

EXHIBIT A: CURRICULUM



ROSS UNIVERSITY
SCHOOL OF MEDICINE

RUSM CLINICAL CURRICULUM GUIDELINES PEDIATRICS

Overview:

The clinical core clerkships at Ross University School of Medicine (RUSM) are conducted at approximately 30 clinical sites around the United States. The purpose of this document is to:

1. Provide guidance to both educators and students on expectations for Ross students during their core clerkship rotations.
2. Achieve consistency in the educational materials presented to students during their core clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. The University encourages experienced medical educators to pursue their educational methods that have proven successful in their own institutions. This guide is meant to assist students in understanding the core learning objectives that faculty in the Ross University School of Medicine apply across all sites and that students should strive to achieve.

Pediatrics Curriculum

(Clinical Chair: Romeen Lavani, BS, MBBS, MD)

Course Information:

Course Title: Clinical Core Clerkship - Pediatrics

Course Number: CPDC5004

Credit Hours: 6 credits

Course Pre-requisites: IMF

Course Overview: Students in the core Pediatrics clerkship will be introduced to health issues related to infants, children and adolescents, specifically related to human developmental biology, and understanding the impact of family, community, and society on child health and well-being. Students will also gain an understanding of the impact of genetic and other internal and external influences on the growth of a healthy child, physically, mentally, and emotionally. The clerkship will serve as an unmatched opportunity to gain experience in dealing with children and their families in health and sickness, prepare students to promote health, recognize signs and symptoms, differentiate diagnosis, and participate in management. Students will acquire the knowledge, skills, and attitudes necessary to the development of a competent Pediatrician.

General Clerkship Expectations:

1. **Study Hours:** Reading/Case assignments are outlined and organized by week. Students should set aside time in review and preparation for the NBME subject exam. Case reviews and formative questions are great tools for surface learning, but the textbook and articles give comprehensive review of topics. In-depth understanding fosters greater retention.
2. **Work Hours:** Students are subject to the same ACGME work hour restrictions as PGY-1 residents. However, clinical activity is limited to 70 hours/week. Students should also be limited to 17 hours of continuous clinical activity.
3. **Patient Interaction:** Students are expected to interact with and be responsible for an adequate number of patients at any given time. Under the supervision of residents/faculty members, and in conjunction with the interdisciplinary team, robust clinical experiences and learning opportunities are assured.
4. **Case Presentations:** Students are expected to present cases and receive feedback of their presentation skills, medical reasoning, differential diagnosis and management plans. Formal didactic presentations may also be required.
5. **Patient Notes** Clerkship students must follow the procedures and qualifications for both paper chart and electronic medical record patient notes as detailed by the hospital to which they are assigned.
6. **Essential Patient Encounters / Procedures:** A list of the minimum number and types of patients to be seen during a clerkship is provided. All EPEs and EPPs must be recorded in the Patient Log as either a real patient or if needed, a Complementary Case. Although the sequence of each encounter will vary by location and assignment during each rotation, we encourage you to log each encounter soon after the interaction.

Learning Objectives:

Core Clerkship Purpose and Goals:

Purpose:

Students in the core Pediatrics clerkship will be introduced to health issues related to infants, children and adolescents, specifically related to human developmental biology, and understanding the impact of family, community, and society on child health and well-being. Students will also gain an understanding of the impact of genetic and other internal and external influences on the growth of a healthy child, physically, mentally, and emotionally. The clerkship will serve as an unmatched opportunity to gain experience in dealing with children and their families in health and sickness, prepare students to promote health,

recognize signs and symptoms, differentiate diagnosis, and participate in management. Students will acquire the knowledge, skills, and attitudes necessary to the development of a competent Pediatrician.

Goals:

By the conclusion of the six week clerkship, the student will be able to:

1. Discuss the principles of Pediatric medicine
2. Develop a patient centered approach including the biopsychosocial model in the clinical encounter
3. Evaluate patients presenting with common acute symptoms including developing a differential diagnosis and management plan
4. Demonstrate medical knowledge of the patient conditions outlined in the Essential Patient Encounters (EPE)
5. Incorporate evidence based prevention and learn how to provide anticipatory guidance during a patient encounter in the outpatient setting
6. Acquire the knowledge and skills to perform clinical tasks and procedures commonly seen in a pediatric office and on the pediatrics inpatient unit - Essential Patient Procedures (EPP)
7. Communicate the patient evaluation and plan in an organized manner both verbally and in writing to members of the health care team
8. Set learning goals and elicit feedback on meeting personal and rotation goals

Patient Care (PC) Competencies:

Patient Care (PC)

Gather relevant information, conduct a detailed history, perform a complete physical exam, formulate differential diagnoses and propose plans for the management of the Essential Patient Encounters (EPE) as shown below. Students are required to evaluate patients with acute presentations including symptom based or undifferentiated presentations as well as provide chronic disease management. Emphasis includes pertinent history and physical findings and evidenced based lab testing, imaging and treatment plans.

Essential Patient Encounters (EPE)

1. Newborn (0-1 month) - learn how to ask questions that are relevant to a newborn history, learn the nuances of the physical exam of a newborn, be able to pick up on certain conditions that could be potentially lethal, formulate a plan and be able to provide anticipatory guidance
2. Infant (1-12 months) - learn how to do a history and physical exam for an infant and create a management plan
3. Toddler (12-60 months) - learn history and physical exam pertinent to a toddler and be able to provide anticipatory guidance
4. School (5-12 years) - learn history and physical exam pertinent for a school age child and be able to provide anticipatory guidance
5. Adolescent - Female (13-19 years) - in addition to a general history and physical exam, learn patient care skills that are specific to managing an adolescent female, learn how to do a HEADSS interview
6. Adolescent - Male (13-19 years) - in addition to a general history and physical exam, learn patient care skills that are specific to managing an adolescent male, learn how to do a HEADSS interview
7. Asthma - learn how to obtain a detailed history of chronic and acute asthma, familiarize oneself with the physical exam findings of bronchoconstriction and respiratory distress
8. Bronchiolitis - learn how to diagnose bronchiolitis and be able to differentiate VIW (viral induced wheezing) from true asthma. Learn about supportive care in the management of bronchiolitis.
9. Pneumonia - learn how to assess a child with respiratory distress and fever and diagnose pneumonia clinically, and with the help of labs and radiographic imaging, learn how to differentiate viral from bacterial pneumonia and how to select appropriate antibiotics for treating bacterial pneumonia
10. Croup - familiarize oneself with the clinical presentation of croup, learn what stridor means, learn the management of croup

11. Urinary Tract Infection (UTI) - students should be able to diagnose UTI based on symptoms, signs and urinalysis and urine culture.
12. Viral Illness - learn the concept that viral illnesses are the most common type of infection in children and how to avoid missing the diagnosis of a bacterial infection
13. Viral Exanthem - learn to diagnose various viral rashes and know when a child needs intervention in the form of medication or admission to the hospital
14. Cellulitis - learn how to differentiate cellulitis from an abscess. Have the knowledge that MRSA is a growing concern for cellulitis.
15. Atopic Dermatitis - learn to diagnose and manage eczema and its associated medical conditions
16. Contact Dermatitis - students should be able to make the diagnosis of contact dermatitis and be able to treat it
17. Group A Streptococcus Pharyngitis - a common condition that students should be familiar with, they should be aware of how a diagnosis can be made based on clinical findings and a culture
18. Viral Pharyngitis - another common condition that students should be familiar with, they should be aware of how a diagnosis can be made based on clinical findings and a culture
19. Otitis Media - students should feel comfortable knowing how to examine the tympanic membrane in children, including the use of pneumatic otoscopy
20. Gastroenteritis - learn how to differentiate viral from bacterial or protozoal diarrhea and know how to treat dehydration
21. Neonatal Jaundice - familiarize oneself with the concept that jaundice is common in neonates, learn to differentiate physiologic from pathologic jaundice, know what labs to send and know the treatment modalities for hyperbilirubinemia
22. Delayed Development - learn how to obtain a detailed developmental history pertaining to motor, language and social milestones, learn to detect delays in achieving these milestones
23. Shock - students should familiarize themselves with making a quick diagnosis of shock, learn how to stabilize a patient in shock, learn to treat the different types of shock
24. Febrile seizures - they should know how to manage the seizure and be able to and prevent further episodes of febrile seizures
25. Congenital Heart Disease - students should be able to diagnose a congenital heart disease based on history and physical exam, they should be aware of the appropriate investigations necessary to diagnose congenital heart disease
26. Pelvic Inflammatory Disease - learn how to conduct HEADSS interview, learn how to ask questions related to sexual history in an appropriate and sensitive fashion, know the physical exam findings of PID and familiarize oneself with the choice of antibiotics for treating this infection
27. Toxic ingestion - know how to diagnose and manage commonly seen accidental and intentional ingestions of toxins
28. Non-accidental trauma - learn to pick up subtle signs of non-accidental trauma, learn how to do a detailed history in a sensitive and appropriate manner, know the right indications for consulting social work and/or child protective services
29. Trisomy 21 - students should learn how to diagnose the characteristic features of this genetic syndrome and know what specialists to refer to at different stages
30. Kawasaki Disease - students should be able to diagnose Kawasaki Disease based on the known clinical criteria, they should be able to manage this disease with specific interventions and supportive care

Essential Patient Procedures (EPP)

1. Denver Developmental Screen - perform
2. Nebulizer treatment - perform, assist or observe
3. Vision screen - perform, assist or observe
4. Throat culture - perform, assist or observe
5. Charting of Height and Weight on growth curve – perform

Medical Knowledge Competencies (MK):

The student will be able to:

Demonstrate knowledge and the application of critical thinking skills in caring for patients with the following Essential Patient Encounters (EPE).

Essential Patient Encounters (EPE)

1. Newborn (0-1 month) - learn the nuances of the specific anatomic and physiologic variations in neonates, learn about the common benign and serious conditions afflicting neonates
2. Infant (1-12 months) - learn about the physiology, development and normal growth of an infant, understand common diseases that affect children in the first year of life
3. Toddler (12-60 months) - learn about developmental milestones, specific behavioral aspects and common illnesses that afflict the toddler
4. School (5-12 years) - continue to learn developmental milestones with emphasis on social and language development. The student should familiarize themselves with the concept of anticipatory guidance and how to apply it across all age groups, specifically during the school years.
5. Adolescent - Female (13-19 years) - continue to learn about developmental changes, emphasis on changes associated with puberty, learn about Tanner stages, learn about specific psychosocial issues that adolescents face, learns to do a HEADSS interview, learn about reproductive physiology and anticipatory guidance related specifically to pregnancy and STIs
6. Adolescent - Male (13-19 years) - continue to learn about developmental changes, emphasis on changes associated with puberty, learn about Tanner stages, learn about specific psychosocial issues that adolescents face, learns to do a HEADSS interview, learn about reproductive physiology and anticipatory guidance related specifically to pregnancy and STIs
7. Asthma - the student should familiarize themselves with multifactorial etiology, pathophysiology and management of asthma. Students must learn how to categorize different types of asthma based on symptoms and pulmonary function. They should learn to manage an acute asthma attack as well as the chronic management of asthma.
8. Bronchiolitis - the student should familiarize oneself with the concept that bronchiolitis only affects infants and toddlers. Learn about the pathophysiology and the etiologic agents of bronchiolitis. Students must be familiar with the principles of managing bronchiolitis.
9. Pneumonia - learn about various etiologies from a microbiology standpoint and how to differentiate viral from bacterial pneumonia. Have the knowledge about complications related to pneumonia and how to manage both.
10. Croup - students should be knowledgeable about the most common causes of stridor and learn about the classic presentation of croup. They should be aware of the pathophysiology of upper airway narrowing and the pharmacologic principles of treating it.
11. Urinary Tract Infection (UTI) - students must possess the knowledge of different clinical presentations of UTI, especially in non-verbal children. Learn the importance of diagnosing vesicoureteric reflux early and know the AAP guidelines surrounding management of VUR.
12. Viral Illness - students should familiarize themselves with the high incidence and prevalence of viral illnesses in children. They should have the knowhow to minimize misuse of antibiotics.
13. Viral Exanthem - students should be familiar with the appearance of common viral rashes and be able to single out the highly serious and fatal ones.
14. Cellulitis - students must have the knowledge of various bacteria that cause cellulitis. They must be able to differentiate cellulitis from an abscess and pick appropriate antibiotics.
15. Atopic Dermatitis - students must possess the knowledge surrounding principles of atopy in general and how it relates to dermatitis in particular.
16. Contact Dermatitis - have the knowledge related to the appearance of this rash and how to treat it
17. Group A Streptococcus Pharyngitis - learn about the incidence and prevalence of this common condition, how to diagnose and manage it.
18. Viral Pharyngitis - learn how to differentiate viral from bacterial pharyngitis
19. Otitis Media - students must know etiologic agents that cause otitis media. Students must know the concept of pneumatic otoscopy. They should have the knowledge of the antibiotics that they have at their disposal.

20. Gastroenteritis - students must have the knowledge needed to differentiate viral from bacterial gastroenteritis. They must learn how to diagnose dehydration and master the management, including the principles of intravenous and oral rehydration.
21. Neonatal Jaundice - students must possess the knowledge related to the physiology of bilirubin production in the neonate, learn about the potential complications of hyperbilirubinemia and how to manage increasing levels of bilirubin.
22. Delayed Development - students should have a detailed knowledge of normal developmental milestones and be able to recognize true abnormalities in achieving those.
23. Shock - they should know the pathophysiology, etiology, clinical presentation and management of shock, hypovolemic and septic shock in particular
24. Febrile seizures - students should learn about the concept of febrile seizures and how it is not the same as any seizure with a fever. Students must learn the concept that febrile seizures are seen only in a certain age group and learn the pathophysiology so that they can counsel the parents accordingly.
25. Congenital Heart Disease - students must have a basic knowledge of the embryology of the developing heart, the physiology of fetal circulation, and the clinical presentation and management of common congenital heart lesions, VSD and tetralogy of Fallot in particular.
26. Pelvic Inflammatory Disease - they must possess the knowledge of the epidemiology of STIs and PID, clinical presentation and management.
27. Toxic ingestion - students should know the general principles governing toxic ingestion - accidental or intentional.
28. Non-accidental trauma - students should have the knowledge of specific history and exam findings that should raise the suspicion of non-accidental trauma. Students should also have a superficial knowledge of how the Child Protective Services function.
29. Down's syndrome - they must be familiar with general principles of genetic disorders, the specific findings in Trisomy 21 and the management of potential complications.
30. Kawasaki Disease - students must be familiar with the criteria to diagnose complete and incomplete Kawasaki Disease. They must understand the importance of timely diagnosis and the potential complications that can occur if it is missed.

Interpersonal Skills and Communication (ICS):

The student will be able to:

1. Utilize effective communication skills with patients, families and members of the health care team. Students will demonstrate active listening, empathy, eliciting the patient's concerns and values, and will develop a management plan which involves the patient. All patient encounters should include respectful communication that the patient can understand.
2. Demonstrate caring and respect when interacting with patients and their families even when conflicts or emotionally charged situations arise
3. Demonstrate ability to respectfully communicate with patients regardless of gender, socio-economic, cultural or sexual differences
4. Utilize a biopsychosocial approach when assessing a patient concern
5. Present cases to health care team members in an organized - efficient manner
6. Present acute problems with appropriate depth to determine diagnosis and treatment plan
7. Discuss chronic conditions including management of disease, prevention strategies and any barriers to adherence

Professionalism:

The student will be able to:

Accept responsibility to place the interests of patients first while striving to achieve competence during the rotation. Students will learn to maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients' families, society, the medical industry, and their own self-interests.

1. Demonstrate honesty, integrity and respect with patients, families and members of the health care team
2. Know principles of medical ethics specifically in regard to the patient-physician relationship
3. Attend to responsibilities and completes duties as required including completion of CLIPP cases, patient logs, mid-rotation evaluation, quality improvement project, and student feedback survey
4. Demonstrate accountability by being on time and prepared for both patient sessions and didactic conferences
5. Recognize personal knowledge and skills gaps and limitations, and seek assistance accordingly
6. Maintain emotional, physical and mental health including planning for prevention and implementing a strategy to address fatigue and impairment when present
7. Demonstrate the ability to earnestly request feedback and graciously accept constructive feedback with openness and a desire for growth and improvement.

Systems based Practice (SBP):

The student will be able to:

1. Discuss the role of the pediatrician in the delivery of health care. Students will recognize that health systems based on primary care have better medical outcomes, lower medical costs, improved access, and decreased health disparities.
2. Identify resources for patients and plan cost-effective care
3. Recognize the importance of patient safety and contribute to providing a safe environment for patients, families and members of the health care team
4. Recognize the importance of team based care and actively participate
5. Discuss the health care system and the role of the pediatrician in providing coordinated, comprehensive, and cost effective continuity care
6. Recognize a clinical process that was established to improve care (flow sheet, standing vaccination orders etc)
7. Identify a potential quality gap and use a model for process improvement including PDSA cycles

Practice Based Learning and Improvement (PBLI):

The student will be able to:

1. Demonstrate the ability to investigate and evaluate the care of patients. The student will appraise and assimilate scientific evidence, and work to continuously improve patient care based on feedback and self-directed learning.
2. Acknowledge gaps in personal knowledge and expertise and frequently ask for feedback
3. Use feedback to improve learning and experience
4. Utilize evidence based resources in patient care including at the point of care and in group discussions
5. Identify and perform recommended age-appropriate screenings
6. Apply current guidelines for immunizations

Weekly Assignments:

We are providing a weekly study plan for assuring that you acquire the fundamental knowledge required of this clerkship. Adherence to this list of tasks and assignments will help maximize your comprehension of important topics, and will also be instrumental in your NBME Subject Clerkship Exam (SCE) preparation.

| Weeks | Lectures | Assignments/Required Reading | Exercises/ CLIPP Cases |
|---------------|--|--|------------------------------------|
| Week 1 | Asthma + Status Asthmaticus | | |
| | Otitis media | Read " Model H&P " (eCollege) | CLIPP 2 (Infant) |
| | Common pediatric GI disease | | CLIPP 12/13 (Asthma) |
| Week 2 | Breastfeeding | Read " Breastfeeding and the use of human milk " (eCollege) | CLIPP 1 (Newborn) |
| | Normal newborn | | CLIPP 8 |
| | UTI | Complete Mini-CEX | (Neonatal Jaundice) |
| Week 3 | Developmental Milestones | | CLIPP 4 (School) |
| | Pediatrics neurology | Read " development " (eCollege) | CLIPP 28/29 |
| | Bronchiolitis, Pneumonia, Croup | | (Delayed Development) |
| Week 4 | Pediatric Dermatology | | CLIPP 3 (Dermatitis) |
| | Pediatrics hematology-oncology | Complete Mid-Rotation Evaluation | CLIPP 27 |
| | Anemia | | (Gastroenteritis) |
| Week 5 | Common Pediatric Infections and Immunization | Read " Diagnosis and Management of Acute Otitis Media " (eCollege) | CLIPP 10 |
| | Congenital Heart Disease | Read " UTI " (eCollege) | (UTI/Viral Illness) |
| | Failure to thrive | Complete Mini-CEX | CLIPP 14 |
| Week 6 | Shock | | (GAS/Viral Pharyngitis) |
| | Clinical genetics | Complete End of Rotation Evaluation | CLIPP 5/6 (Male/Female Adolescent) |
| | Down's Syndrome | | |

All links to the reading assignments can be found on eCollege

CLIPP cases can be accessed through MedU

Clerkship Grading:

Clerkship Grading Overview:

1. Clinical Clerkships Assessment of Medical Student Performance - **65% of your final clerkship grade**

2. NBME SCE - 25%
3. Online Curriculum Requirements - 10% (in order to receive full credit a student must:
 - A. Log 100% of EPEs/EPPs
 - B. Confirm a Mid-Clerkship Review
 - C. Complete the End of Clerkship Evaluation)

Clinical Clerkship Assessment of Medical Student Performance:

Clinical Clerkship Assessment of Medical Student Performance (CCAMSP) - 65% of your final clerkship grade
The Clinical Clerkship Assessment of Medical Student Performance form, exhibit A.1, will be completed by your site clerkship director with input from all of those who have worked with you throughout the clerkship.

National Board of Medical Examiners (NBME) Subject Clerkship Exam (SCE) – 25% of your final grade:

Students will have a 14-day "window" to sit for the subject clerkship exam. The window begins on the last Monday of the rotation.

Students are required to coordinate their exam date with the office of medical education and the director of medical education at their respective site to minimize impact on clinical responsibilities.

Failure of a SCE exam results in an "Incomplete" with an opportunity to re-take the exam and receive a maximum grade of "C" for the SCE. Other policies related to the Clinical Clerkship Assessment of Medical Student Performance component of the grade are established and unchanged (i.e., two or more "F" grades results in a failing grade for the rotation).

Please refer to the Latest Student Handbook for further details.

Online Curriculum Participation - 10% of your final grade:

Online Curriculum Requirements consist of:

- A. Log 100% of EPEs/EPPs
- B. Confirm a Mid-Clerkship Review
- C. Complete the End of Clerkship Evaluation.

Adherence to the above is made possible through the many resources within the eCollege course, and use of E*Value for recording.

Failure to complete **all** components of the Online Curriculum Requirements will result in an "Incomplete" or failing grade for this portion of the final core clerkship grade.

Required Clinical Experience:

During your rotation, you will be required to be familiar with certain diagnoses and several procedures. We have used the terms Essential Patient Encounters (EPE) and Essential Patient Procedures (EPP) to designate these conditions. Aware that you might not actually experience every condition, we have provided Complementary Cases (MedU CLIPP Cases) to help you fulfill these requirements. These simulated cases may also be used as a review, or to prepare for encounters at your clinical site.

EPEs:

You can access the e-book here: [Nelson Essentials of Pediatrics](#)

EPE and CLIPP Cases

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Cases | Recommended Readings | Marc Dante KJ, et al. Nelson's Essential of Pediatrics. 7th ed., Philadelphia : Elsevier, 2015. |
|-------------------------------------|----------------|---------------------|--|---|
| 1. Newborn (0-1mo) | 1 | CLIPP 1 | Development milestones: cognitive development (Pediatrics in Review 2010; 31: 364 Breast feeding and the use of human milk (Pediatric 2005; 115; 496-506) | Chapter 58 |
| 2. Infant (1-12mo) | 1 | CLIPP 2 | Development milestones: motor development (Pediatrics in Review 2010; 31:267) | |
| 3. Toddler (12-60mo) | 1 | CLIPP 3 | Development milestones:socio-emotional development (Pediatrics in Review 2011; 32: 533) | |
| 4. School (5-12yo) | 1 | CLIPP 4 | | |
| 5. Adolescent-Male (13-19yo) | 1 | CLIPP 5, 6 | | Chapter 67 |
| 6. Adolescent-Female (13-19yo) | 1 | CLIPP 5, 6 | | Chapter 68 |
| 7. Asthma | 1 | CLIPP 12, 13 | | Chapter 78 |
| 8. Bronchiolitis | 1 | CLIPP 12, 13 | | Chapter 109 |

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Cases | Recommended Readings | Marc Dante KJ, et al. Nelson's Essential of Pediatrics. 7th ed., Philadelphia : Elsevier, 2015. |
|---------------------------------------|----------------|---------------------|--|---|
| 9. Pneumonia | 1 | CLIPP 12, 13 | | Pediatric Pneumonia (youtube) |
| 10. Croup | 1 | CLIPP 12, 13 | | Chapter 107 |
| 11. Urinary Tract Infection (UTI) | 1 | CLIPP 10 | Urinary Tract Infections (AccessMedicine.com) * — | |
| 12. Viral Illness | 1 | CLIPP 10 | | |
| 13. Viral Exanthem | 1 | CLIPP 3 | | Chapter 97 |
| 14. Cellulitis | 1 | CLIPP 3 | | Chapter 98 |
| 15. Atopic Dermatitis | 1 | CLIPP 3 | | Chapter 80 |
| 16. Contact Dermatitis | 1 | CLIPP 3 | | Chapter 191 |
| 17. Group A Streptococcus Pharyngitis | 1 | CLIPP 14 | | Strep Throat and Scarlet Fever (youtube) |
| 18. Viral Pharyngitis | 1 | CLIPP 14 | | Chapter 103 |
| 19. Otitis Media | 1 | CLIPP 14 | Diagnosis and Management of Acute Otitis Media (Pediatrics 2004; 113; 1451-1465) | Chapter 105 |
| 20. Gastroenteritis | 1 | CLIPP 27 | | Chapter 112 |

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Cases | Recommended Readings | Marc Dante KJ, et al. Nelson's Essential of Pediatrics. 7th ed., Philadelphia : Elsevier, 2015. |
|--|-----------------------|----------------------------|-----------------------------|--|
| 21. Neonatal Jaundice | 1 | CLIPP 8 | | Chapter 62 |
| 22. Delayed Development | 1 | CLIPP 28, 29 | | Chapter 174 |
| 23. Shock | 1 | CLIPP 16, 23 | | Chapters 38 & 40 |
| 24. Febrile seizures | 1 | CLIPP 19 | | Chapter 181 |
| 25. Congenital Heart Disease (VSD) | 1 | CLIPP 18 | | Chapter 143 |
| 26. Pelvic Inflammatory Disease | 1 | CLIPP 22 | | Chapter 116 |
| 27. Toxic ingestion | 1 | CLIPP 24 | | Chapter 37 |
| 28. Non-accidental trauma | 1 | CLIPP 25 | | Chapters 41 & 42 |
| 29. Down's syndrome | 1 | CLIPP 29 | | Chapter 49 |
| 30. Kawasaki | 1 | CLIPP 11 | | Chapter 88 |

EPPs:

| Essential Patient Procedures (EPPs) | Minimum Number |
|---|-----------------------|
| 1. Nebulizer Treatment - Observe, Assist, Perform | 1 |
| 2. Vision Screen -Observe, Assist, Perform | 1 |

| Essential Patient Procedures (EPPs) | Minimum Number |
|--|----------------|
| 3. Throat Culture - Observe, Assist, Perform | 1 |
| 4. Charting of Height & Weight on Growth Curve - Perform | 1 |
| 5. Denver Developmental Screen | 1 |

Patient Logs:

Case Logger:

To meet the goals and objectives of the clinical core clerkship. This content needs to be update so it is more generic - and it applies IMF and fulfill the requirements of the educational experience outlined in the curriculum guidelines, RUSM clinical students are required by the university to maintain a log of patient encounters.

The web and mobile-based Case Logger helps students to quickly log real and simulated patient encounters, procedures and diagnoses, build on their clinical portfolio, monitor and track progress, and maintain a history of daily clinical activities.

Case Logger Guidelines:

1. All patient encounters must be logged including actual, simulated and standardized patients as well as online interactive cases.
2. All patient encounters should be logged within 24 hours of the date of interaction.
3. The number of days allowable for backlog is 14 days. The date of interaction automatically defaults to the current date. The system will not accept an interaction date of 10 days prior to the current date.
4. Report E*Value technical problems to the E*Value Administrator at E-ValueAdmin@RossU.edu.

For your reference: [Evalue Case Logs Guide.pdf](#)

Lecture Series:

Students receive many quality lectures at their specific clerkship site. We have listed the most common topics presented and the corresponding Learning Outcomes.

In the event that you miss a lecture or do not receive an extensive discussion of a particular topic, please use the Online Lecture to supplement your local lecture schedule. You may also consider each online presentation for increasing you depth and breadth of knowledge.

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------|--|----------------------------|
| 1 | Pediatric H&P | 1. Understand the difference between an adult | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------------|--|----------------------------|
| | | <p>patient H&P and a pediatric H&P</p> <ol style="list-style-type: none"> Learn how to obtain developmental history in a child Learn how to obtain and interpret immunization history Learn the practical aspects of approaching a toddler or a young child for physical exam Learn how to formulate an assessment with emphasis on differential diagnosis | |
| | Asthma + Status Asthmaticus | <ol style="list-style-type: none"> Learn etiology, epidemiology and natural history of asthma Understand the pathophysiology of asthma Know the classification of asthma Learn about viral induced wheezing Diagnose status asthmaticus and learn principles of | Becker Pediatrics Ch. 8-3 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------|---|----------------------------|
| | | treating an acute asthma attack | |
| | | 1. Describe current thinking about advantages of breastfeeding | |
| | | 2. Recognize recent demographic, geographic and prevalence trends in US breastfeeding rates | |
| | Breastfeeding | 3. Recognize major contraindications to breastfeeding | Becker Pediatrics Ch. 1 |
| | | 4. Describe major differences between colostrum, mature milk and formula | |
| | | 5. Recognize and manage common problems for breastfeeding mothers and infants | |
| 2 | Normal Newborn | 1. Demonstrate the components of a newborn physical exam, including assessment of gestational age | |
| | | 2. Understand and demonstrate appropriate timing for newborn exams and the key reasons for | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|--------------------------|---|----------------------------|
| | | doing a particular exam | |
| | | 3. Recognize and understand the physiologic characteristics that are unique to the newborn period | |
| | | 4. Identify and distinguish common anatomic and physiologic variations that can be present during the physical exam of a normal newborn | |
| | | 1. Evaluate the motor, cognitive, behavioral and language milestones in children from birth to teenage years | |
| | | 2. Recognize the wide spectrum of "normal" milestones and learn to differentiate this from developmental delay | |
| | Developmental Milestones | 3. Recognize that some normal children "skip" certain milestones | Becker Pediatrics Ch. 1 |
| | | 4. Emphasize that most cases of language delay | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|---------------------------------|--|---|
| | | are related to hearing loss | |
| | Bronchiolitis, Pneumonia, Croup | <ol style="list-style-type: none"> 1. Recognize and understand the anatomic and physiologic differences between the airway of an infant/young child vs. an older child/adult 2. Understand the clinical presentation of upper and lower respiratory tract infections and how to differentiate between the two 3. Recognize that certain pediatric respiratory conditions are unique to certain age groups 4. Learn to differentiate between a viral and bacterial respiratory infection 5. Learn the management of bronchiolitis, pneumonia and croup | onlinemeded Stridor Upper & Lower Airways |
| 3 | Pediatric Dermatology | <ol style="list-style-type: none"> 1. Learn to differentiate between different | onlinemeded Peds Infectious Rashes |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------------|--|---|
| | | types of skin lesions (macule, papule etc.) | |
| | | 2. Learn a common sense approach to a child with a rash | |
| | | 3. Recognize common parasitic,viral and other infectious exanthems in children | |
| | | 4. Recognize and be able to identify common birthmarks | |
| | | 5. Understand the basic issues surrounding contact dermatitis | |
| | | 1. Formulate an age appropriate differential diagnosis of acute and chronic abdominal pain | |
| | Common Pediatric GI Disease | 2. Formulate a different diagnosis of recurrent abdominal pain and learn about functional abdominal pain | onlinemeded Vomiting , GI Bleed , Failure to Pass Meconium , Congenital Defects , Neonatal Jaundice |
| | | 3. Learn to diagnose and manage conditions such as constipation, infantile colic, Meckel's | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|---|---|---|
| | | diverticulum and appendicitis | |
| | | 4. Formulate an age appropriate differential diagnosis for rectal bleeding | |
| | | 5. Understand the differential diagnosis of jaundice | |
| | | 1. Recognize clinical features of common pediatric viral infections such as EBV, HSV, varicella, mumps, rubella and parvovirus B19 | |
| | | 2. Recognize the clinical features and age specific presentation of childhood bacterial infections such as Staphylococcus aureus, GBS, Streptococcus pneumonia, Neisseria and pertussis | |
| | Common Pediatric Infections and Immunizations | 3. Learn about the brief history of immunization and recent advances in prevention of pediatric infections | |
| | | 4. Discuss absolute contraindications | |
| | | | onlinemedmed Peds ID Review , Peds Infectious Rashes , Vaccinations |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|--------------------------|---|---|
| 4 | Congenital Heart Disease | for specific immunizations | |
| | | <ol style="list-style-type: none"> 1. Learn about the prevalence of congenital heart disease in the general population 2. Recognize and understand the differences in pathophysiology for left to right vs. right to left shunt 3. Learn about the presentation and management of common congenital heart diseases such as VSD, ASD, coarctation and tetralogy of Fallot | onlinemeded Peds CT Surgery |
| | Shock | <ol style="list-style-type: none"> 1. Understand the definition and pathophysiology of shock 2. Discuss different clinical types of shock 3. Learn how to quickly assess shock based on physical exam 4. Learn how to manage hypovolemic shock 5. Learn to differentiate between cold and | onlinemeded Allergies |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------|--|---|
| | | warm shock and how to manage septic shock | |
| | Anemia | <ol style="list-style-type: none"> 1. Understand the definition and pathophysiology of anemia 2. Understand the approach to the history, physical exam and differential diagnosis in an anemic patient 3. Recognize the difference between acute and chronic anemia 4. Learn about nutritional anemias in children 5. Understand the differential diagnosis of hemolytic anemias with emphasis on sickle cell disease | onlinemeded Sickle Cell Disease |
| 5 | Clinical Genetics | <ol style="list-style-type: none"> 1. Learn the simple classification of genetic disorders 2. Know the terminology used for common phenotypic abnormalities 3. Learn some essential facts | Becker Obstetrics Ch. 13 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------|--|---|
| | | about the most common genetic disorders in the U.S. | |
| | | 4. Learn about the importance of neonatal screening for genetic disorders | |
| | | 1. Understand the physiology of bleeding and coagulation disorders | |
| | | 2. Learn clinical issues surrounding thrombocytopenia, hemophilia and Von Willebrand disease | onlinemeded Hem Onc (not under Peds) https://onlinemeded.org/hematology-oncology/bleeding https://onlinemeded.org/hematology-oncology/thrombocytopenia https://onlinemeded.org/hematology-oncology/leukemia |
| | Hematology-Oncology | 3. Learn about the diagnosis and evaluation of childhood leukemia | |
| | | 4. Learn about the most common childhood malignant tumors | |
| | | 1. Learn about the basic concepts surrounding Cerebral Palsy | |
| | Pediatric Neurology | 2. Learn the approach to a child with seizures | onlinemeded Seizures |
| | | 3. Learn about clinical issues surrounding | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-------------------------|---|---|
| 6 | Otitis Media | common Neurocutaneous disorders | onlinemeded Ear Nose Throat |
| | | 1. Learn about the epidemiology and infectious etiology of otitis media | |
| | | 2. Learn about evaluation and appropriate diagnosis of otitis media | |
| | | 3. Learn about complications of otitis media | |
| | Urinary Tract Infection | 4. Learn about management of otitis media | onlinemeded Urology |
| | | 1. Learn about the etiology of UTI based on age | |
| | Failure to thrive | 2. Learn about vesico-ureteric reflux | Becker Pediatrics Ch. 11-3 |
| | | 3. Learn about AAP guidelines for management and their rationale | |
| | | 1. Learn how to differentiate between functional and organic FTT | |
| | | 2. Learn how to diagnose and evaluate FTT | |
| | | 3. Learn about the etiology of | |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Week | Lecture Title/Content | Lecture Learning Outcomes - A student should be able to: | Alternate Lecture Resource |
|------|-----------------------|--|----------------------------|
| | | functional and organic FTT | |
| | | 4. Learn about the management of FTT | |

Assessment & Evaluations:

Assessment Overview:

Mid-Clerkship Review – see exhibit A.2

Clinical Clerkship Assessment of Medical Student Performance – see exhibit A.1


**Ross University
School of Medicine**
**Office of Hospital Partnerships
and Compliance**
 2300 SW 145th Ave, Suite 200
 Miramar, FL 33027
 Phone: 754-208-4590

Clinical Clerkship Assessment of Medical Student Performance

At the conclusion of the clerkship, the physician overseeing this medical student's performance must complete this form.

Please also provide comments or examples to support your assessment.

Student's Last Name: _____

Name of Clerkship: _____

Student's First Name: _____

Clerkship Duration (# of Weeks): _____

Start Date: _____ **End Date:** _____

Hospital: _____

CRN: _____

Student ID: @ _____

Term: _____

- I. Knowledge for Practice (KP):** (Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care)

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Demonstrate an investigatory and analytic approach to clinical situations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- II. Patient Care (PC):** (Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Compassionate and effective treatment of health problems and health promotion.)

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- III. Professionalism (P):** Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Demonstrate compassion, integrity, privacy, and accountability to patients, society, and the profession with commitment to ethical principle, laws, policy and regulation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name: _____

First Name: _____

CRN: _____

- IV. Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Communicate effectively with patients, families, colleagues and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- V. Practice-Based Learning and Improvement (PBLI):** Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Identify strengths, deficiencies, and limits in one's knowledge, expertise and incorporate feedback in daily practice and performs learning activities to address the gaps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VI. Systems-Based Practice (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Coordinate care and work effectively in various health care delivery settings and systems relevant to one's clinical specialty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VII. Interprofessional Collaboration (IPC):** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Communicate and work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VIII. Personal and Professional Development (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors and healthy coping mechanism to stress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name: _____

First Name: _____

CRN: _____

Comments in this section are for the student **ONLY** and will not be included in the Medical Student Performance Evaluation (MSPE):

Comments in this section will be included in the Medical Student Performance Evaluation (MSPE):

Last Name: _____ First Name: _____ CRN: _____

Clerkship Director and/or
Preceptor Signature: _____

Must be signed on or after the
last day of the clerkship

Print Name of Clerkship Director and/or
Preceptor: _____

Title: _____

Hospital: _____

Telephone: _____

Address: _____

City, State: _____

Zip: _____

Within thirty days after completion of clerkship, return the form to: Office of Hospital and Partnerships and Compliance, Ross University School of Medicine, 2300 SW 145th Avenue, Suite 200, Miramar, FL 33027. Please retain a copy for Hospital records.

CREDIT IS AWARDED ONLY FOR ORIGINAL ASSESSMENT

STATEMENT OF CLERKSHIP DIRECTOR and/or DIRECTOR OF MEDICAL EDUCATION

I, _____ certify that above student has _____ weeks in _____

At _____ (PLEASE PRINT).

Original Signature

Print or type the Name of Clerkship Director and/or Director of Medical Education

Instructions for Completing the Clinical Clerkship Assessment of Medical Student

Performance

Effective for all clinical clerkships with a start date of January 1st, 2017

Grading Policy

| | |
|---|---|
| <p>You are asked to evaluate the student on measures. ¹</p> <p>I. <u>Knowledge for Practice (KP)</u></p> <p>II. <u>Patient Care (PC)</u></p> <p>III. <u>Professionalism (P)</u></p> <p>IV. <u>Interpersonal and Communication Skills (ICS)</u></p> <p>V. <u>Practice-Based Learning and Improvement (PBLI)</u></p> <p>VI. <u>Systems-Based Practice (SBP)</u></p> <p>VII. <u>Interprofessional Collaboration (IPC)</u></p> <p>VIII. <u>Personal and Professional Development (PPD)</u></p> | <p>The final grade will be calculated as follows:</p> <ul style="list-style-type: none">• A, (Honor) = 4 points• B, B+(High Pass) = 3 points• C, C+ (Pass) = 2 points• Each F (Fail) is given 0 points <ul style="list-style-type: none">▪ Please mark the chosen grade box.▪ Do not check more than one grade box per measure.▪ Do not check in between grade value boxes.▪ Evaluations must be submitted to RUSM no later than 30 days after the conclusion of the clerkship. |
|---|---|

For clerkships with direct patient contact, the points (40 maximum) will be added and the total divided by 10.

For clerkships which do **not** entail direct patient contact (e.g. pathology, radiology), the two ratings on II (Patient Care) and the two ratings on VIII (Interpersonal Collaboration) may remain ungraded. Calculation of the final grade will be determined using a modified denominator.

The student's final Clinical Clerkship Assessment of Medical Student Performance grade will be as follows:

A = 3.70 – 4.00
B+ = 3.30 – 3.69
B = 2.70 – 3.29
C+ = 2.30 – 2.69
C = 1.70 – 2.29
F = < 1.70


Any student who receives TWO (2) or more F's on the Clinical Clerkship Assessment of Medical Student Performance evaluation will fail their rotation regardless of the point calculation and must repeat the rotation. If you have questions related to performance, please contact the Associate Dean's Office for Academic and Student Operations and Affairs at Clinical@RossU.edu.

Comments

Clerkship Directors / Preceptors are encouraged to make formative comments by providing specific examples of skills / behaviors in Student Feedback Section ONLY. Specific examples of exemplary skills/behaviors should be entered in MSPE section.

Exhibit A.2 - Mid-Clerkship Review

| | |
|---|--|
| Ross University School of Medicine | Office of Medical Education 2300 SW 145 th Ave, Suite 200 Miramar, FL 33027 Phone: 754-208-4590 |
|---|--|



ROSS UNIVERSITY
 SCHOOL OF MEDICINE

Mid-Clerkship Student Progress (Formative Assessment)

In case of any concerns or queries please contact: Clinical@RossU.edu

The physician overseeing the medical student's clerkship must complete this formative assessment form. Please also provide comments or examples to support your assessment.

Date & Time: _____

Student's Last Name: _____ **Name of Clerkship:** _____

Student's First Name: _____ **Clerkship Duration (# of Weeks):** _____

Hospital: _____

For ROSS Official Use

CRN: _____ **Student ID: @** _____
Term: _____

Review of Clinical Experience

Patient Care: The Student provides patient care that is compassionate, appropriate and effective.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interpersonal and Communication Skills: The Student communicates effectively with patients, families and the healthcare team.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Medical Knowledge: The Student demonstrates knowledge of established and evolving biomedical, clinical and social sciences.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Professionalism: The Students demonstrates a commitment to carrying out professional responsibilities, and to be responsive.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill this part with feedback to the student:

| List this Students' Strengths | List this Students' Areas of Improvement |
|-------------------------------|--|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Action Plan (If required):

 Student Signature

 Preceptor or clerkship director Signature