PED 600
CORE Pediatrics Clerkship
Syllabus

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Please Note: 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 this syllabus before beginning your rotation.
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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: this 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 pediatrics, 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 supplanted 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.

In 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.
### 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 this suggested schedule.

**WEEK 1: The well-child exam and “sick” office visit**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Activity/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be able to manage a basic well-child checkup for all pediatric ages.</td>
<td>• Read “Tips for Clinical Pediatrics” Day 1 of rotation:</td>
</tr>
<tr>
<td></td>
<td>1. The Approach to the Young Child</td>
</tr>
<tr>
<td></td>
<td>2. Pediatric History</td>
</tr>
<tr>
<td></td>
<td>3. Pediatric Physical Exam</td>
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<tr>
<td></td>
<td>4. Pediatric Assessment</td>
</tr>
<tr>
<td></td>
<td>5. Pediatric Plan (folder located in D2L)</td>
</tr>
<tr>
<td></td>
<td>• Read Bright Futures Recommendations for Preventative Pediatric Health Care:</td>
</tr>
<tr>
<td></td>
<td>• Complete a minimum of 2 well-child checkups per day that require a history and physical on a variety of pediatric patients.</td>
</tr>
<tr>
<td>• Understand growth and developmental assessment.</td>
<td>• Semester 2 lectures Young &amp; Old</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Notes for Clinical Pediatrics (Growth Issues) (folder located in D2L)</td>
</tr>
<tr>
<td>• Know how to approach anticipatory guidance and what is pertinent for the patient’s age.</td>
<td>• Read “Tips for Clinical Pediatrics” (Anticipatory Guidance) (folder located in D2L)</td>
</tr>
<tr>
<td></td>
<td>• Read: <a href="https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/participatory%20Guidance.PDF">https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/participatory%20Guidance.PDF</a></td>
</tr>
<tr>
<td></td>
<td>• Provide anticipatory guidance to 2 families per day.</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>Activity/Resource</td>
</tr>
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<td>-----------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
### Learning Objectives
By the end of the module, the student will:

<table>
<thead>
<tr>
<th>Activity/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Know the approach to the typical “sick” office visit: what to do and how to do it.</td>
</tr>
<tr>
<td>• Read “Tips for Clinical Pediatrics”. (folder located in D2L)</td>
</tr>
<tr>
<td>• See 2 pediatric patients per day presenting for a basic “sick” office visit.</td>
</tr>
</tbody>
</table>

• Be able to recognize, list your differential diagnosis, and manage the following respiratory symptoms:
  - URI, sinusitis, strep, viral pharyngitis, coxsackie infections, foreign body in nose, tonsilar 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

• Read “When Doing Less is Best” Commentary (folder located in D2L)
• Read the related content from these sources found on the Reference List on pages 11-12:
  - Blueprints Pediatrics
  - Red Book
  - UpToDate

*If the links provided above for Bright Futures materials are not working, students may access Bright Futures on campus by going to [http://ebooks.aappublications.org/content/bright-futures-3rd-edition](http://ebooks.aappublications.org/content/bright-futures-3rd-edition). In addition, all AAP ebooks are available by going to [http://ebooks.aappublications.org/](http://ebooks.aappublications.org/)

### WEEK 2: Common pediatric health problems and mental health issues

<table>
<thead>
<tr>
<th>Learning Objectives</th>
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</thead>
<tbody>
<tr>
<td>By the end of the module, the student will:</td>
</tr>
<tr>
<td>• Be able to recognize, do a differential diagnosis, and manage based on age roseola, enterovirus, strep, influenza, URI, pneumonia, Kawasaki’s, sepsis-meningitis.</td>
</tr>
<tr>
<td>• Be able to recognize, do a differential diagnosis and manage respiratory distress.</td>
</tr>
<tr>
<td>• Be able to recognize, do a differential diagnosis and manage neck masses – shotty, adenitis, TB, cat scratch, TGD-brachial cleft cyst, cystic hygroma, lymphoma.</td>
</tr>
<tr>
<td>• Be able to recognize, do a differential diagnosis and manage acute and chronic asthma and allergies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete CLIPP Case: 8 Neonate: hyperbilirubinemia</td>
</tr>
<tr>
<td>• Read the related content from these sources found on the Reference List on pages 11-12:</td>
</tr>
</tbody>
</table>
  - Blueprints Pediatrics
  - Red Book
  - UpToDate
| • Read “Notes for Clinical Pediatrics” (Asthma) (folder located in D2L) |
## Learning Objectives
By the end of the module, the student will:

- Know the approach to and be able to counsel parents on these common behavioral issues:
  1. Infant “colic”
  2. Toddler picky eater
  3. Toddler temper tantrums
  4. Toddler toilet training
  5. Child bedwetting
  6. Teen excessive risk-taking (assess and inform)
- Describe and distinguish pediatric mental health disorders.
- Describe and distinguish:
  1. Abuse
  2. Autism
  3. Cognitive deficit
  4. Eating disorders

### Activity/Resource
- 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 on pages 11-12:
  - Blueprints Pediatrics
- Read “Notes for Clinical Pediatrics” (ADHD) (folder located in D2L)
- Semester 2 Young & Old lectures

## WEEK 3: The healthy term newborn and common pediatric health problems

### Learning Objectives
By the end of the module, the student will:

- 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
- Be able to identify newborn feeding problems.

### Activity/Resource
- Nursery experience: 4 hour focus on the normal newborn history & exam.
- Read “Tips for Clinical Pediatrics”:
  1. Basic Neonatology
  2. Breastfeeding Problem Management
  3. Maternal Breastfeeding Issues (folder located in D2L)
- Complete CLIPP Case: 29 Hypotonic Infant/Downs

- 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, maldigestion, IEM
  - 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 pylori, pneumonia, UTS-pyelo, kidney stone-obstruction, intussusception, tumor

### Activity/Resource
- Read the related content from these sources found on the Reference List on pages 11-12:
  - Blueprints Pediatrics
  - Red Book
  - UpToDate
## WEEK 4: The “sick” newborn and common pediatric health problems

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Activity/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By the end of the module, the student will:</strong></td>
<td><strong>Nursery experience: 4 hour focus on the &quot;Sick&quot; newborn.</strong></td>
</tr>
<tr>
<td>• Know the approach to the “sick” newborn.</td>
<td>• Read the related content from these sources found on the Reference List on pages 11-12:</td>
</tr>
<tr>
<td>- hypoglycemia, drug withdrawal,</td>
<td>- Blueprints Pediatrics</td>
</tr>
<tr>
<td>- respiratory distress, cyanosis, murmur,</td>
<td>- Red Book</td>
</tr>
<tr>
<td>- sepsis, hypotonia, infant of diabetic mother, maternal STD, TORCH</td>
<td>- UpToDate</td>
</tr>
<tr>
<td>- infections, bilious emesis, clavicle fracture</td>
<td></td>
</tr>
</tbody>
</table>
• Be able to recognize, do a differential diagnosis and manage the following cardiovascular problems: murmurs, hyperlipidemia and elevated blood pressure.
• Be able to 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 laterothorasic exanthema, folliculitis
  - **Mac-pap-blotchy**: hives, food allergy (hives), yeasty, cellulitis, E multiforme, seborrhea dermatitis
  - **Eczematos**: 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
• Be able to recognize, do a differential diagnosis and manage tension & migraine headaches, and increased intracranial pressure & concussion from head trauma.
• Be able to 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
• Read the related content from these sources found on the Reference List on pages 11-12:
  - 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:
http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

Bright Futures Handbook: *(Bright Futures links are currently inactive and will be available at a later date.)*
This is an excellent resource for information pertaining to health promotion in pediatrics.
https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Physical%20Examination_PDF
https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Screening_PDF
https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Anticipatory%20Guidance_PDF
http://www2.aap.org/oralhealth/RiskAssessmentTool.html

AAP Vaccine schedule:
http://www2.aap.org/immunization/izschedule.html
2013 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:
http://orthoinfo.aaos.org/topic.cfm?topic=a00347 (DDH)
http://www.cdc.gov/ncbddd/pediatricgenetics/pulse.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/114/Supplement_4/1175.full.pdf+html (pg. 1178)

(TB)

UpToDate:
This is a good electronic source when working with pediatric patients.
http://www.uptodate.com/home
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. This 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 month, 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-month evaluation during the rotation 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 and require a corrective action plan and/or remediation as outlined below.

It is expected that the student will meet the following clinical responsibilities during this rotation:
- Report to their rotation in a timely fashion and be dressed appropriately for each day of work. **Name tags must be worn at all times. Your name badge 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.
- **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.
- Attend the C3 didactic sessions provided during this month as indicated in the C3 (OST 603) syllabus. No exception for this attendance is allowed except as approved by the C3 Director of your base hospital, the Instructor of Record for OST 603 and/or the Director of Medical Education of your base hospital.
# Core Pediatric Clerkship Grading Requirements

<table>
<thead>
<tr>
<th>Evaluation Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Evaluation (found in your online schedule): <a href="http://hit-filemakerwb.hc.msu.edu/Clerkship/Login_Student.html">http://hit-filemakerwb.hc.msu.edu/Clerkship/Login_Student.html</a></td>
<td><em>Sent from DME Office to MSUCOM Office of the Registrar. It is your responsibility to print and provide your clinical instructor with a copy of your evaluation.</em></td>
<td>Within one week of the completion of the rotation</td>
<td>Pass</td>
</tr>
<tr>
<td>Student Evaluation of Rotation (found in your online schedule): <a href="http://hit-filemakerwb.hc.msu.edu/Clerkship/Login_Student.html">http://hit-filemakerwb.hc.msu.edu/Clerkship/Login_Student.html</a></td>
<td>Online via your online schedule</td>
<td>Within one week of the completion of the rotation</td>
<td>Submitted</td>
</tr>
<tr>
<td>Pediatric COMAT Exam (see following page: Pediatric COMAT Exam Information)</td>
<td>Online at Assigned Testing Site</td>
<td>4th Friday of the rotation</td>
<td>Pass</td>
</tr>
<tr>
<td>Skills Checklist, one (1) health maintenance note, and one (1) sick visit note all signed by the attending. (found in your D2L rotation course): <a href="http://d2l.msu.edu">http://d2l.msu.edu</a></td>
<td><strong>D2L</strong> (scan and upload)</td>
<td>4th Friday of the rotation. <em>(NOTE: if not returned by 2 weeks following the due date, you will be required to meet with the Chairperson of the Department of Pediatrics)</em></td>
<td>Submitted</td>
</tr>
</tbody>
</table>

## Rotation Corrective Action Process and Remediation

Remediation of the entire 4 week rotation will be required for those students who do not meet/pass all four evaluation requirements.
Pediatric COMAT Exam Information

EXAM PREPARATION

Students always wish to know ‘What is 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 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) Comprehensive Osteopathic Medical Achievement Test (COMAT) exam, which serves as the summative testing element for the core rotation in Pediatrics, the NBOME has provided a list of recommended areas of concentration 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 (https://www.nbome.org/comat-pd.asp).

The curriculum provided as part of this course is designed to support your preparation for the COMAT exam, but it is by no means comprehensive and should NOT serve as your only learning resource for preparing for this exam. While designed to aid in studying for COMAT testing, it has multiple goals that extend beyond COMAT testing performance.

Each month students receive a MSUCOM e-mail announcement with instructions to access the MSUCOM NBOME COMAT online computer program and select the subject, time and location for their exam. A confirmation is returned to the student upon submission of the information.

EXAM ADMINISTRATION

THE PEDIATRIC NBOME COMAT EXAM: All students are required to take the NBOME subject COMAT examination in Pediatrics in order to receive a “Pass” grade for the PED 600 rotation. Students must take the Pediatrics exam on the last Friday of their pediatric rotation. For exam dates/times, please refer to the COMAT Exam Schedule on the Academic Programs website at http://com.msu.edu/ AP/clerkship_program/ top_page_links_clerkship/comat_exam_protocol.htm. The exam is offered on the Michigan State University campus, the 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 hospital. The exams are 2½ hours in length and contain 125 questions.

Additional information is available at http://com.msu.edu/AP/clerkship_program/syllabus/ core_syllabus/comat_exam_protocol_2013.10.01.pdf. Contact Ms. Evita Gilbert (517-432-5423 / gilber10@msu.edu) with questions.

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.

Students are allowed to take the Pediatrics exam twice before receiving an “N” grade for the rotation. Students must score a minimum of 78 on the exam to pass. Students are notified of their failures by the Department. If students fail, they are required to schedule a make-up exam. They are given three (3) dates to choose from for the exam. These dates are the next three months when the exam is offered in the original location where they took it. If the original dates do not work, students are given further options with six (6) months out being the maximum amount of time between taking the Pediatric COMAT for the first time and the make-up exam.

Below is the scoring system:

**EXAM SCORING**

- **Pass**: 78 or greater
- **ET**: less than or equal to 77
- **No Pass**: Failure to pass on 2nd attempt

**EXAM CORRECTIVE ACTION**

- **ET**: Repeat the COMAT exam and pass
- **No Pass**: Repeat entire clerkship after failure to pass on 2nd attempt; followed by passing the Pediatric COMAT exam.

**Additional Policies**

Failure to sit for the scheduled exam without notification/approval of the department would be grounds for failure of the exam as well.


**Base Hospital Expectations**
*(To be defined and evaluated by individual hospitals if applicable)*

This page is left intentionally blank to allow you (the student) to fill in any additional requirements as defined by your base hospital. Use as needed for documentation purposes.
Core Competencies

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. Health promotion and disease prevention (HPDP)
   e. 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, 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
The following are the standard MSUCOM policies students must adhere to across rotations.

**ATTENDANCE POLICY**

*Attendance at all scheduled Clerkship activities is mandatory.*

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

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

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

**IMPORTANT NOTE:** The only exception to this attendance policy is Emergency Medicine, where attendance is based on a shift schedule assigned by the hospital. Please refer to the Emergency Medicine “Introduction and Overview” for more information.

**STATEMENT OF PROFESSIONALISM**

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

**STUDENTS RIGHTS AND RESPONSIBILITIES**

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college’s function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.
FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

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

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. 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.

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 Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services 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. These forms will be on file in your DME's office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.