access the MSUCOM NBOME COMAT online computer program and select the subject, time and location for the exam. A confirmation is returned to the student upon submission of the information.

COMAT exams are offered as an opportunity to prepare for the NBOME licensure exam. Students performing poorly may anticipate similar results and possible failure of their licensure exam. Further study and review is encouraged.

EXAM ADMINISTRATION

All students are required to take the NBOME subject COMAT examination in Pediatrics in order to receive a “Pass” grade for this rotation. Students must take the Pediatric exam on the last Friday of their pediatric rotation (PED 600). For exam dates/times, please refer to the COMAT Exam Schedule on the Academic Programs website at: http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm.

The exam is offered on the Michigan State University campus, DMC, and Macomb University Center. Western Michigan University School of Medicine, Mercy General, Munson Medical Center, McLaren Bay Regional Medical Center, and Lakeland Healthcare will administer exams only for students based at their hospitals. The exams are 2½ hours in length and contain 125 questions. If you have any further questions please contact the Registrar’s Office at OsteoMed@hc.msu.edu or 517-353-7741.

EXAM ATTENDANCE

Recognizing that the college’s current resources for the administration of online exams are limited, students will be asked to commit to a specific exam location and scheduled exam time substantially before the scheduled exam date. Due to the substantial teamwork that is needed to schedule COMAT exams among college and NBOME staff, students cannot make late, last minute changes in these schedules.

STUDENTS MUST BRING A VALID GOVERNMENT ISSUED PICTURE ID (i.e. driver’s license or passport) TO THE EXAM.

EXAM SCORING

The NBOME sends scores two to three weeks after the exam. E-mail notification is sent to the class when the scores have been entered on the student’s individual clerkship schedule. COMAT exam scores reported by the NBOME are reported as standard scores.

The respective departmental chairs and course faculty will evaluate individual student performance on the online COMAT examination relative to overall performance of the national cohort. Students identified as scoring below the 20th percentile on a COMAT exam will be notified by the respective department.
The exams are offered as an opportunity to prepare for the NBOME licensure exam. Students performing poorly may anticipate similar results and possible failure of their licensure exam. Further study and review is encouraged.

Below is the scoring system:

Pass: 78 or greater

ET: less than or equal to 77

No Pass: Failure to pass on remediation attempt

EXAM CORRECTIVE ACTION

ET: Repeat the COMAT exam and pass

No Pass: Students who receive an “N” grade will be required to appear before the Committee on Student Evaluation (COSE) to determine the next course of action.

ADDITIONAL POLICIES

Failure to sit for the scheduled exam without notification and approval of the department is grounds for failure of the rotation.
Base Hospital Requirements

(To be defined and evaluated by individual hospitals)
MSU College of Osteopathic Medicine Standard Policies

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

**Attendance Policy**

Clerkship activities are mandatory and timely attendance is expected at all educational events.

In the event a student must be absent from clerkship activities, he/she must, firstly, have prior approval from the Graduate Medical Education office (DME/DIO, Clerkship Director, and/or Student Clerkship Coordinator per the rotation sites process/policy). The clinical preceptor must also approve the absence, and determine an acceptable make-up plan which may include, but is not limited to: additional time on rotation, additional presentation(s), or written assignment(s). In the event of an emergency, the student must contact the Graduate Medical Education office and clinical preceptor as soon as the situation allows. Any exception to this attendance policy for any given rotation will be noted in the course syllabus.

Abuse of this policy, as determined by the GME office or a clinical preceptor, may be documented in a student evaluation(s) and/or reported to the Associate Dean of Student Services at MSUCOM via the Student Incident Report Form: [http://com.msu.edu/Students/Registrar/Policies.htm](http://com.msu.edu/Students/Registrar/Policies.htm) or via phone call to the Associate Dean of Student Services (517-353-8799).

| ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY: NONE |

**Policy for Medical Student Supervision**

**Supervisors of the Medical Students in the Clinical Setting**

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

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

**Level of Supervision/Responsibilities**

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

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

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

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

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

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.
Unsatisfactory Clinical Performance
A student’s clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation (4.e).

An overall “Below Expectations” rating on Section 1 of the Clinical Clerkship Rotation Evaluation will be referred to the Instructor of Record/Department Chairperson for review and grade determination. Students who receive two or more Clinical Clerkship Rotation Evaluations with an overall “Below Expectations” rating will be referred to the COSE Clerkship Performance Subcommittee for review.

An overall "Below Expectations" rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.

Important Note: The student will maintain an Extended (ET) grade until all academic and clinical requirements have been successfully met.

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

Student Rights and Responsibilities
Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.
Faculty Responsibilities
It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

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

Course Grades
- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department. Students who receive an N grade will be required to appear before the Committee on Student Evaluations Clerkship Sub Committee (COSE).
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

N-Grade Policy
- Remediation is not offered for Clerkship courses. Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
Rotation Evaluations

Attending/Faculty/ Resident Evaluation of Student

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

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

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

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

Student Evaluation of Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.

Exposure Incidents Protocol

A form has been developed by the University to report exposure incidents. The form can be accessed at http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf.

Please m
Students are required to complete the student experience logs, and submit them via D2L dropbox by 11pm on the last day of the rotation.

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

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

Comments:

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

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

☐ Yes  ☐ No

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

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