**2017-2018**

# Clerkship Manual

# PEDIATRICS

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

# Pediatrics Clerkship Manual

1501 N. Campbell Avenue
Tucson, Arizona 85724
Phone 520-626-4657• Fax 520-626-5652

# Table of Contents*

* Click on the page number at right in the Table of Contents above to go directly to each section.

# The University of Arizona
# College of Medicine – Tucson
# Pediatric Clerkship

## Welcome

TO: Junior Clerks in Pediatrics

FROM: Ziad M. Shehab, M.D.
Professor of Clinical Pediatrics and Pathology
Clerkship Director

Fayez K. Ghishan, M.D.
Professor and Head

---

Welcome to Pediatrics! We feel that our department's unique contribution to your education will consist of a constellation of experiences that include an introduction to children, their uniqueness in life, their special medical problems, the techniques necessary to obtain data from them, and a beginning insight into growth and development as biologic and medical phenomena, both normal and abnormal.

Our faculty will provide you with an educational and stimulating environment in which you begin to learn the fundamentals of Pediatrics. We recognize that you cannot "learn" Pediatrics in your 6-week clerkship but you will be exposed to children in whatever area of medicine you choose for your career. During the clerkship, you can learn certain basic principles, approaches and facts that will develop as a foundation for continued learning in this discipline. The third year will allow you to start putting into use the basic principles you have acquired over the last few years and begin the exploration of the practice of medicine. The clerkship has been designed with these objectives in mind. We firmly believe in the importance of junior medical student education -- after all, that is the primary function of a medical school.

We only ask you to display an eagerness to learn and conduct yourself as a professional. For our part, we will put forth considerable effort to have you succeed in your achievement.

We should be fairly clear on what is expected of you:

1. We expect you to expand considerable effort towards your own learning by pursuing the responsibilities assigned to you. This includes patient care duties, attendance at all assigned conferences, seminars and ward rounds and a significant amount of reading related to the general principles of pediatrics as outlined in the Learning Objectives section of your clerkship manual.

2. We expect you to demonstrate an enthusiasm for the study of medicine and Pediatrics. The Department of Pediatrics will provide the opportunity, the supervision, and the guidance -- you must provide the enthusiasm.

3. We expect you to demonstrate professional integrity. This includes reporting accurately what you see, hear, feel or obtain - not what the faculty expects to hear.

4. We expect you to acquire increased abilities in several areas:

    - Pediatric Data Collection: Obtaining a history and performing a physical examination in children from newborns to adolescents requires interactions with the child as well as the parent or caretaker. This will require a sensitive attitude and depending on the age of the child and their degree of illness, very different techniques and skills. We expect you to reach a level of competence and comfort with these skills.
    - Facts: We expect that you will learn new information, improve and modify old information, and integrate the two. We expect that you will behave as adult learners and will read a lot independently. Rounds, conferences, conversations, and meetings can augment, amplify, help to explain and develop concepts, but only personal effort in reading will provide you with a solid foundation. We expect of you two to four hours of reading per day to cover all the required material for the clerkship. Reading and data acquisition are more meaningful when put in the context of a patient. See as much as you can! Be each other's teachers and share and demonstrate to each other the interesting physical findings and patients.
    - Problem solving: No one can teach you problem solving. We can model the process for you, we can critique your clinical reasoning and force you to examine your capabilities in this area, but you provide the "basic stuff" and by exercising your mind, undertake the clinical judgment process.
    - Professional attitudes: As you pass through medical school, you combine your own personality traits with acquired behavior you learn from your patients, your peers, and your teachers. You should end up, not only a professional, but thinking of yourself as a professional.

5. Needless to say, we expect your performance to be at least at the passing level. Your evaluation will be based on a number of items:

    - At the end of the clerkship you will take the NBME Pediatric Subject Examination.
    - Evaluations: You will be evaluated by your faculty attendings, preceptors and house officers on the basis of your knowledge, motivation, problem-solving ability, attitude and relationship to patients, colleagues and health care personnel, an estimation of your motivation during the clerkship, your abilities to perform a history and physical examination, your sense of responsibility and your attendance.
    - Overall estimate of your professionalism made by your preceptors based on their daily observations of you and their evaluation of your integrity, sense of responsibility and doctor-patient relationships.

Learning is both fun and hard work. Children are fun and challenging, so enjoy yourself and work hard. We hope to share with you the excitement that is inherent to Pediatrics. In the end, you are the beneficiary of your education and your future patients will be the ultimate benefactors.

## Clerkship Co-Director, Coordinator and Committee Members

**Ziad M. Shehab, M.D.**
Clerkship Director, Pediatrics
Professor, Pediatrics and Pathology
Associate Department Head for Medical Education, Pediatrics
zshehab@peds.arizona.edu

**Larissa Gronenberg**
Program Coordinator, Sr.
Pediatric Medical Student Education
larissag@peds.arizona.edu
520-626-4657
Pediatric Education Office Room 3335

### Pediatric Clerkship Committee:

Nicole Abdy, M.D., Clinical Associate Professor of Pediatrics
Brent Barber, M.D., Professor of Pediatrics
Anna-Marie Cosentino, M.D., Pediatric Chief Resident
Trahern (T.W.) Jones, M.D., Pediatric Chief Resident
Chrisopher Justinich, M.D., Professor of Pediatrics
Erica Laber, M.D., Clinical Assistant Professor of Pediatrics
Chan Lowe, M.D., Associate Professor of Pediatrics
Shalin Patel, MBBS, MPH, Assistant Professor of Pediatrics

Chapter

1

# Clerkship Organization

## Sites

The six-week Pediatric clerkship is divided into two 3-week blocks. You will spend 3 weeks on the inpatient service at Banner University Medical Center-Diamond Children's [DCMC], and 3 weeks in an outpatient clinic, either at Banner University Medical Center (BUMC), BUMC Children's Multispecialty Center (Wilmot Clinic), BUMC North Hills Clinic, BUMC Pantano Clinic, a private practice clinic site (dependent on site availability), or a rural clinic site (dependent on site availability). A newborn nursery experience will be part of the outpatient rotation and will occur at BUMC, no matter where the student is assigned for his/her outpatient rotation (with the exception of those at a rural site).

## Student Assignments to Instructional Sites

### UA COM Procedure for Student Assignments to Instructional Sites

Endorsed by EPC – 04/18/2012
Approved by PCCS – 03/27/2012
Approved by TCCS – 03/15/2012

#### Clinical Rotation Site Assignments


Students request their top choices of clinical sites (process may vary by clerkship). Clinical rotations sites are assigned by the respective clerkship offices in Tucson. When it is not impossible to meet the student's top choice(s), assignments are made with the aim of best meeting, collectively, the student's educational goals and geographic/personal preference.

#### Change of Rotation Site Requests—Extreme Hardships

Although rarely granted, students who wish to change their rotation site after assignments have been made may only apply for a change of rotation site if they have an extreme hardship. Requests will be considered on a case-by-case basis. Students must complete a Change of Clinical Site Request form and submit it to the responsible clinical department coordinator.

Students must provide justification for their request on the form, and if possible, may indicate the student who has agreed to exchange sites in the identical course rotation. Students are required to

verify all information associated with their justification. If the request gains approval, the responsible clinical department notifies the previous and new site.

A change of rotation site may not take place unless the responsible clinical department coordinator has received the above document **as early as possible after the site assignments are published but prior to the start date** of the rotation. The resulting decision will be based on the information provided by the student and any information gathered regarding the site.

## Pediatric Clerkship Procedure for Assignment to Clinical Sites

Students may submit their top choices of clinical sites at least one month prior to the begin of the clerkship. If students are requesting specific rural sites they must submit their choices at least six weeks before the begining of the Clerkship. If students are requesting an IHS site they must submit their request three months in advance.
Submitting a request does not guarantee the student will be able to attend a rotation at that site.
All credentialing materials including vaccine record, drug screen, and credentialing paperwork must be completed in a timely matter.

## Indian Health Service (IHS) Drug Regulations for Clinical Sites

Housing on tribal lands is subject to federal law in addition to tribal law. Federal law prohibits the sale and use of alcohol on tribal lands; it also prohibits the possession of any alcoholic beverage, including, but not limited to beer, wine, and spirits. While students are at an IHS site, he/she will be expected to be a respectful guest and abide by these laws. Alcohol is not allowed and failure to comply could result in arrest and citation by tribal officers, as well as disciplinary action by the University.

The only exception to this law is when the tribal body and state has legally authorized the use, possession, and sale of alcohol. Refer to the accompanying chart for tribal rules by location. If you have any questions or concerns, contact your clerkship coordinator.

Note: Federal law does not recognize cannabis to be of medical value and it is currently regulated as a schedule I drug. The law stipulates that any such substance or paraphernalia is unlawful on any federal property and any tribal reservation unless the tribe has legislated otherwise. While Arizona has instituted a medical cannabis program, this substance is prohibited at most IHS sites and tribal reservations.

University of Arizona Statement on Drug Free Campus

| | |
|---|---|
| Tohono O'odam | Alcohol - Title 21, Chapter 1, Article 1<br>Marijuana -Title 7 Chapter 13: Section 13.6 |
| Hopi Code | Chapter 15: §3.15.1<br>Alcohol - A-B.<br>Marijuana - D |

Navajo Code — Title 17 Ch 3: subsection 12
Alcohol -§394, §410
Marijuana §391

Apache Code — Alcohol - Health & Safety Code Section 11.1
Marijuana - Criminal Code - Section 2.5.6

| Clerkship | Location | Name | Reservation | Alcohol | Medical Marijuana |
|---|---|---|---|---|---|
| ***FCM*** | | | | | |
| | San Xavier | San Xavier Indian Health Service Clinic | Tohono O'odam | Prohibited | Authorized |
| | Sells | Sells Indian Health Service Clinic | Tohono O'odam | Prohibited | Authorized |
| | Polacca | Hopi Health Care Center | Hopi | Possession, transportation, use on tribal lands prohibited | Authorized |
| | Tuba City | Tuba City Regional Health Care Corp | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Ft Defiance | Tsehootsooi Medical Center | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Winslow | Winslow Indian Health Services | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Whiteriver | Whiteriver IHS | Apache | Import Prohibited. Limited sale at authorized tribal liquor stores' | Authorized |
| ***Medicine*** | | | | | |
| | Tuba City | Tuba City Regional Health Care Corp | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Ft Defiance | Tsehootsooi Medical Center | Navajo | Possession, transportation, use prohibited* | Prohibited |
| ***OB-GYN*** | | | | | |
| | Tuba City | Tuba City Regional Health Care Corp | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Peridot | San Carlos Apache Healthcare Corp | Apache | Import Prohibited. Limited sale at authorized tribal liquor stores' | Authorized |
| ***Pediatric*** | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Tuba City | Tuba City Regional Health Care Corp | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Ft Defiance | Tsehootsooi Medical Center | Navajo | Possession, transportation, use prohibited* | Prohibited |
| ***Surgery*** | | | | | |
| | Ft Defiance | Tsehootsooi Medical Center | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Tuba City | Tuba City Regional Health Care Corp | Navajo | Possession, transportation, use prohibited* | Prohibited |
| | Winslow | Winslow Indian Health Services | Navajo | Possession, transportation, use prohibited* | Prohibited |

Chapter

2

# Course Description and Educational Objectives

## Course Description

The six-week Pediatric clerkship is divided into two 3-week blocks. You will spend 3 weeks on the inpatient service at Banner University Medical Center-Diamond Children's [DCMC], and 3 weeks in an outpatient clinic, either at Banner University Medical Center (BUMC), BUMC Children's Multispecialty Center (Wilmot Clinic), BUMC North Hills Clinic, BUMC Pantano Clinic, a private practice clinic site (dependent on site availability), or a rural clinic site (dependent on site availability). A newborn nursery experience will be part of the outpatient rotation and will occur at BUMC, no matter where the student is assigned for his/her outpatient rotation (with the exception of those at a rural site).

## Educational Program Objectives and Competencies (Tucson)

The educational program objectives are found in their entirety below, however, they are subject to periodic updating and the most recent version will always be found online.

The College of Medicine – Tucson curriculum is designed to develop six educational competencies central to the practice of medicine.


*In the following competencies and objectives diversity is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics.*

### Patient Care

Graduates obtain appropriate histories; perform skillful, comprehensive and accurate patient examinations; and develop appropriate differential diagnoses and management plans. Graduates will recognize and understand the principles for managing life-threatening situations. They will select, perform and accurately interpret the results of laboratory tests and clinical procedures in order to provide patient-centered care that results in high-quality outcomes. Graduates will be able to:

- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination

- Identify appropriate diagnostic procedures, perform those commonly used, and correctly interpret the results
- Reason deductively and efficiently to reach a diagnosis for patients with common medical conditions
- Outline an optimal plan of management for patients with common medical conditions, and describe prevention plans for common conditions
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial treatment
- Demonstrate knowledge of the principles of rehabilitation, long-term care, and palliative and end-of-life care
- Provide appropriate care to all patients, regardless of any individual characteristics, background, or values
- Provide health care services as well as health education that empower patients to participate in their own care and that support patients, families, and communities in preventing health problems and maintaining health

## Medical Knowledge

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches. Graduates will demonstrate their knowledge in these specific domains:

- Core of basic sciences
- The normal structure and function of the body as a whole and of each of the major organ systems
- The molecular, cellular and biochemical mechanisms of homeostasis
- Cognitive, affective and social growth and development
- The altered structure and function (pathology & pathophysiology) of the body/organs in disease
- The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
- The many and varied social determinants of health and disease
- The legal, ethical issues and controversies associated with medical practice
- Critical thinking about medical science and about the diagnosis and treatment of disease
- The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
- The effective use of information technology to acquire new information and resources for learning

## Practice Based Learning and Improvement

Graduates are prepared to practice medicine today and in the future within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate scientific and patient care information. They are dedicated to continuous learning within the science of healthcare delivery. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities. At the time of graduation, students

have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:

- Identifying strengths, deficiencies and limits in one's knowledge and expertise
- Identifying and performing learning activities that address gaps in one's knowledge, skills, or attitudes
- Incorporate feedback into clinical practices
- Remaining informed about new, most current practices on national and international levels
- Locating, appraising, and assimilating evidence from scientific studies related to clinical care
- Participating in the education of patients, families, students, trainees, peers, and other health professionals
- Obtaining information about the populations and communities from which individual patients are drawn and applying it to the diagnosis and treatment of those patients
- Understanding the population, background, socio-economic, and community factors that can affect health and health care delivery for individual patients
- Identifying and critically analyzing the role and cost-benefits of guidelines, standards, technologies, and new treatment modalities for individual patients
- Describing the causes and systemic approaches to prevent medical errors and provide a safe environment for patient care

## Interpersonal and Communication Skills

Graduates demonstrate interpersonal and communication skills that result in the effective information exchange and collaboration with patients, their families, and health professionals. They use effective communication skills with patients, families, and the community to educate and promote health and wellness. Graduates will demonstrate the ability to:

- Develop a meaningful therapeutic and ethically sound relationship with patients and their families across diverse backgrounds
- Effectively communicate with patients and families by understanding and appropriately responding to emotions, using listening skills, nonverbal, explanatory, questioning and writing skills to elicit information and manage interactions
- Document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
- Encourage patients' health and wellness through appropriate health education
- Engage in collaborative communication when working within a team of one's profession or as part of an interprofessional team

## Professionalism

Graduates are committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and are sensitive to diverse patient populations. Graduates respect patients, families, and professional colleagues and are advocates for improving access to care for everyone. Graduates will exemplify a professional character that exhibits:

- Compassion, integrity, and respect for others
- Respect for patients' autonomy, privacy, and dignity

- Respect for patients' *race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics*
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to patient's needs and society that supersedes self-interest
- The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations
- A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional needs
- Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
- An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

**Systems-based Practice and Population Health**

Graduates demonstrate awareness of and responsiveness to the context and system of health and healthcare. They recognize health disparities and are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, assessing symptoms, diagnosing illnesses, making treatment plans and considering the patient care and systems-level implications of their work. Graduates will demonstrate:

- An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- An understanding of factors involved in healthcare disparities and how to optimize care for vulnerable or underserved populations
- Knowledge of how types of medical practice and delivery systems differ from one another
- An understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocacy for quality patient care and access for all people, including the underserved, and a commitment to assist patients in dealing with system complexities
- The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and knowledge of how these activities can affect system performance
- An understanding of the physician's role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
- The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
- The ability to appropriately mobilize community-based resources and services while planning and providing patient care

## Overarching Clerkship Expectations

The clerkship experiences at the University of Arizona College of Medicine Tucson campus are intended to expand your breadth of knowledge of medicine based on the foundation of your preclinical training at our institution. The clerkships are full-time learning experiences and Curricular Affairs works closely with each department to identify, recruit, and maintain a wide array of sites that offer a range of individualized learning experiences around a core set of goals and specific patient encounters.

Learning experiences are unique to each individual and it is important to understand the learning process can and does occur through many avenues. Both passive (i.e. observing and/or shadowing) and active learning (i.e. hands on) serve the educational mission and provide you with the necessary skills to become a safe and effective future physician. At any given site, we have a diverse array of learners, including residents; therefore, hands on participation is often not possible. While it is unlikely that you will actually perform a laparoscopic appendectomy or deliver a baby by yourself, learning is occurring while holding the laparoscopic camera and by observing the birth process. Your expectations on the clerkships need to be realistic in light of the learning environment and the presence of other learners. Remember, much can be gained by a positive attitude, a desire to learn, and focused observation.

## Clerkship Learning Objectives

| PEDIATRIC CLERKSHIP LEARNING OBJECTIVES | Competency |
|---|---|
| Describe and demonstrate behaviors that respect the patient's modesty, privacy, and confidentiality. | PC, PRO |
| Describe the practical applications of the major ethical principles (i.e. justice, beneficence, non-malfeasance and respect for autonomy). | PRO |
| Demonstrate communication skills with patients and families that convey respect, integrity, flexibility, sensitivity, and compassion. | PRO |
| Show respect for patient, parent, and family attitudes. | PRO |
| Demonstrate behaviors and attitudes that promote the best interest of patients and families, including showing flexibility to meet the needs of the patient and family. | PC, PRO |
| Demonstrate collegiality and respect for all members of the health care team. | IPS, PRO, SBP |
| Exhibit a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, preparedness, flexibility, and maturity in soliciting, accepting, and acting on feedback. | PRO |
| Identify and explore personal strengths, weaknesses, and goals – in general and within specific patient encounters. | PRO |
| Describe the impact of stress, fatigue, and personality differences on learning and performance. | PRO |

| | |
|---|---|
| Apply such skills as the ability to conduct an interview, perform a physical examination, manage medical data, communicate written and oral information, integrate basic science knowledge, search and read literature critically, and teach. | MK, PC, PRO |
| Demonstrate sensitivity to confidentiality, privacy, and modesty during the medical interview and physical examination. | PRO |
| Perform an age-appropriate history and physical examination in children of all ages. | MK, PC |
| Obtain a past history, family history, and social history in an age-appropriate and sensitive manner from a child and/or the accompanying adult. | PC |
| Demonstrate the role of patient observation in determining the nature of a child's illness and developmental stage. | MK, PC |
| Conduct a pediatric physical examination appropriate to the nature of the visit or complaint (complete vs. focused) and the age of the patient. | MK, PC |
| Conduct an effective interview by adapting the interview to the visit (e.g. first visit, acute care, health supervision), or chief complaint. | IPS, PC |
| Demonstrate effective verbal and non-verbal communication skills with children and their parents or families. | IPS |
| Correctly identify the need for an interpreter in specific patient-physician interactions. | IPS, PC |

| PEDIATRIC CLERKSHIP LEARNING OBJECTIVES | Competency |
|---|---|
| Demonstrate effective oral and written communication with the health care team avoiding jargon and vague terms (e.g. clear and normal). | IPS |
| Present a complete, well-organized verbal summary of the patient's history and physical examination findings, including an assessment and plan modifying the presentation to fit the time constraints and educational goals of the situation. | IPS |
| Document the history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, office or clinic visit, acute illness, health supervision visit, and interval care visits). | IPS, PC |
| Write admission and daily orders for a hospitalized patient. | MK, PC |
| Write a prescription specific for a child's weight. | MK, PC |
| Generate an age-appropriate differential diagnosis and problem list based on the interview and physical examination. | MK, PC |
| Search for relevant information using electronic (or other) data bases and critically appraise the information obtained to make evidence based decisions. | PLI |
| Show respect for behaviors and lifestyles, paying particular attention to cultural, ethnic, and socioeconomic influences. | PRO |
| Seek to elicit and incorporate the patient's, parent's and family's attitudes into the health care plan. | IPS |

## Required Patient/Clinical Conditions

| Type of patient/clinical condition | Clinical setting (Inpatient, Outpatient, Both) | Level of student responsibility | Alternative Requirement |
|---|---|---|---|
| Healthcare Maintenance in an infant, toddler, school age child and adolescent | Inpatient or outpatient | Perform physical exam and work up | CLIPP cases 2-5 |
| Developmental delay / concerns | Inpatient or outpatient | | CLIPP case 28 |
| Growth delay / concerns | Inpatient or outpatient | | CLIPP case 26 |
| Abdominal pain | Inpatient or outpatient | | CLIPP case 27 & 16 |
| Fever and rash | Inpatient or outpatient | | CLIPP case 32 |
| Fever without a source | Inpatient or outpatient | | CLIPP case 10 & 11 |
| Lower respiratory tract infection | Inpatient or outpatient | | CLIPP case 13 |
| Upper respiratory tract infection | Inpatient or outpatient | | CLIPP case 12 |
| Hyperbilirubinemia | Inpatient or outpatient | | CLIPP case 8 |

# Required Clinical Skills

**Rationale**
An essential skill for success as a clinician and lifelong learner is clinical problem solving. The process of going from a patient's chief complaint to the creation of an appropriate differential diagnosis and the formulation of a diagnostic therapeutic plan is the core of clinical medicine. Skills essential for competent medical care include the ability to conduct an interview, perform a physical examination, manage medical data, communicate written and oral information, integrate basic science knowledge, search and read the literature critically, and teach. The care of individual patients requires the application of all of these skills.

**GENERAL COMPETENCIES**

1. Demonstrate sensitivity to confidentiality, privacy, and modesty, during the medical interview and physical examination (see professionalism)
2. Demonstrate an ability to perform an age-appropriate history and physical examination in children of all ages

**Specific Skills**:

## A. Interviewing Skills

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

   *Past History*
   - Neonatal history, including:
   - Birth weight and approximate gestational age
   - Maternal complications, such as extent of prenatal care, infections, exposure to drugs, alcohol or medications
   - Problems in the newborn period, such as prematurity, respiratory distress, jaundice and infections
   - Immunizations
   - Previous hospitalizations
   - Surgeries
   - Medications and medication allergies
   - Chronic medical conditions
   - Growth and development
   - Nutrition

   *Family History*:
   - Age and health of family members to include acute and chronic medical conditions
   - Drug and alcohol abuse

- Construct a family pedigree

*Social History*:

- Household composition and socioeconomic status
- School, caregiver, and peer relationships
- HEADSS assessment
- Environmental and Personal Safety Assessment:
  - Seat belts and car seats
  - Bicycle helmets
  - Firearms in the home
  - Smoking
  - Lead exposure
  - Home safety for infants and toddlers

**B. Physical Examination Skills**

1. Demonstrate the role of patient observation in determining the nature of a child's illness and developmental stage
2. Conduct a pediatric physical examination appropriate to the nature of the visit or complaint (complete vs. focused) and the age of the patient
3. Demonstrate an ability to perform the following examination skills

*Appearance*

- Interpret the general appearance of the child, including size, morphologic features, development, behaviors and interaction of the child with the parent and examiner.
- Identify signs of acute and chronic illness in a neonate, infant, toddler, school aged child, and adolescents as evidenced by skin color, respiration, hydration, mental status, cry and social interaction.

*Vital signs*

- Measure vital signs, demonstrating knowledge of the appropriate blood pressure cuff size and normal variation in temperature depending on the route of measurement (oral, rectal, axillary or tympanic)
- Identify variations in vital signs based on age of the patient, the presence or absence of disease, and testing modalities (e.g. blood pressure cuff size).

*Growth* (See section on Growth)

- Accurately graph and interpret height (length), weight, and head circumference
- Calculate, plot, and interpret BMI
- Describe the usefulness of longitudinal data in assessing growth

*Development* (See section on Development)

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

*HEENT*

- Observe, measure, and describe head size and shape, symmetry, facial features, and ear position as part of the examination for dysmorphic features
- Identify sutures and fontanels in neonates and interpret the findings.
- Identify the red reflex and discuss how it is used to detect corneal opacities and intraocular masses.
- Detect the corneal light reflection and discuss how it is used to identify strabismus
- Assess hydration of the mucous membranes.
- Assess dentition
- Observe the tympanic membrane using an otoscope and an insufflator
- Identify the structures of the oropharynx (e.g. uvula, tonsils, palate, tongue) and recognize signs of pathology

*Neck*

- Palpate lymph nodes and describe what anatomic areas they drain
- Demonstrate maneuvers that test for nuchal rigidity
- Palpate the thyroid and any neck masses

*Chest*

- Observe, measure and interpret the rate, pattern and effort of breathing
- Identify normal variations of respiration and signs of respiratory distress e.g. grunting, flaring, and retraction
- Identify normal breath sounds and findings consistent with respiratory pathology such as stridor, wheezing, crackles and asymmetric breath sounds
- Identify transmitted upper airway sounds
- Observe and describe breast tissue according to developmental stage (e.g. Tanner scale)

*Cardiovascular*

- Identify the pulses in the upper and lower extremities through palpation.
- Observe and palpate precordial activity.
- Describe cardiac rhythm, rate, and quality (such as intensity, pitch, and location) of the heart sounds and murmurs and variation with maneuvers through auscultation.
- Assess peripheral perfusion, using a test for capillary refill.
- Identify central versus peripheral cyanosis

*Abdomen*

- Palpate the liver, spleen and kidneys, and interpret the finding based on the age of the patient.
- Assess the abdomen for distention, tenderness, and masses through observation, auscultation, and palpation
- Determine the need for a rectal examination

*Genitalia*

- Describe the difference in appearance of male and female genitalia at different ages and developmental (e.g. Tanner) stages.
- Palpate the testes and identify genital abnormalities in males, including cryptorchidism
- Recognize genital abnormalities in females including signs of virilization

*Extremities*

- Examine the hips of a newborn for developmental dysplasia of the hip using the Ortolani and Barlow maneuvers
- Observe and describe the gait of children at different ages.
- Recognize pathology, such as joint effusions, signs of trauma, and inflammation

*Back*

- Perform and interpret a screening test for scoliosis.
- Examine the back for midline tufts of hair, pits, sacral dimples, or masses.

*Neurologic examination*

- Elicit the primitive reflexes that are present at birth and describe how they change as the child develops.
- Assess the major developmental milestones of newborns, infants, toddlers, school aged, children, and adolescents.

*Skin*

- Describe and assess turgor, perfusion, color, hypo and hyperpigmented lesions, and rashes through observation and palpation
- Identify jaundice, petechiae, purpura, bruising, vesicles, and urticaria.

**C. Patient Communication Skills**

1. Conduct an effective interview by adapting the interview to the visit (e.g., first visit, acute care, health supervision), or chief complaint,
2. Demonstrate effective verbal and non-verbal communications skills with children and their parents or families that include:
    - Establishment of rapport taking into account the patient's age and development stage
    - Use of communication techniques that enable development of a therapeutic alliance being sensitive to the unique social condition and cultural background of the family
    - Identification of the primary concerns of the patient and/or family.
    - Discussion of medical information in terms understandable to patients and families avoidance of medical jargon
3. Correctly identify the need for an interpreter in specific patient-physician interactions.

**D. Peer Communication Skills**

1. Demonstrate effective oral and written communication with the health care team avoiding jargon and vague terms (e.g. clear and normal).
2. Present a complete, well-organized verbal summary of the patient's history and physical examination findings, including an assessment and plan modifying the presentation to fit the time constraints and educational goals of the situation.

3. Document the history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, office or clinic visit, acute illness, health supervision visit, and interval care visits).
4. Write admission and daily orders for a hospitalized patient
5. Write a prescription (see Therapeutics section) specific for a child's weight

**E. Problem solving skills**

1. Demonstrate an ability to generate an age-appropriate differential diagnosis and problem list based on the interview and physical examination.
2. Search for relevant information using electronic (or other) data bases and critically appraise the information obtained to make evidence based decisions.

## HEALTH SUPERVISION

**RATIONALE**

Health supervision which includes assessment of growth and development, prevention of disease by immunization, prevention of injury by education, screening for treatable conditions and promotion of a healthy environment and a healthy lifestyle is essential to pediatric practice and primary care.

**COMPETENCIES**

*Knowledge*

1. List the most common preventable morbidities in childhood and describe strategies for prevention.
2. Describe the components of a health supervision visit including health promotion and disease and injury prevention, the appropriate use of screening tools, and immunizations for newborns, infants, toddlers, school aged children, and adolescents.
3. Describe the rationale for childhood immunizations. (See Prevention).
4. Discuss the rational for screening tests (such as environmental lead questionnaire, domestic violence screening, CBC, urinalysis, blood lead level, and PPD).
5. Describe the indications, appropriate use of the following screening tests:
    - Neonatal screening
    - Developmental screening
    - Hearing and vision screening
    - Lead screening
    - Anemia screening
    - Tuberculosis testing
6. Define anticipatory guidance and describe how it changes based on the age of the child.

*Skills*.

1. Demonstrate an ability to provide age-appropriate anticipatory guidance about nutrition, behavior, immunizations , injury prevention  pubertal development

**PROCESSES**

All students should see during the course of the Pediatric Clerkship should see an infant, toddler, school aged, and adolescent child for a health care supervision visit.

## GROWTH

**RATIONALE**
Growth is a defining feature of childhood. Genetic and environmental factors influence the rate of growth and the final stature and body habitus the child attains. Regular monitoring of growth provides the clinician with one of the best indicators of the underlying health of the child.

**COMPETENCIES**

*Knowledge*

1. Describe variants of normal growth in healthy children, (e.g. familial short stature and constitutional delay).
2. Identify and describe abnormal growth patterns based on the family growth history and the child's previous growth e.g. microcephaly, macrocephaly, short stature, obesity, growth abnormalities related to specific physical findings.
3. Identify failure to thrive and overweight/obesity in a child or adolescent using BMI and other growth measures and outline the differential diagnosis and initial evaluation.

*Skills*

1. Demonstrate ability to measure and assess growth including height/length, weight, and head circumference and body mass index in patient encounters using standard growth charts.

**PROCESSES**
All students on the Pediatric Clerkship should see a patient with a patient with real or possible (e. g. parental concern) issues related to growth (e.g. failure to thrive, obesity, short stature, macrocephaly, microcephaly, constitutional delay, small for gestation age). This can be in the context of a well child examination or a child with a known disorder.

## DEVELOPMENT

**RATIONALE**
The physical maturation and intellectual, social and motor development of the child follow predictable patterns, and provide the physician with a good indicator of the child's health and neurological function. The clinician must be familiar with normal patterns of development in order to detect deviations that might be the first sign of a medical or psychosocial problem.

**COMPETENCIES**

*Knowledge*

1. Describe the four developmental domains of childhood as defined by the Denver Developmental exam (e.g. gross motor, fine motor, language, and social development.

2. Describe how abnormal findings on the development screening tools would suggest a diagnosis of developmental delay

*Skills*

1. Demonstrate an ability to assess psychosocial, language, physical maturation, and motor development in pediatric patients using appropriate resources (e.g. Bright Futures, the Denver Developmental Standard Test 2, and HEADSS. Key features might include the following:

    - Newborn/Infant –Disappearance of primitive reflexes; changes in tone and posture; cephalocaudal progression of motor milestones during the first year; stranger anxiety.
    - Toddler/child - Separation and autonomy in two to three-year olds; sequence of language development; concept of school readiness
    - Adolescent - Sequence of physical maturation (e.g. Tanner scales), cognitive development, and assessment of psychosocial and emotional development (e.g. HEADSS).

**PROCESSES**
All students on the Pediatric Clerkship should see a patient with a patient with real or possible (e.g. parental concerns) issues related to development (e.g. delayed or possibly delayed language, motor, fine motor, or social adaptive skills)

## BEHAVIOR

**RATIONALE**
Providing anticipatory guidance especially in the areas of normative or expected behaviors and identification of abnormal behavior is critical to pediatric practice. Knowledge of age-appropriate behavior allows the physician to recognize deviant behaviors and facilitates earlier intervention.

**COMPETENCIES**

*Knowledge*

1. Identify normal pattern of behaviors in the developing child such as:
    - newborn infants: development and evolution of social skills
    - toddler: autonomy
    - school age: independence
    - adolescence: abstract thinking
2. Describe the typical presentation of common behavioral problems and issues in different age groups such as:
    - Newborn/infants: sleep problems, colic
    - toddler: temper tantrums, toilet training, feeding problems
    - school age: enuresis, attention deficit

- adolescence: eating disorders , risk-taking behavior

3. Describe the emotional disturbances or medical conditions that may manifest as alterations in school performance and peer or family relationships.
4. Describe how somatic complaints may represent psychosocial problems (e.g. recurrent abdominal pain, headache, fatigue, and neurologic complaints (U)
5. Describe the types of situations where pathology in the family (e.g. alcoholism, domestic violence, depression) contributes to childhood behavior problems (U)

*Skills*

1. Identify behavioral and psychosocial problems of childhood using the medical history and physical examination.

**PROCESSES**
All students on the Pediatric Clerkship should see a patient or patients with an individual or parental concern over a specified behavior or group of behaviors (e.g. sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, attention deficit, encopresis, autism, eating disorders, conduct disorders, head banging, poor school performance).

## NUTRITION

**RATIONALE**
Proper nutrition promotes growth and helps maintain health. Some degree of assessment of nutrition is a component of almost every pediatric medical visit. In patients presenting with abnormal growth, nutritional assessment is central to diagnosis and treatment.

**COMPETENCIES**

*Knowledge*

1. Describe the advantages of breastfeeding and describe common difficulties experienced by breastfeeding mothers.
2. Describe the signs and symptoms of common nutritional deficiencies in infants and children (e.g. iron, vitamin D, fluoride, and inappropriate caloric volume) and how to prevent them.
3. Identify children with specific or special nutritional needs (e.g. patients with chronic illness, prematurity, abnormal growth patterns, failure to thrive, obesity, or when family risk factors suggest the possibility that nutritional modification will be needed).
4. Describe nutritional factors that contribute to the development of childhood obesity and to failure to thrive.
5. Discuss risk factors for the development of cardiac disease and diabetes with families. (U)

*Skills*

1. Obtain a dietary history in children of different ages that includes the following: :
    - Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron, fluoride).
    - Toddler/school age child: milk, juice, soda, fast foods, and meal patterns

- Adolescents: meal patterns, nutritional supplements, milk, juice, soda, alcohol, snacking, and fad diets

2. Determine the caloric adequacy of an infant's diet.
3. Provide nutritional advice to families regarding the following:
    - Breastfeeding vs. formula feeding Addition of solids to an infant's diet
    - Introduction of cow's milk to an infant's diet
    - Healthy food choices for children and adolescents
    - Exercise and TV or video viewing and their effect on obesity

**PROCESSES**

All students on the Pediatric Clerkship should see a patient or patients with self or parental concerns or questions about appropriate nutrition (e.g. failure to thrive, questions about breast vs. bottle feeding, questions about switching to formula, when to add solids). This can be in the context of a routine health care supervision visit.

## PREVENTION

**RATIONALE**

Physicians routinely incorporate strategies for prevention of illness and injury into routine health supervision. Immunizations have resulted in a drastic reduction in the rates of certain infectious diseases. Injuries cause the majority of deaths in childhood and adolescence. Illness and injury prevention must be a prominent and recurrent theme during health maintenance and other health care visits. The American Academy of Pediatrics most medical groups no longer use the term "accident" as most childhood injuries are believed to be predictable and preventable.

Note: There is a significant amount of overlap with the Health Supervision portion of the curriculum. Poisoning is covered in a separate section. Domestic violence is also addressed in the sections on Behavior, Issues Unique to Adolescence, and Child Abuse.

**COMPETENCIES**

*Knowledge*

1. Describe how risk of illness and injury change during growth and development and give examples of the age-and development-related illnesses and injuries.
2. List the immunizations currently recommended from birth through adolescence and identify patients whose immunizations are delayed.
3. Describe the rationale, and general indications and contraindications of immunizations. Explain how screening for family violence may serve as an important preventive health practice.
4. Describe infection control precautions that help limit the spread of infectious diseases in patients and health care providers (e.g. hand washing, masks, and N-95 masks in patients with tuberculosis).

*Skills*

1. Provide age-appropriate anticipatory guidance for the following: motor vehicle safety, infant sleeping position, falls, burns, poisoning, fire safety, choking, water safety, bike safety, sexually transmitted diseases, firearms and weapons.

## ISSUES UNIQUE TO ADOLESCENCE

**RATIONALE**
Adolescence represents the stage of human growth and development between childhood and adulthood. During this time, significant physical, cognitive, and psychosocial changes occur.

**COMPETENCIES**

*Knowledge*

1. Describe the unique features of the physician-patient relationship during adolescence including confidentiality and consent.
2. Identify and describe the sequence of the physical changes of puberty (e.g. Tanner scale).
3. List the components of health supervision for an adolescent, such as personal habits, pubertal development, immunizations, acne, scoliosis, sports participation, and indications for pelvic exam.
4. Describe the common risk-taking behaviors of adolescents, such as alcohol and other drug use, sexual activity and violence
5. Describe the contributions of unintentional injuries, homicide, suicide to the morbidity and mortality of adolescents.
6. Describe the features of common mental health problems in adolescence, including school failure, attention deficit, body image, eating disorders, depression and suicide.

*Skills*

1. Interview an adolescent patient, using the HEADSS method, to ask sensitive questions about lifestyle choices that affect health and safety (e.g. sexuality, drug, tobacco and alcohol use)
2. Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate.

**PROCESSES**
All students on the Pediatric Clerkship should see an adolescent patient or patients.

## ISSUES UNIQUE TO THE NEWBORN

**RATIONALE**
The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team. Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy. Most of the information covered in this section is pertinent in the first few hours and days of life. However, the newborn period extends through to the first month of life.

**COMPETENCIES**

*Knowledge*

1. Describe the transition from the intrauterine to the extrauterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding.
2. List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn.
3. Describe how gestational age can be assessed with an instrument such as the Ballard scale and identify key indications of gestational maturity.
4. Describe the challenges for parents adjusting to a new infant in the home.
5. List the differential diagnosis and complications for the following common problems that may occur in the newborn
    - jaundice
    - respiratory distress
    - poor feeding
    - large and small for gestation infants (e.g. congenital infection)
    - "state" abnormalities which includes tremulousness, irritability, lethargy from causes such as drug withdrawal, hypoglycemia, sepsis

*Skills*

1. Perform a complete physical examination of the newborn infant.
2. Give parents of a newborn anticipatory guidance for the following issues:
    - the benefits of breast-feeding vs. formula for the newborn and mother
    - normal bowel and urinary elimination patterns
    - normal neonatal sleep patterns
    - newborn screening tests to include screens for metabolic and infectious conditions and hearing loss
    - appropriate car seat use
    - prevention of SIDS ("back to sleep"):
    - immunizations (e.g. HBV)
    - medications (e.g. eye prophylaxis and vitamin K)
    - the role of circumcision

**PROCESSES**

All students on the Pediatric Clerkship should see one or more newborns and a newborn with jaundice.

## MEDICAL GENETICS AND DYSMORPHOLOGY

**RATIONALE**

A physician should be able to distinguish between congenital disorders (disorders present at birth) that are genetic from those that are non-genetic, as well as recognize common genetic diseases presenting later in childhood. Genetic abnormalities may produce congenital malformations, metabolic disturbances, specific organ dysfunction, abnormal growth patterns, and abnormalities of sexual

differentiation. New technology and knowledge of genetics have raised ethical questions that physicians and society will need to address.

**COMPETENCIES**

*Knowledge*

1. Describe the genetic basis and clinical manifestations of the following syndromes, malformations, and associations:
    - Common chromosomal abnormalities, (e.g. Trisomy 21 , Turner syndrome, Syndromes due to teratogens (e.g. fetal alcohol syndrome)
    - Other common genetic disorders (e.g. cystic fibrosis, sickle cell disease, hemophilia)

2. List common medical and metabolic disorders (e.g. hearing loss, hypothyroidism, PKU, hemoglobinopathies) detected through newborn screening programs.
3. Discuss the effects of maternal health and potentially teratogenic agents on the fetus and child, including maternal diabetes and age , alcohol use  illicit drug use

*Skills*

1. Use a family history to construct a pedigree (e.g., for the evaluation of a possible genetic disorder).

## COMMON ACUTE PEDIATRIC ILLNESSES

**RATIONALE**

Patients often come to medical attention because of a specific problem or complaint. The physician must solve the problems posed by the patient using information obtained from the history, the physical examination and, when appropriate, laboratory tests and/or imaging studies. In the problem-solving process, the physician typically develops differential diagnoses for each of the problems identified. The diagnostic process demands knowledge of disease etiology, pathophysiology and epidemiology and of the patient's gender, ethnicity, environment and prior health status.
When the patient is an infant, child, or adolescent, the physician must also consider the effects of age, physical growth, developmental stage and family environment. Commonly occurring illnesses are first considered, but other, less common disorders may need to be included in the evaluation of various clinical problems.

**COMPETENCIES**

*Knowledge*

1. List the age appropriate differential diagnosis for pediatric patients presenting with each of the following symptoms.
    - Abdominal pain
    - Cough and/or wheeze
    - Diarrhea

- Fever and rash
- Fever without a source
- Headache
- Lethargy or irritability
- Limp or extremity pain
- Otalgia
- Rash
- Rhinorrhea
- Seizures
- Sore throat
- Vomiting

2. List the age appropriate differential diagnosis for pediatric patients presenting with each of the following physical findings.
    - Abdominal mass
    - Bruising
    - Heart murmur
    - Hepatomegaly
    - Lymphadenopathy
    - Splenomegaly
    - Petechiae and/or purpura
    - Red or wandering eye
    - White pupillary reflex

3. List the age appropriate differential diagnosis for pediatric patients presenting with each of the following laboratory findings.
    - Anemia
    - Hematuria
    - Proteinuria
    - Positive Mantoux skin test (PPD)

4. Describe the epidemiology, clinical, laboratory, and radiographic findings, of each of the core pediatric level conditions listed for each presenting complaint.
5. Explain how the physical manifestations of disease and the evaluation

*Skills*

1. Perform an age-appropriate history and physical examination pertinent to the presenting complaint of the child (see also Skills).
2. Generate an age appropriate differential diagnosis and initial diagnostic and therapeutic plan for each patient presenting with one of the following symptoms, physical examination findings, or laboratory findings (see also Clinical Reasoning).

    Symptoms
    - Abdominal pain
    - Cough and/or wheeze
    - Diarrhea
    - Fever and rash

- Fever without a source
- Headache
- Lethargy or irritability
- Limp or extremity pain
- Otalgia
- Rash
- Rhinorrhea
- Seizures
- Sore throat
- Vomiting

Physical examination findings
- Abdominal mass
- Bruising
- Heart murmur
- Hepatomegaly
- Lymphadenopathy
- Petechiae and/or purpura
- Splenomegaly
- Red or wandering eye
- White pupillary reflex

Laboratory tests
- Anemia
- Hematuria
- Proteinuria
- Positive Mantoux skin test (PPD)

**PROCESSES**
All students on the Pediatric Clerkship should see a patient or patients with the following system or symptom based complaints: (see appendix)

- Upper respiratory tract complaint e.g. sore throat, difficulty swallowing, otalgia
- Lower respiratory tract complaint e.g. cough, wheeze, shortness of breath
- Gastrointestinal tract complaint e.g. nausea, vomiting, diarrhea, abdominal pain
- Skin or mucous membrane complaint e.g. rash, pallor
- Central nervous system complaint e.g. headache, lethargy, irritability, fussiness
- Fever without localizing findings

## COMMON CHRONIC ILLNESS AND DISABILITY

**RATIONALE**
Pediatricians are more frequently being asked to care for children with chronic medical conditions and exacerbations of their chronic illness. Physicians will need to understand the long term medical needs, implications and complications of the disorder for the patient as well as the family.

**PREREQUISITES**
An understanding of the pathophysiology and epidemiology of the following chronic illnesses: allergies, asthma, sensory impairment, cerebral palsy disability, cystic fibrosis, sickle cell disease, seizure disorder, diabetes mellitus, childhood malignancy, AIDS.

**COMPETENCIES**

*Knowledge*

1. Describe the clinical features of chronic medical conditions seen in children such as:
    - asthma
    - atopic dermatitis
    - cerebral palsy
    - cystic fibrosis
    - diabetes mellitus
    - epilepsy
    - malignancy (e.g. acute lymphocytic leukemia and Wilms tumor)
    - obesity
    - seasonal allergies
    - sickle cell disease
2. Describe how chronic illness can influence a child's growth and development, educational achievement, and psychosocial functioning.
3. Describe the impact that chronic illness has on the family's emotional, economic and psychosocial functioning. (U)
4. Describe the impact of a patient's culture on the understanding, reaction to, and management of a chronic illness (U)

*Skills*

1. Perform a medical interview and a physical examination in a child with a chronic illness that includes the
    - effects of the chronic illness on growth and development,
    - emotional, economic and psychosocial functioning of the patient and family, the
    - treatments used, including "complementary and alternative therapies."

**PROCESSES**
Students on the clerkship should see one or more patients with one of the chronic medical conditions listed above. This can be in the context of an acute or routine visit.

## THERAPEUTICS

**RATIONALE**
Appropriate and successful treatment requires choice of the correct medication, the appropriate dose, and both a dosage form and a dosing regimen that will maximize compliance. The pharmacokinetics (absorption, metabolism, distribution and elimination) of medications change under the influence of growth and physiologic maturation. Child behavior and psychomotor development influence the form of medication dispensed and the expectation for compliance.

**PREREQUISITES**

- Knowledge of general pharmacokinetics and pharmacodynamics
- Knowledge of the physiologic and behavioral changes that occur during childhood

**COMPETENCIES**

*Knowledge*:

1. Describe how to assess whether a drug is excreted in the breastmilk and safe to use by a breast-feeding mother.
2. List medications such as aspirin, tetracycline, and oral retinoic acid that are contraindicated or must be used with extreme caution in specific pediatric populations.
3. Describe the appropriate use of the following common medications in the outpatient setting, including when it is NOT appropriate to treat with a medication:
    - Analgesics / antipyretics
    - Antibiotics
    - Bronchodilators
    - Corticosteroids
    - Cough and cold preparations
    - Ophthalmic preparations
    - Otic preparations
    - Vitamin / mineral supplements
4. Select generally accepted pharmacologic therapy for common or life-threatening conditions in pediatric patients. These conditions could include:

    Common conditions seen in ambulatory settings:

    - Acne
    - Acute otitis media
    - Allergic rhinitis
    - Asthma
    - Atopic dermatitis
    - Candida dermatitis
    - Fever
    - Impetigo
    - Streptococcal pharyngitis
    - Common conditions seen in hospitalized patients
    - Bronchiolitis
    - Life threatening conditions
    - Sepsis/meningitis
5. Describe the ways medication errors are systemically prevented.

*Skills*:

1. Calculate a drug dose for a child based on body weight.
2. Write a prescription e.g. for a common medication such as an antibiotic.

## POISONING

**RATIONALE**

Poisonings and ingestions are major preventable causes of childhood morbidity and mortality. Poisoning control centers across the U.S. receive more than millions calls a year regarding accidental and non-accidental ingestions and exposures to toxic materials.

**COMPETENCIES**

*Knowledge*

1. Describe the developmental vulnerability for poisoning and accidental ingestions in infants, toddlers, children, and adolescents.
2. List the ages at which prevalence of unintentional and intentional poisonings is highest and the passive and active interventions that decrease the incidence of childhood ingestions (e.g. locks or safety caps).
3. Describe the emotions of guilt and anxiety that may be present in the parent, caregiver or child at the time of ingestion.
4. Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning.
5. Describe the acute signs and symptoms of accidental or intentional ingestion of acetaminophen , iron , alcohol , narcotics
6. Describe the immediate emergency management of children with toxic ingestions e.g. acetaminophen , iron
7. Describe the role of the Poison Control Center (1-800-222-1222) and other information resources in the management of the patient with an accidental or intentional ingestion.

*Skills*:

1. Provide anticipatory guidance regarding home safety and appropriate techniques to prevent accidental ingestions (see also Prevention)
2. Elicit a complete history when evaluating an unintentional ingestion or exposure to a toxic substance (including the substance, the route of exposure, the quantity, timing, and general preventive measures in the household)

## PEDIATRIC EMERGENCIES

**RATIONALE**

All health care providers must be able to identify the infant, child, or adolescent with a medical emergency. A systemic and thorough approach to the seriously ill child may significantly reduce morbidity and mortality.

**COMPETENCIES**

*Knowledge*

1. List the symptoms of and describe the initial emergency management of shock, respiratory distress, lethargy, apnea, and status epilepticus in pediatric patients.
2. Describe the age-appropriate differential diagnosis and the key clinical findings that would suggest a diagnosis for each of the emergent clinical problems in the table below.
3. Describe the clinical findings for each of the diagnosis to consider in the table below.

Pediatric Emergencies Table

Core Pediatric level is that expected at the end of the clerkship.

Mastery level is that expected after advanced pediatric elective(s)

| **Emergent Clinical Problem** | **Diagnoses to Consider (Core pediatric level)** | **Diagnoses to Consider (mastery pediatric level)** |
|---|---|---|
| Airway Obstruction / Respiratory distress | Croup, bronchiolitis, asthma, pneumonia, foreign body aspiration, anaphylaxis | peritonsillar or retropharyngeal abscess |
| Altered mental status (Delirium/lethargy) | Head injury, increased ICP, substance abuse, infection (encephalitis, meningitis), diabetic ketoacidosis, hypoglycemia, abuse, shock, hypoxemia. | intussusception |
| Apnea | acute life-threatening event (ALTE), seizures, and respiratory infections (RSV and pertussis), GERD, sepsis | cardiac dysrhythmias, breath holding spells |
| Ataxia | | ingestion, infection, and tumor |
| Gastrointestinal bleeding | Meckel's diverticulum, fissure, intussusception | inflammatory bowel disease, allergic colitis, peptic ulcer disease |
| Injuries and accidents | Animal bites, minor head injury, nursemaids elbow | sprains and fractures, burns, near drowning, lacerations |
| Proptosis | | tumor and orbital cellulitis |

| | | |
|---|---|---|
| Seizures | Infection (i.e., meningitis or encephalitis), status epilepticus, febrile, ingestion, hypoxemia, shock, electrolyte disturbances | tumor |
| Shock | Sepsis, severe dehydration, diabetic ketoacidosis, anaphylaxis, congestive heart failure and ingestion. | Burns, neurogenic shock, ductal dependent heart lesions, and adrenal insufficiency |
| Suicidal Ideation | Depression | |

*Skills*

1. Demonstrate the appropriate anticipatory guidance to prevent life-threatening conditions (e.g. infant positioning for sudden infant death syndrome (SIDS), locks to prevent poisoning, and the use of car seats and bicycle helmets) (see also Prevention).

2. Demonstrate the "ABC" assessment as a means for identifying who requires immediate medical attention and intervention.

**PROCESSES**
All students on the pediatric clerkship should see a patient or patients, real or simulated, with respiratory distress

## CHILD ABUSE

**RATIONALE**
Abuse may include physical, sexual and/or emotional trauma or may occur in the form of neglect when caregivers fail to provide basic physical, psychological or medical needs. Recognition of abuse or neglect can dramatically affect a child's life. Students and other health care providers need to understand the medical, legal, and social implications of suspected abuse and recognize the role of the physician in preventing child abuse and family violence, through routine assessment of family dynamics, early identification of children at risk, and cooperation with community services that support families.

**COMPETENCIES**

*Knowledge*

1. List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect e.g. such as inconsistency in the history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries incompatible with the child's development.
2. Describe the medical-legal importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse.
3. Discuss the concurrence of domestic violence and child abuse and describe markers that suggest the occurrence of family violence.

## CHILD ADVOCACY

**RATIONALE**
Physicians have a variety of roles in child health, including a public health role wherein they serve as patient and family advocates. Since children are unable to advocate for themselves and many of their families are not empowered, physicians must advocate for them at the individual, local, national and global level.

**PREREQUISITES**
Understand the role of the physician as an advocate.

**COMPETENCIES**

*Knowledge*

1. Describe barriers that prevent children from gaining access to health care, including financial, cultural and geographic barriers.
2. Identify opportunities for advocacy during a health supervision visit.

# Alternative Experience

When a student must complete an alternative experience, the following procedures should be followed:

1. The student requests the Clerkship Director's approval for completing the corresponding CLIPP Case.
2. The student completes the case and notes the alternative experience was completed in AZ Med.

Chapter

3

# Professionalism and Integrity

## Attributes of Professional Behavior (COM)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Attributes of Professional Behavior

Click & Go!

These Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

**Attributes**:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and one's self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

The model below serves to link the various attributes ascribed to Professionalism.


Model adapted from Arnold l, Stern DT. What is Medical Professionalism? In: Stern DT, ed. *Measuring Medical Professionalism*. New York, NY: Oxford University Press; 2006:19.

The blocks at the base of the model above represent knowledge and skills that serve as foundations for developing professionalism.

COMMUNICATION: Communicate in a manner that is effective and promotes understanding, inclusion and respect for individuals' diverse characteristics.

ETHICAL & LEGAL UNDERSTANDING: Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research and patient care including advances in medicine.

HUMANISM & CULTURAL COMPETENCE: Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, culture background, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

KNOWLEDGE: Demonstrate understanding of basic sciences (biological and social sciences) and application to patient care, including skill in critical thinking and problem solving.
The pillars represent the behavioral application and practice of professionalism, which rely on the foundations underneath the pillars.

EXCELLENCE: Strive for excellence and quality of care in all activities and continuously seeking to improve knowledge and skills through life-long learning while recognizing one's own limitations.

ACCOUNTABILITY: Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability. Maintain a

professional appearance and demeanor, and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.

RESPECT: Uphold and be respectful of the privacy of others. Consistently display compassion, humility, integrity, and honesty as a role model to others.

ALTRUISM: Promote well-being and self-care for patients, colleagues, and one's self. Be responsive to the needs of the patients and society that supersedes self-interest.

## Code of Academic Integrity

**February 2009**

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**PRINCIPLE**

Integrity and ethical behavior are expected of every student in all academic work. This Academic Integrity principle stands for honesty in all class work, and ethical conduct in all labs and clinical assignments. This principle is furthered by the student Code of Conduct and disciplinary procedures established by ABOR Policies 5-308 through 5-404, all provisions of which apply to all University of Arizona students. This Code of Academic Integrity (hereinafter "this Code") is intended to fulfill the requirement imposed by ABOR Policy 5-403.A.4 and otherwise to supplement the Student Code of Conduct as permitted by ABOR Policy 5-308.C.1. This Code of Academic Integrity shall not apply to the Colleges of Law or Medicine, which have their own honor codes and procedures.

**PROHIBITED CONDUCT**


Students enrolled in academic credit bearing courses are subject to this Code. Conduct prohibited by this Code consists of all forms of academic dishonesty, including, but not limited to:

1. Cheating, fabrication, facilitating academic dishonesty, and plagiarism as set out and defined in the Student Code of Conduct, ABOR Policy 5-308E.6, E.10, and F.1.

2. Submitting an item of academic work that has previously been submitted or simultaneously submitted without fair citation of the original work or authorization by the faculty member supervising the work.

3. Violating required disciplinary and professional ethics rules contained or referenced in the student handbooks (hardcopy or online) of undergraduate or graduate programs, or professional colleges.

4. Violating discipline specific health, safety or ethical requirements to gain any unfair advantage in lab(s) or clinical assignments.

5. Failing to observe rules of academic integrity established by a faculty member for a particular course.

6. Attempting to commit an act prohibited by this Code. Any attempt to commit an act prohibited by these rules shall be subject to sanctions to the same extent as completed acts.

7. Assisting or attempting to assist another to violate this Code.

STUDENT RESPONSIBILITY

Students engaging in academic dishonesty diminish their education and bring discredit to the academic community. Students shall not violate the Code of Academic Integrity and shall avoid situations likely to compromise academic integrity. Students shall observe the generally applicable provisions of this Code whether or not faculty members establish special rules of academic integrity for particular classes. Students are not excused from complying with this Code because of faculty members' failure to prevent cheating.

FACULTY RESPONSIBILITY

Faculty members shall foster an expectation of academic integrity and shall notify students of their policy for the submission of academic work that has previously been submitted for academic advancement, as well as any special rules of academic integrity or discipline specific ethics established for a particular class or program (e.g., whether a faculty member permits collaboration on coursework; ethical requirements for lab and clinical assignments; etc.), and make every reasonable effort to avoid situations conducive to infractions of this Code.

STUDENT RIGHTS

Students have the right to a fair consideration of the charges, to see the evidence, and to confidentiality as allowed by law and fairness to other affected persons. Procedures under this Code shall be conducted in a confidential manner, although a student has the right to an advisor in all procedures under this Code. The Dean of Students serves as advisors to students on any questions of process related to this Code.

ACADEMIC INTEGRITY PROCEDURES

**I. Faculty-Student Conference**

The faculty member of record for the course (i.e., responsible for signing the grade sheet) conducts these procedures and is responsible for ensuring that they are followed. If faculty allege a violation of this Code has occurred they shall make sure that students receive written notice in advance of the conference within a reasonable timeframe, detailed reason for the conference and fair consideration of the charges against them. The faculty member must confer with the student within 15 academic days (hereinafter referred to as "days") of receiving evidence of a suspected violation of this Code, unless good cause is shown for an extension of no more than 30 days. Such an extension must be approved by the Dean of the College. After 15 academic days the faculty member may proceed with imposing

decision and sanction for an alleged violation if the student has not responded to reasonable attempts for the conference to take place. If the faculty member has not acted on the alleged violation after 15 academic days, then the student shall not be subject to this code for the alleged violation in question. The faculty member shall confer with the student in private, explain the allegations, present any evidence, and hear the student's response. If more than one student is involved in an incident, separate conferences are recommended but not required. When dealing with students who are unavailable for the conference, students not enrolled in the class, or graduate students, refer to the General Provisions. After the conference the faculty member shall decide, by a preponderance of the evidence, whether or not the student has committed an act prohibited by this Code. “Preponderance of the evidence” means that it is more likely than not that a violation of this Code occurred. If the evidence does not support a finding of a violation, the University will make no record of the incident in any University files. The student may continue in the class without prejudice.

If the evidence supports a finding that the student has engaged in misconduct, the faculty member shall impose sanctions after considering the seriousness of the misconduct, the student's state of mind, and the harm done to the University and to other students. In addition, the faculty member shall consider mitigating and aggravating factors in accordance with the provisions of ABOR Policy 5-308.H. A faculty member may impose any one or a combination of the following sanctions: a written warning, loss of credit for the work involved, reduction in grade, notation of the violation(s) on the student’s transcript, a failing grade in the course, or revocation of a student’s degree. The faculty member may also impose a sanction of suspension or expulsion from the program, department, college, or University. When appropriate faculty members may also assign students to participate in educational sanctions that address the violation of this Code. If the faculty member assigns a notation on the transcript, suspension or expulsion from the University or revocation of a degree as a sanction, the student is automatically granted an appeal to the Dean of the College. Within 10 days of the conference, the faculty member shall prepare a written decision outlining the charges, evidence, findings, conclusions and sanctions imposed. The faculty member should use the standard form entitled "Record of Faculty-Student Conference," and furnish copies to the student (as provided in the "Notice" section under General Provisions) and to all others as noted on the form, including the Dean of Students Office. When possible, the faculty member should have the student sign the “Record of Faculty-Student Conference.” See the General Provisions section for Grade Before Appeals.

**II. Additional Sanctions for Multiple Violations**

Multiple violations of this Code may subject students to additional sanctions, including suspension or expulsion at the discretion of the Academic Dean or his/her designee.
Upon receiving the Record of Faculty-Student Conference, the Dean of Students Office will notify the student and the Academic Dean of the existence of multiple violations. The Academic Dean will decide within 20 days if any additional sanctions are to be imposed on the student as a result of multiple violations. The Academic Dean shall not revisit the decisions made in previous violations of the Code. The Academic Dean will notify the student, the Dean of Students Office and the Dean of the College where the violation occurred as provided in the "Notice" section under General Provisions within 20 days of receipt of notice of multiple violations from the Dean of Students Office in writing of any additional sanctions and related information. The Academic Dean should use the form entitled “Sanctions for Multiple Violations,” and outline the findings and conclusions supporting his/her decision for any additional sanctions. Except in cases where the sanction for multiple violation results in suspension or expulsion from the University, a notation on the student’s transcript or revocation of a student’s degree the additional sanctions imposed by the Academic Dean for multiple violations of this

Code shall be final. If the case is appealed as set forth below, the Academic Dean will present the case for the additional sanction.

**III. Appeal to Dean of the College**

The student may appeal the faculty member's decision and sanctions to the Dean of the College or his/her designee. The student shall deliver the form entitled "Request for Appeal to the Dean of the College" to the Dean of the College within 10 days of the date on which the "Record of Faculty-Student Conference" is postmarked electronically or via postal mail. The Dean of the College may extend this filing period if the student shows good cause for the extension. If a student does not appeal within the time provided, the decision and sanctions of the faculty member will be final.
Within 15 days of receiving the appeal, the Dean of the College shall schedule the appeal hearing for this specific case only. The appeal hearing must be concluded within 30 days of receiving the appeal. Upon appeal, the Dean of the College shall review the faculty member's decision, sanctions and supporting evidence and any evidence provided by the student, and shall confer with the faculty member and the student. The Dean of the College shall have the authority to uphold, modify, or overturn the faculty member's decision and sanctions. If the Dean of the College finds:

1. that the conclusion of a violation is not supported by the evidence, then he/she shall render a finding of no violation and that the sanction(s) imposed be overturned.

2. that the conclusion of a violation is supported by the evidence and the sanction imposed is appropriate, then he/she shall uphold the faculty member's decision and sanction(s).

3. that the conclusion of a violation is supported by the evidence, and the sanction(s) imposed are inadequate or excessive, then he/she shall modify the sanction(s) as appropriate.

The Dean of the College shall notify the student, the faculty member and the Dean of Students in writing of his/her decision as provided in the "Notice" section under General Provisions. The Dean of the College should use the form entitled "Record of Appeal to Dean of the College" for this purpose. If the Dean of the College decides no violation occurred, all reference to the charge shall be removed from the student's University records, and the student may continue in the class without prejudice. If the semester has ended prior to the conclusion of the appeal process, the faculty member shall calculate the grade without the sanction. If work was not completed due to the academic integrity allegation, the faculty member and the student shall confer and a grade of "I" shall be assigned. If a grade of "I" is assigned, the student shall have the opportunity to complete any remaining work without prejudice within the timeframe set forth in the student's academic catalog.

If the alleged academic integrity violation and subsequent appeal process continues past a student's graduation date, the Dean of the College should make every reasonable attempt to hear the appeal in an expedited manner. If the Dean of the College is unable to hear the appeal in an expedited manner the Vice President for Instruction will hear the appeal according to the procedures set forth above.

**IV. Interim Action**

1. The Dean of the College involved may suspend the student from one or more classes, clinics or labs for an interim period prior to resolution of the academic integrity proceeding if the Dean of the College believes that the information supporting the allegations of academic misconduct is

reliable and determines that the continued presence of the student in classes or class-related activities poses a significant threat to any person or property.

2. The Dean of the College must provide a written notice of the interim suspension to the student, with a copy to the Provost and the Dean of Students Office. The interim suspension will become effective immediately on the date of the written notice.

3. A student who is suspended for an interim period may request a meeting with the Provost or his/her designee to review the Dean of the College's decision and to respond to the allegations that he or she poses a threat, by making a written request to the Provost for a meeting. The Provost or his/her designee will schedule the meeting no later than five (5) days following receipt of the written request and decide whether the reasons for imposing the interim suspension are supported by the evidence.

4. The interim suspension will remain in effect until a final decision has been made on the pending academic misconduct charges or until the Provost, or his/her designee, determines that the reasons for imposing the interim suspension no longer exist or are not supported by the available evidence.

**V. Appeal to University Hearing Board**

The student may appeal to a University Hearing Board any decision of the Dean of the College or the Academic Dean that imposes suspension or expulsion from the University, provides for a notation on the student's transcript, or revokes a student's degree. The student may also appeal to a University Hearing Board if the Dean of the College failed to act on a request for an appeal of a faculty member's decision within the 30 day period. The Dean of the College may grant the student the option to appeal to a University Hearing Board if the sanction of a failing grade is imposed and the Dean of the College believes reasonable persons would disagree on whether a violation occurred. The appeal must be filed within 10 days from receipt of the decision or the Dean of the College's failure to act, by providing written notice of appeal to the Dean of Students Office. The student should use the form entitled "Request for Appeal to a University Hearing Board" for this purpose. If a student does not appeal within the time allowed, the most recent decision of record shall become final. The University Hearing Board shall follow the procedures set forth in ABOR Policy 5-403.D with the following modifications:

1. The Hearing Board shall be composed of three faculty members and two students and shall convene within 30 days of the time the student files the appeal.

2. Wherever the term Vice President of Student Affairs appears, it shall be replaced with Senior Vice President for Academic Affairs/Provost. The Provost is empowered to change grades and the Registrar shall accept the Provost's decision. The Provost shall also notify the parties of the final decision. The Provost may designate a Vice Provost or other Vice President to act on his/her behalf.

3. Wherever the Dean of Students is indicated as presenting evidence or witnesses, it shall be replaced with the faculty member who made the charges or his/her representative. Additionally, the Academic Dean or designee may also present evidence to support sanctions for multiple violations.

4. The student may be assisted throughout the proceedings by an advisor or may be represented by an attorney. If the student is represented by an attorney, the faculty member may also be represented by an attorney selected by the University's Office of the General Counsel.

5. The faculty member has the same right as students to challenge the selection of any Board member, as noted in the Student Disciplinary Procedures (5-403.D.3.f).

6. The Board may, in its recommendation, address any egregious violations of process.

7. Sanctions for multiple violations will be recommended and presented to the Board by the Academic Dean or his/ her designee

**GENERAL PROVISIONS**

**Academic Days**
"Academic Days" are the days in which school is in session during the regular fall and spring semesters, excluding weekends and holidays. If possible, Faculty-Student Conferences and appeals may be heard during the summer or winter break. The Dean of the College or Dean of Students may extend these time limits when serving the interests of a fair consideration or for good cause shown. Alleged violations of the Code during Pre-Session, Summer Sessions, or Winter Session shall proceed according to the timeline for the faculty-student conference set forth above. Appeals from an alleged violation during Pre-Session, Summer Sessions, or Winter Session shall proceed at the availability of the Dean of the College or if unavailable, the Dean's designee. If the appeal process cannot proceed during Pre-Session, Summer Sessions, or Winter Sessions the student shall continue in the class without prejudice and the timeline for the appeal process shall continue at the start of the next regular fall or spring semester. Appeals involving a student who has graduated shall follow the expedited process set forth above.

**Academic Dean**
The Academic Dean is the Dean of the academic college where the student's major is housed. In the case of dual degree students, the Dean of the student's primary major college will hear the appeal under this Code the Academic Dean may designate another member of the college administration to act on his/her behalf.

**Advisor**
An individual selected by the student to advise him/her. The advisor may be a faculty or staff member, student, attorney, parent or other representative of the student. The student will be responsible for any fees charged by the advisor. The advisor may confer with the student during any proceedings provided by this Code, but may only speak during a University Hearing Board. The advisor may be dismissed from the hearing if University Hearing Board Chairperson finds that the advisor is disruptive. If the advisor is dismissed from the meeting, the student has the right to end the meeting and reschedule when a new advisor can be present.

**Dean of the College**
The Dean of the College is the Dean of the faculty member's academic college where the alleged violation occurred. In the cases where the alleged violation is initiated by the Graduate College or the Honors College, the Deans of those Colleges will hear the appropriate appeal. Under this Code, the Dean of the College may designate another member of the college administration to act on his/her behalf.

**Dean of Students**
The Dean of Students serves as administrators of this Code and advisors to students and faculty when questions of process are raised by either party.

**Grade Before Appeals**
Students must be allowed to continue in class without prejudice until all unexpired or pending appeals are completed. If the semester ends before all appeals are concluded, a grade of "I" shall be recorded until appeals are completed.

**Graduate Students**
In cases involving graduate students, faculty shall follow the procedures outlined for undergraduate students except that in all cases where the student is found to have violated this Code, the faculty member (and in the case of appeals, the Dean of the College or Hearing Board) shall notify the Associate Dean of the Graduate College.

**Notice**
Whenever notice is required in these procedures it shall be written notice delivered by hand or by other means that provides for verification of delivery including email delivery to a secure University email account

**Record**
Whenever a sanction is imposed, the sanction and the rationale shall be recorded in the student's academic file as appropriate. It is recommended that the forms entitled "Record of Faculty-Student Conference" and "Record of Appeal to Dean of the College" be used. These forms are available from the Dean of Students Office website.

**Rights and Responsibilities of Witnesses**
Witnesses from within the University community are expected to cooperate in any proceedings under this Code. The privacy of a witness shall be protected to the extent allowed by law and with consideration to fairness to the students charged and other affected persons. Retaliation of any kind against witnesses is prohibited and shall be treated as a violation of the Student Code of Conduct or of other applicable University rules.

**Students or Faculty Not Available For Conference**
In cases where the student is not available, e.g., out of the area after final exams, the faculty member shall make every reasonable effort to contact the student through personal contact, telephone, University email, or mail to inform the student of the charges. If the faculty member is able to contact the student, the Faculty-Student Conference shall be scheduled as soon as both parties are available, e.g., at the beginning of the next semester. The student shall be given the grade of Incomplete until the conference is held. If either of the parties will not be available for an extended period, the Faculty-Student Conference shall be held via telephone. If after several efforts, contact cannot be established, the faculty member may impose sanctions but must send a letter or copy of the "Record of Faculty-Student Conference" form via certified return receipt requested mail to the student's last permanent address outlining the charges, findings, conclusions and sanctions.

**Students Not In Class**
If students not enrolled in the class are involved in a violation of this Code, faculty shall file a Student Code of Conduct complaint with the Dean of Students Office.

**Role of the Department Head**
Academic Department Heads serve a consultative role for faculty members working with matters of academic integrity since Department Heads are not part of the appeal process.

## Cup of Coffee Conversations to Promote Professionalism Initiative

On July 1, 2017 the University of Arizona College of Medicine – Tucson is implementing the Cup of Coffee Conversations to Promote Professionalism* pilot program. The Curricular Affairs Professionalism Support Team in collaboration with the Professionalism Program modeled this initiative after the process developed by Vanderbilt University. The purpose of the Cup of Coffee Conversation is to take a proactive, non-punitive approach to lapses in professionalism.

Trained messengers include faculty, fellows, residents, staff, and medical students, who deliver a single story/observation of a reported unprofessional behavior with no judgment or intervention. This is done with the sole purpose of raising awareness.

Professionalism Support Team:

Amy Waer, MD
awaer@surgery.arizona.edu

Sonia de Leon, BS
soniabdeleon@medadmin.arizona.edu

Diane Poskus, MA
dposkus@medadmin.arizona.edu

T. Gail Pritchard, PhD
tpritcha@medadmin.arizona.edu

Paul Weissburg, PhD
pweissburg@medadmin.arizona.edu

* Promoting Professionalism: Addressing Behaviors that Undermine a Culture of Safety, Reliability, and Accountability © Center for Patient and Professional Advocacy, Vanderbilt University Medical Center, 2016

## Mistreatment

**Professionalism Program Mistreatment Definitions and Reporting for Medical Students**

6-30-16
Rev 10-2016

**Goal**

The University of Arizona College of Medicine-Tucson Professionalism Program and the College's administrators are dedicated to improving and advancing our learning environment and to reducing/eliminating behaviors toward our learners not conducive to their growth and professional development.

This policy is in addition to the University of Arizona's Non-discrimination and Anti-harassment policy, which prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or genetic information. Any suspected violation of this policy will be referred to the Office of Institutional Equity.

**Definition of Mistreatment**

The Association of American Medical Colleges (AAMC) Graduation Questionnaire[1] defines mistreatment as follows:

"Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner."

**Categories of Mistreatment**[2]

**Physical Mistreatment**:

- "Physically mistreated causing pain or potential injury"
- "Pushed/slapped hand"
- "Exposed to other forms of physical mistreatment used to express frustration, make a point, or get attention"

**Verbal Mistreatment**:

- "Threatened/intimidated"
- "Yelled at"
- "Degraded/ridiculed/humiliated/insulted/sworn at/scolded/berated"
- "Exposed to inappropriate conversation/comments"

**Sexual Harassment**:

- "Exposed to hostile environment, including inappropriate physical contact, gender discrimination, sexual jokes, inappropriate comments, innuendo, and inappropriate requests of a sexual nature"
- "Unwanted social invitations (quid pro quo)"
- "Ignored because of gender"

**Ethnic Mistreatment**:

- "Exposed to racial or religious slurs/jokes"
- "Stereotyped"
- "Neglected/ignored (because of ethnicity)"

**Power Mistreatment**:

- "Dehumanized/demeaned/humiliated"
- "Deliberately asked a question the physician knows the student cannot answer (malignant pimping)"
- "Intimidated/threatened with poor evaluation or grade consequences"
- "Asked to do inappropriate tasks"
- "Forced to adhere to inappropriate scheduling"

- "Neglect/ignored"

Adapted from The Pritzker School of Medicine, University of Chicago's examples of mistreatment and non-mistreatment[3:]

| | | **Mistreatment is not . . .** | **Mistreatment is . . .** |
|---|---|---|---|
| **M** | Malicious intent | On the first day of third year, the ward clerk says to the student, "you guys are green," then offers to help the students find a computer station. | A resident purposely gives a student misinformation before rounds. The student overhears the resident laughing about messing him over. |
| **I** | Intimidation on Purpose | A student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career. | A resident tells a student that he intends to make her cry before the rotation is over. |
| **S** | Sexual harassment | A male student is asked not to go into a room because a female patient only wants a female to examine her. | A male attending tells a female student, "I can tell you know how to grab it like you mean it" while she is inserting an indwelling Foley catheter. |
| **T** | Threatening verbal or physical behavior | A student is yelled at to "get the XXX out of the way" by a nurse as a patient is about to be shocked during a code. | An attending grabs the student's finger with a clamp in the OR or tells the student he is an idiot after he could not answer a "pimp" question. |
| **R** | Racism or excessive discrimination | An attending gives a student feedback on how to improve performance. | A resident tells a Hispanic student his "people" (assuming illegal immigrants) are responsible for high healthcare costs. |
| **E** | Excessive or unrealistic expectations | A student is asked to review an article and present it on rounds to the team. | A resident tells a student it is her job to perform rectal exams (necessary or not) on all the patients admitted to the service. |
| **A** | Abusive favors | A student is asked to get coffee for herself and for the team prior to rounds. The resident did it yesterday. The team gives the student money. | A student is asked to pick up an attending's dry cleaning. |
| **T** | Trading for grades | A resident tells a student she can review and present a topic to the team as an opportunity to enhance her grade. | A student is told that if he helps a resident move, he will get honors. |

As the above table illustrates, there is a distinction between **embarrassment**, which is NOT mistreatment, and **harassment**, which is mistreatment.

- Embarrassment: The state of feeling foolish in front of others. Example: An attending tells a student to prepare for an upcoming surgery by reviewing the relevant anatomy. The student fails to do so and is embarrassed when the attending asks an anatomical question during the surgery and is unable to provide the answer.
- Harassment: When an unpleasant or hostile situation is purposefully created. Example: An attending physician purposely asks a question s/he feels the student will not know the answer to and then publically calls her/him "stupid."

**Reporting Concerns of Possible Mistreatment**[4]

a. Medical students who are the subject of mistreatment or who have witnessed mistreatment of their fellow student are encouraged to discuss it with a faculty member/staff who is in a position to understand the context and address necessary action. Retaliation against medical students who report is not tolerated.

b. The following positions should be considered as primary resources:
    - Block/Course Directors
    - Deans in the College of Medicine
    - Professionalism Support Team (Sonia de Leon, Diane Poskus, Gail Pritchard, Amy Waer)
    - Ombudsman
    - Students on away rotations should report to their course director at the site or to the above College of Medicine resources.
    - If the student does not feel comfortable reporting the mistreatment in person he/she can file a confidential report via the professional conduct comment form.

Any report suggesting mistreatment will be referred to the University's Professionalism Committee. Any report suggesting unlawful discrimination or harassment under the University's Non-discrimination and Anti-harassment policy will be referred to the Office of Institutional Equity. Students may also directly report suspected discrimination or harassment to the Office of Institutional Equity.

Anyone found to have engaged in mistreatment will be subject to disciplinary action.

**References**


1. Mavis B, Sousa A, Lipscomb W, Rappley MD. Learning about medical student mistreatment from responses to the Medical School Graduation Questionnaire. *Acad Med*. 2014;89(5):705-711.
2. Fried JM, Vermillion M, Parker NH, Uijtdehaage S. Eradicating medical student mistreatment: A longitudinal study of one institution's efforts. *Acad* Med. 2012;87(9): 1191–1198.
3. Pritzker School of Medicine. (n.d.). Retrieved June 10, 2016, from https://pritzker.uchicago.edu/page/student-treatment
4. Mistreatment of Medical Students Policy. (2013). Retrieved June 10, 2016, from http://phoenixmed.arizona.edu/policy/mistreatment-medical-students-policy

# Teacher Learner Compact

The teacher-learner compact was developed around the professional attributes to outline the responsibilities of the faculty, fellows, residents, and staff (teachers) toward our medical students and the medical students' (learners') professional responsibilities toward the faculty, fellows, residents, and staff. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.


**University of Arizona College of Medicine Teacher - Learner Compact**

*Approved by the Educational Policy Committee 10/17/12*

**Preamble**

Faculty, whether employed by the University of Arizona College of Medicine or affiliated through agreements with the University as community faculty, and medical students (who for purposes of this policy also include residents and fellows and hereafter are referred to as "learners") are obligated under a variety of policies and standards, both at the College of Medicine (COM) and within the University of Arizona, to interact with one another in a professional manner. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

**Professionalism Attributes**

These attributes of professional behavior describe those behaviors that are expected from all members of the University of Arizona College of Medicine to include the faculty, residents, fellows, students, staff, and community preceptors. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies. COM faculty at both the Phoenix and Tucson campuses approved the statement of professionalism attributes by a vote conducted in May of 2012.

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine.

- Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
- Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on the College of Medicine.
- Promote wellbeing and self-care for patients, colleagues, and self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

**Responsibilities of the College of Medicine Faculty and Administrators to Learners**

Faculty members and administrators of the University of Arizona College of Medicine shall provide:

- An environment that is physically safe for learners.
- A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner's educational experience.
- Support for the learner's professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
- An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
- Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
- Opportunities for learners to participate in decision-making in the COM, including participation on committees that design and implement the curriculum and tools for student performance assessment in accordance with COM bylaws and other governing documents.

**Responsibilities of Learners to Faculty and Administrators of the College of Medicine**

Learners at the University of Arizona College of Medicine shall:

- Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
- Meet the educational goals and objectives of the curriculum to the best of their abilities.
- Take an active role with the faculty regarding the refinement and evaluation of the curriculum.
- Support their colleagues in their professional development.
- Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.

## Banner Associated Core Behaviors:

**http://strongjourney.bannerhealth.com/banner_vmv.html**

**All Banner employees:**

| People Above All | | Excellence | | Results |
|---|---|---|---|---|
| **Patient Centered** | **Collaboration** | **Ownership** | **Continuous Improvement** | **Outcome Focused** |
| Compassionate | Promotes Teamwork | Proactive | Safe & Reliable | Performance Driven |
| Respectful | Fosters Cross Departmental Coordination | Resourceful | Shares Knowledge | Agile |
| Responsive | Effectively Communicates | Responsible | Continual Leader | Accountable |

**Leader Behaviors (Leaders must exhibit all of the above behaviors plus three additional behaviors):**

| People Above All | Excellence | Results |
|---|---|---|
| **Optimized Organizational Talent** | **Shape the Future** | **Executive Presence** |
| Creates an inclusive and safe environment where people can thrive | Acts as a change champion | Exhibits energy, excitement, enthusiasm, and courage |
| Identifies and promotes talent by providing opportunities for growth | Performs effectively in an ambiguous and complex environment | Effectively communicates to, and influences a variety of audiences |
| Engages employees in improving individual and team performance | Actively engages others in our goal of achieving Industry Leadership | Builds credibility and trust through visibility |

## Ombudsman

The Ombudsman provides a mechanism for medical students, residents, and fellows to seek advice and guidance from a neutral, third-party physician who is not involved in medical student, resident, or fellow evaluation and/or advancement. The Ombudsman will be available to serve as a sounding board for learners to voice any concerns regarding acts of unprofessional behavior (abuse, mistreatment, indiscretions, etc.) on the part of any constituents of the Banner - University Medicine (faculty, staff, other learners). The Ombudsman can only provide guidance and advice to the individual seeking assistance so that they feel supported in the decision they choose to make regarding the issue. The Ombudsman is not empowered to change a decision or intervene on an individual's behalf. The Ombudsman offers a confidential process; information is only shared with permission. The only exception to confidentiality occurs when we believe that disclosure is necessary to address an imminent risk of serious harm.

Ombudsman: William Adamas-Rappaport, MD, rappaport@surgery.arizona.edu

## Professional Conduct Comment Form

The Professional Conduct Comment form provides a process for faculty, residents, fellows, medical students, and staff to comment upon either exemplary professional behavior OR lapses in professional behavior demonstrated by faculty, residents, fellows, medical students, or staff in the learning environment at the University of Arizona College of Medicine, to the Professionalism Program, through the mechanism outlined below.

**Professional Conduct Comment Form**

**Click & Go!**

The purpose of the Professionalism Program, which is composed of key administrators and faculty and staff representation, is to promote and reward excellence in professional behavior and ensure both compliance with policies and procedures addressing professional conduct, as well as to address inappropriate conduct.
The comment form is a mechanism created to allow follow-up on a concern of a lack of or a departure from professionalism standards or to commend an individual for exemplary professional behavior. Submitting a comment about a lack of professionalism will start a process to address a concern, which may or may not result in disciplinary action against the individual about whom the comment was submitted.

Any constituent will be able to access the comment form via the UA COM Internet site and submit a report. While not completely anonymous, the COM will strive to maintain the privacy of the individual who submitted the comment to reduce the "chilling" effect that making public comments would create. However, in the interest of fairness to the individuals charged with unprofessional conduct as well as other persons who may be asked to provide additional information, neither confidentiality nor anonymity can be guaranteed. Retaliation of any kind against individuals providing comments or others whose information may be required to substantiate a charge is prohibited and will be treated as a violation of the Student Code of Conduct or of other applicable University and ABOR policies.

After receiving a comment, the Professionalism Program will distribute it to the appropriate administrators for acknowledgement or action as deemed necessary.

Chapter

4

# Required Seminars and Assignments

## Required Assignments

Inpatient Rotation:

Students must log all patients actively followed in AZ Med.
Students are required to submit four complete H&Ps to their Student Attending during the inpatient rotation for grading. H&Ps should utilize research from the literature and not make use of an EHR template.
Students must turn in two Mid-clerkship Formative Feedback forms to the Clerkship Coordinator, one must be completed by their Senior Resident, the other by their Student Attending.
Students must submit two H&P Direct Observation sheets to the Clerkship Coordinator

Outpatient Rotation:

Students must log all required procedures and patients seen in clinic in Arizona Med. Students are encouraged to log all patient encounters in AZ Med.
Students are required to submit one Mid-clerkship Formative Feedback form to the Clerkship Coordinator.

Clerkship:

Students must complete cases 2 through five of the MEDU CLIPP Cases. These case relate to Healthcare Maintenance in different age groups.
Students must complete MEDU HVC (High Value Case) number 8.
Students are required to log their patients, procedures, duty hours and record on HP Feedback event on Arizona Med.
Within two weeks of completion of the rotation students are required to complete all Clerkship Feedback Evaluations.

## Departmental Conferences

Grand Rounds (Sept-June):

Conferences are held the second and fourth Thursdays of each month in BUMC room 8403 (for a complete listing of conferences, please visithttp://peds.arizona.edu/physicians/calendar Click on view/print calendar to see the detailed monthly lectures).

Student attendance is expected for those at BUMC. Students at sites other than BUMC are expected to view the live stream available at http://streaming.biocom.arizona.edu/home/.

## Clerkship Seminars

A clerkship seminar series is scheduled for all clerkship students. ATTENDANCE IS MANDATORY! Refer to your seminar schedule for dates, times, topics and reading assignments.

The purposes of the clerkship seminar series are to (1) ensure that you have been exposed to necessary background information in certain areas in pediatrics; (2) offer you an opportunity to approach

diagnostic problems in children; (3) allow an opportunity for you to expand your knowledge base by discussing cases with experts in the various fields.

All students must attend all clerkship seminars during the clerkship. If you must be absent for any reason, alert the Clerkship office.

Each seminar will be conducted in a patient-oriented, problem-solving format with a single professor for the group. YOU ARE EXPECTED TO HAVE READ THE ASSIGNMENTS FOR EACH SEMINAR PRIOR TO THE SESSION (see materials linked to each lecture on the Arizona Med website or in clerkship syllabus binder).

In addition, there are a host of specialty texts, online articles, serials, periodicals, and the like to which you will occasionally be referred for specific areas. We encourage you to utilize these sources to increase the scope of your knowledge of medicine in general and Pediatrics specifically.

If you miss a seminar, are at a rural location, or a session is cancelled, you are required to view the podcast, which can be found at https://arizona.hosted.panopto.com/Panopto/Pages/Sessions/List.aspx?#folderID=%22c75531a3-0ecb-4479-a4f6-5a2765b68413%22

## Newborn Session

The first week of the clerkship rotation, students will meet with a general pediatrics faculty member to become acquainted with the normal newborn nursery. In this session, the students will go over a newborn physical exam and will be guided through a variety of topics relating to the newborn, including psycho-social issues, management of common problems, and feeding issues. An orientation of the Newborn Nursery will follow the lecture.

The goal of this seminar is to provide an overview of the field of Neonatal Medicine, emphasizing the uniqueness of newborn problems.

When possible, clinical relevance of these topics will be illustrated by presentation of cases in the newborn nurseries.

Scholarly Project

Students are required to complete a scholarly project that will comprise 5% of their final clerkship grade. The project generally consist of an in-depth review of the **primary literature** related to a topic of the students' choice. The topic must be related to a pediatric issue. Other scholarly efforts such as writing a case report on a unique case will be considered after discussion with the clerkship director.

The in-depth reviews will consist of a well-focused 10 minute presentation with your peers as the target audience. Students who wish to give a presentation as their scholarly project need to inform the program coordinator by the third week of the rotation. Upon deciding the topic of the presentation, the student should discuss the appropriateness of the topic and the general plan of the presentation with the clerkship director. If other input is necessary from faculty in the department, the student will be directed to those faculty members for assistance and advice.

The student presentations will be scheduled for the fourth and fifth weeks of the pediatric clerkship. Students who **begin the clerkship on outpatient** will do their presentations the **fourth week** of the clerkship; students who **begin on inpatient** will do their presentations the **fifth week**.

Students may propose their own ideas for the scholarly project. Projects could take the form of app or software prototypes, QI projects, case-studies, or program development. Projects must be approved by the clerkship director or coordinator.

## Scholarly Presentations

Each student will present a scholarly project. The typical approach is a scholarly in-depth presentation on a topic relating to pediatrics. Keep in mind that the purpose of this presentation is to review a topic that relates to pediatrics in depth. **Therefore, a general review (textbook chapter or review article type) is not appropriate.** Rather, ask a specific question you would like to investigate, research it and present the most up-to-date and relevant research to answer the question you are asking.

Please be sure to review the topic and presentation with the Clerkship Director before you go too far in your preparations.

Remember you have 10 minutes for the presentation and up to 5 additional minutes are reserved for questions. It would be good practice to time your talk in order to stay within these time limits.

A computer and projector will be set up for your use.

Do not hesitate to call on any faculty member for help and critique of your project.

Presentations will occur during week 4 and 5 of the clerkship.

**IN-DEPTH PRESENTATION HINTS**

***DO*:**

1. Introduce yourself
2. Speak clearly and slowly
3. Stand up!
4. Speak to the audience, not the screen.

***DON'T*:**

1. Attempt to present too much data!

**POWER POINT/PREZI PRESENTATIONS**

*Slides are useful if they:*

1. Contain only enough information to illustrate one major idea.

2. Are visible even in the last row of a large auditorium.
3. Show something that cannot be explained as well.
4. Should have no more than 9 lines.

HINTS FOR SLIDES:

1. Use a large type style that is clear and easy to read.
2. Keep the layout simple, with plenty of open space.
3. Do not crowd the slide. Two or more simple slides are better than one crowded one.
4. Limit each overhead/slide to one major idea.
5. Use a pointer or the computer cursor if you want to refer to certain information in the slide. Pointing at the screen is distracting and ineffective in focusing on your point.
6. In general, tables copied from books/articles do not project well. It is better to extract the specific information you wish to present and create a new table. Remember to orient your audience to the table and indicate the critical elements you want them to pay attention to.
7. Don't show slide contents until idea has been identified.

## COM Requirements for Student Participation in Years III & IV

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in Years III and IV. This requirement must be completed prior or during Transition to Clerkships in Year 3. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

2. **Mask Fit Testing:** Prior to beginning Year 3 Transition to Clerkship course, students must have been fitted for respirators that fit tightly to face in accordance with OSHA protection standards. The University of Arizona (UA) Risk Management Services administers the UA Respiratory Protection Program. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

## Student Health & Safety

The safety and security of our students is of utmost importance. Students should review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures at assigned locations. Emergency contact information for the student and for the facility that they are attending should be distributed to each party and maintained in a previously identified location.

### Urgent/Emergent Health Care Services

Preceptors should relay the following information to any student on site.

"When students who are participating in a preceptorship or a rural health professions placement located distant from Tucson or Phoenix require urgent or emergency health services, their preceptors will refer the student to another member of the practice or another physician in the community or neighboring community who can competently care for the student and who has no involvement in the academic assessment or promotion of the medical students. The preceptor will retain the authority to countermand this provision if the student requires more immediate attention than would be possible through a referral for care." He/she will assure that the medical student is directed to services in a timely manner.

In the event of any emergency related to the student from the University of Arizona College of Medicine, the Student Affairs office should also be contacted:

**Tucson**
Office of Student Affairs
Dr. Violet Siwik, Senior Assistant Dean of Student Affairs
Contact number that can be reached 24/7 is **(520) 237-5726**.

UAHS Library Evacuation Plan Click & Go!

UAHS & Sarver Evacuation Plan Click & Go!

### Student Safety

See the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas.

## Disability Resources

The University of Arizona is committed to inclusion and access. The Disability Resources Center (DRC) is the campus department designated by the University to determine and provide access to University classes, programs and activities for disabled individuals on main campus, Banner UMC South, Phoenix campus and UA Online. Through an interactive process, we facilitate access either through determining a reasonable accommodation or by redesigning aspects of a University experience. Our processes are designed to be convenient for students.


Accessibility and Accommodations:

It is the University's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please let the clerkship know immediately. You are also welcome to contact Disability Resources (520-621-3268) to establish reasonable accommodations.

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721

Disability Insurance

Chapter

5

# Formative and Summative Assessment

## Mid-Clerkship Formative Feedback

Students will receive mid-clerkship formative feedback from attending physicians and housestaff midway through each half of the rotation using the Midway Feedback Form (Appendix B).

**Observed History and Physical**

Students are required to be observed at least twice per clerkship segment taking a medical history (partial or complete) and performing a physical exam (partial or complete).
Students must document this observation in ArizonaMed. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident. It is only necessary to document one observation per clerkship.

## Grading Criteria

**NBME SHELF EXAMINATION GRADE:**

The examination grade is based on the student's performance on the NBME Pediatric Subject Examination as follows:

| Grade | NBME Percentile |
|---|---|
| Honors | ≥75$^{th}$ percentile |
| Hi Pass | 51$^{st}$-74$^{th}$ percentile |
| Pass | Below 50$^{th}$ percentile and above 5$^{th}$ percentile |
| Fail | ≤5$^{th}$ percentile |

**Point Distribution for NBME Shelf Exam**

| NBME Pediatric Subject Score | Points for periods 1 & 2 | Points for periods 3 & 4 | Points for periods 5 & 6 | Points for periods 7 & 8 and 4th year students taking clerkship |
|---|---|---|---|---|
| **>88** | 30 | 30 | 30 | 30 |
| **87** | 30 | 30 | 30 | 30 |
| **86** | 30 | 30 | 30 | 30 |
| **85** | 30 | 30 | 30 | 29 |
| **84** | 30 | 30 | 29 | 28 |
| **83** | 30 | 29 | 28 | 27 |
| **82** | 29 | 28 | 27 | 26 |
| **81** | 28 | 27 | 26 | 25 |
| **80** | 27 | 26 | 25 | 24 |
| **79** | 26 | 25 | 24 | 23 |
| **78** | 25 | 24 | 23 | 22 |
| **77** | 24 | 23 | 22 | 21 |
| **76** | 23 | 22 | 21 | 20 |
| **75** | 22 | 21 | 20 | 19 |
| **74** | 21 | 20 | 19 | 18 |
| **73** | 20 | 19 | 18 | 17 |
| **72** | 19 | 18 | 17 | 16 |
| **71** | 18 | 17 | 16 | 15 |
| **70** | 17 | 16 | 15 | 14 |
| **69** | 16 | 15 | 14 | 13 |
| **68** | 15 | 14 | 13 | 12 |
| **67** | 14 | 13 | 12 | 11 |
| **66** | 13 | 12 | 11 | 10 |
| **65** | 12 | 11 | 10 | 9 |
| **64** | 11 | 10 | 9 | 8 |
| **63** | 10 | 9 | 8 | 7 |
| **62** | 9 | 8 | 7 | 0 |
| **61** | 8 | 7 | 0 | 0 |
| **60** | 7 | 0 | 0 | 0 |
| **59** | 0 | 0 | 0 | 0 |
| **58** | 0 | 0 | 0 | 0 |
| **57** | 0 | 0 | 0 | 0 |
| **56** | 0 | 0 | 0 | 0 |
| **55** | 0 | 0 | 0 | 0 |
| **≤54** | 0 | 0 | 0 | 0 |

**CLINICAL GRADE:**

The clinical grade is based on the sum of points derived from the evaluation forms in the outpatient clinic and the inpatient service. The inpatient evaluations account for 50% of the clinical grade and the outpatient evaluation for the other 50% of the clinical grade. Each student will have two inpatient evaluations (attending and housestaff evaluations which are weighed equally and averaged) and one outpatient evaluation.

| Grade | Score |
|---|---|
| Honors | ≥54 |
| Hi Pass | 53--48 |
| Pass | 47—35 |
| Fail | <35 |

---

## CLERKSHIP GRADE:

| COMPONENT | MAX # OF POINTS |
|---|---|
| Inpatient (30% of grade) | 30 |
| Outpatient (30% of grade) | 30 |
| Exam (30% of grade) | 30 |
| Scholarly project | 5 |
| **Professionalism | 5 |

| GRADE | CRITERIA |
|---|---|
| **Honors** | ≥92 points **AND** Grade of Honors or High Pass on exam AND clinical grades |
| **Hi Pass** | 91-80 points OR ≥92 points AND Grade of Pass on exam |
| **Pass** | 79-49 points AND exam grade of Pass or higher |
| **Incomplete** | Pass clinical rotations BUT exam grade = Fail |
| **Fail** | See criteria below |

A student who scores **below the pass threshold (see chart)** on the exam will be allowed to take the test one additional time. Successful passing of the examination on the second attempt will change the grade from "Incomplete" to "Pass". The repeat exam can be taken only during non-academic periods per EPC policy.

*If the student fails the exam on the second attempt, the student will fail the clerkship in accordance with the COM EPC policy.*

CRITERIA FOR "FAIL" GRADE IN PEDIATRICS

A student will receive a grade of "Fail" for the pediatric clerkship if:

(1) He/she receives an evaluation of "Far below expectations" in any category on the evaluation form by the attending on either segment of the rotation

(2) He/she receives a final exam score of less than 5th percentile (see chart above) on the Pediatric Subject Examination Score and points of ≤49 points on the clinical evaluation.
(3) Failure after the second attempt at taking the clerkship examination.
(4) He/she displays documented unethical or unprofessional behavior.

A "Fail" grade will require retaking the entire 6-week pediatric clerkship.

**** Professionalism Grade (5%)***

*Professionalism accounts for 5% of your grade; it is an all or nothing component. A significant lapse and/or a pattern of lapses will result in a deduction of the full 5%. The Clerkship Director makes the final decision. It is expected that most students will receive full credit.*

*The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.*

*Students will:*

- *Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.*
- *Complete assignments by due date. This includes but is not limited to the following:*
  - *AZMed (Duty hours, H&P feedback, Patient Logs)*
  - *Surveys (e.g. New Innovations)*
  - *Scholarly Case Report*
  - *Written History and Physicals*
  - *SOAP Notes*
  - *Mid-Clerkship form*
  - *Observed Interview form*
  - *Return of books and other borrowed items*
- *Respond to emails in a timely manner (within 1 business days)*
- *Refrain from using cell phones during meetings/sessions/didactics*
- *Always inform your team/preceptor of your whereabouts*
- *Be considerate to staff, faculty, residents, and/or patients*
- *Be on time for required meetings/sessions and do not leave without permission or until dismissed. This includes, but is not limited to the following:*
  - *Clerkship orientation*
  - *Seminars/Didactics/Core Lectures/Grand Rounds*
  - *Clinical Rounds*
  - *Community Preceptor meetings*
  - *OSCE orientation or interview*
  - *Mentor meetings*
  - *Scholarly case report presentations*
- *Sign-in for didactics or other activities where requested ONLY for yourself*
- *Be punctual and comply with NBME Shelf Exam rules*
- *Obtain advance permission from the clerkship director/coordinator for absences from activities and/or wards; inform appropriate residents and/or attendings*

*See Mistreatment definitions*

***A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.***

## NBME Shelf Exam

All clerkships administer the NBME Shelf Exam (electronic) on the last day of each rotation to all students. The clerkship coordinator will notify students regarding the time to report and testing location. Coordinators will be present to proctor. The time allotted for the exam is 2 hours and 45 minutes.

**Each student will take the electronic NBME shelf exam with a laptop provided by IT. The laptop will be prepared and ready for use in the testing room.**

**Per the NBME, students may be admitted to the testing room up to 30 minutes after the exam has started, provided the examinee's name is on the check-in roster. If a student arrives *more than 30 minutes* after the scheduled exam start time, he/she will not be admitted and must pay a fee to reschedule the exam.**

Before the exam begins, students should be sure no unauthorized personal items and/or devices are in the testing room. These items include, but are not limited to the following:

- Cell phones
- iPads/tablets
- iPods/media devices
- Watches with alarms, computer or memory capability
- Calculators
- Paging devices
- Recording/filming devices
- Reference materials (book, notes, papers)
- Backpacks, briefcases, or luggage
- Beverages or food of any type
- Coats, outer jackets, or headwear

Students will be provided with scratch paper to make notes or calculations once the exam begins. These will be collected at the end of the examination session.

If an unscheduled break is needed to use the restroom during the examination, raise your hand to signal a proctor and click the **Pause** button at the bottom of your screen. A screen saver will appear, but, the

timer for the exam will not stop. The testing time will continue to expire while you are taking your break. Students will be escorted one at a time on all unscheduled breaks.

If the screen freezes, raise your hand and a proctor will assist you.

## Student Feedback Surveys

New Innovations is the online evaluation system used by the clerkships. Faculty and residents with whom students have worked will be requested to complete an online evaluation through New Innovations.

Students must complete program evaluation surveys for each assigned site within a clerkship and the clerkship rotation as well as evaluations of attendings and residents. These feedback surveys can be completed by logging into New Innovations. Your Net ID serves as your user name and password. **Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship's end date**. An email should be received as a reminder when they open as well as periodically thereafter until completed.


Student feedback data is reported by Curricular Affairs to the clerkship directors in aggregate in the form of a composite, de-identified report twice per academic year in January and July. All student comments are also de-identified in the report.

If you have any questions, please consult with the clerkship coordinator or email Diane Poskus, Manager, Clerkship Education, dposkus@medadmin.arizona.edu.

# Resources

| | |
|---|---|
| Appendix A: | MedPortal and ArizonaMed |
| Appendix B: | Assessment Forms:<br>Assessment of Student Performance<br>Mid-Clerkship Feedback Form |
| Appendix C: | Affiliate and Student Affairs Phone Tree |
| Appendix D: | Choosing Wisely |
| Appendix E: | UAMC Security and Safety Plan – South Campus |
| Appendix F: | [Insert any additional appendix such as tips, recommended literature sources & websites, etc.] |
| Appendix G: | Student Policies |

# Appendix A: MedPortal


**URL: medportal.medicine.arizona.edu**

MedPortal is a fully-integrated "portal" in which students, faculty, and staff enter one system that manages the entire educational ecosystem and reporting. Students will be able to access their schedules, course-related materials, finances, campus health, and other links and resources.

You will be required to login with your UA NetID and password.

**MedPortal**
**Click & Go!**

# ArizonaMed

ArizonaMed Online was built to be the tool to report our curriculum to the AAMC. On top of that tool sits an interface for both faculty and students to access all material relevant to the curriculum. ArizonaMed Online is a repository for all learning elements (lecture and lab notes, images, PowerPoint presentation slides, cases, Independent Learning Modules, etc.) used in the curriculum. It has interactive tools for students to access material for any learning session as well as a daily calendar, surveys, announcements and more. **Not all ArizonaMed Online functions used in preclinical years are currently available to students doing clinical clerkships.**

You will be required to login with your UA NetID and password. Instructions on how to access particular functions will be described in detail in other sections of this manual, as appropriate.

**ArizonaMed 2.0 Online**

**Click & Go!**

# Appendix B: Assessment Forms

## University of Arizona College of Medicine

## Assessment of Student Performance in the Pediatric Clerkship

**STUDENT NAME**: **ROTATION DATES**:
**EVALUATOR NAME**: **# OF STUDENT ABSENCES**:
**ROLE:** **SITE**:

***PLEASE "X" CORRECT BOX. PLEASE BE LIBERAL IN WRITING COMMENTS, INCLUDING STRENGTHS, WEAKNESSES, AND SUGGESTIONS.***

| **Medical Knowledge** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates the ability to apply knowledge to specific clinical situations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates an understanding of psychosocial influences on illness and treatment | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates critical thinking and clinical decision making | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Medical Knowledge:**

| **Patient Care** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Conducts accurate history and physical exams, covering all essential aspects | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suggests and/or performs appropriate diagnostic tests | ☐ | ☐ | ☐ | ☐ | ☐ |
| Appropriately manages patient care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Works effectively with health care professionals | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Patient Care:**

| **Interpersonal & Communication Skills** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Creates & sustains a therapeutically and ethically sound relationship with patients and families | ☐ | ☐ | ☐ | ☐ | ☐ |
| Clearly documents & presents patient data and clinical information | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates effective listening skills | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Interpersonal & Communication Skills:**

| **Professionalism** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Demonstrates punctuality, accountability, honesty | ☐ | ☐ | ☐ | ☐ | ☐ |
| Actively seeks responsibility beyond the scope of expectations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates sensitivity and responsiveness to diversity, including culture, ethnicity, income | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrates respect for: | | | | | |
| • patients and families | ☐ | ☐ | ☐ | ☐ | ☐ |
| • physician colleagues (residents & attendings) and peers | ☐ | ☐ | ☐ | ☐ | ☐ |
| • other patient care providers & hospital personnel | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Professionalism:**

| **Practice-based Learning Improvement** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Exhibits skills of self-directed learning | ☐ | ☐ | ☐ | ☐ | ☐ |
| Uses evidence-based approaches to pt care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Appropriately self-assesses and incorporates feedback to improve performance | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Practice-based Learning Improvement:**

| **Systems-based Practice** | **Far Below Expectations** | **Below Expectations** | **Meets Expectations** | **Above Expectations** | **Far Above Expectations** |
|---|---|---|---|---|---|
| Advocates for quality patient care and access | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knows and works appropriately within delivery systems, health costs | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knows the role of MD in community health & prevention and applies to patient care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Applies knowledge of disease prevalence/incidence to the clinical care of patients. | ☐ | ☐ | ☐ | ☐ | ☐ |

**Comments regarding Systems-based Practice:**

**Summary Comments:**
**(Please provide comments on the overall performance of a student, such as how s/he integrates the multiple competencies and his/her strengths and weaknesses.)**

Signature of Student:_____ Date_____

Signature of evaluator:_____ Date_____

**STUDENT COMMENTS:**

PERSONS CONTRIBUTING TO THIS EVALUATION (List all that apply):

_____ _____

| MID-CLERKSHIP FORMATIVE FEEDBACK | | | |
|---|---|---|---|
| Student | | Evaluator | |
| Clerkship | | Site | |
| | | Date | |

**Strengths:** Overall, what did you observe to be the greatest strengths of this student?

**Areas of Improvement:** Please be specific about what you observed and how you think these areas could be improved in the future:

**Provide feedback for areas that you personally observed:**

| | |
|---|---|
| **Medical Knowledge**<br>• Exhibits appropriate knowledge and understanding of basic pathophysiological processes<br>• Demonstrates critical thinking and clinical decision making | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |
| **Patient Care**<br>• Conducts accurate history & physical exam<br>• Appropriately manages patient care<br>• Works effectively with health care professionals | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |
| **Interpersonal & Communication Skills**<br>• Establishes effective therapeutic & ethical relations with patients, family and colleagues<br>• Clearly documents & presents patient data & clinical information<br>• Demonstrates effective listening skills | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |
| **Professionalism**<br>• Demonstrates punctuality, accountability, honesty<br>• Shows respect for others & seeks responsibility<br>• Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |
| **Practice-based Learning Improvement**<br>• Uses evidence-based approaches<br>• Exhibits skills of self-directed learning<br>• Self-assesses and incorporates feedback to improve performance | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |
| **Systems-based Practice**<br>• Advocates for quality patient care and access<br>• Works appropriately within delivery systems, health costs<br>• Knows role of MD in community health & prevention and applies to patient care<br>• Applies knowledge of disease prevalence/incidence to clinical care | ☐ Needs improvement ☐ Meets expectations ☐ Did not observe<br>**Written comments:** |

| REVIEW | H&P/SOAP Notes | Patient Log | Direct Observation/CEX | Record Keeping |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |

**For Student to complete -** Please use this space to describe the learning goal(s) that you have developed based on this feedback:

By signing below I acknowledge that we have met to discuss this Mid-Clerkship feedback:

_____ _____

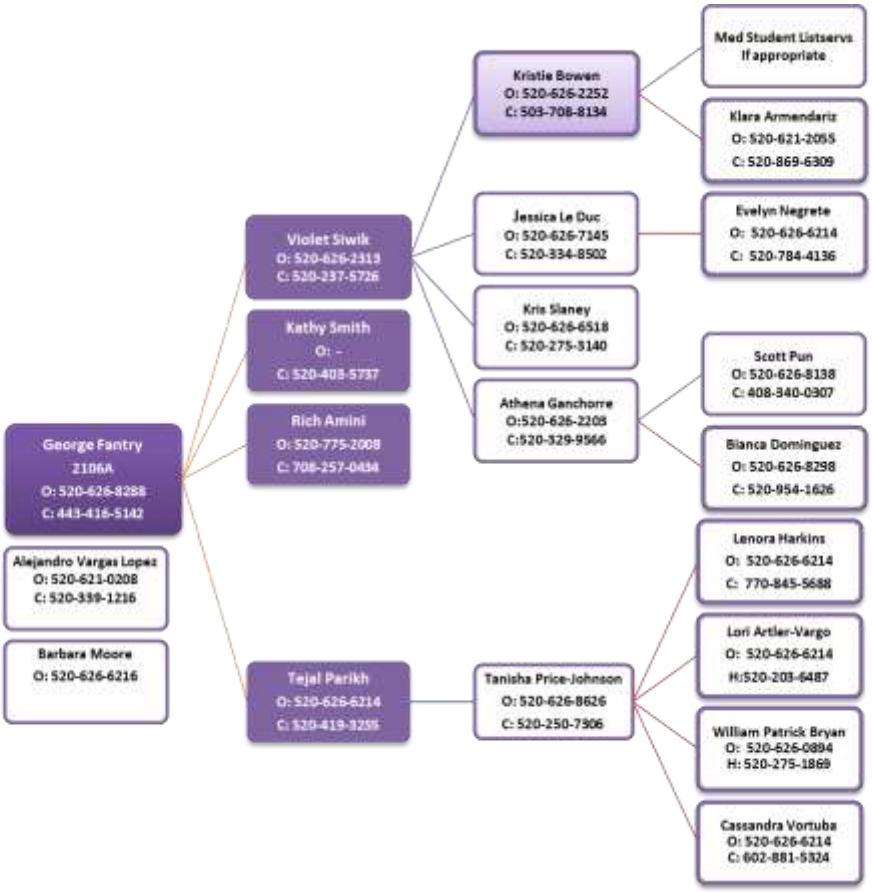
Signature – Evaluator Date Signature – Student Date

# Appendix C: Affiliate & Student Affairs Phone Tree

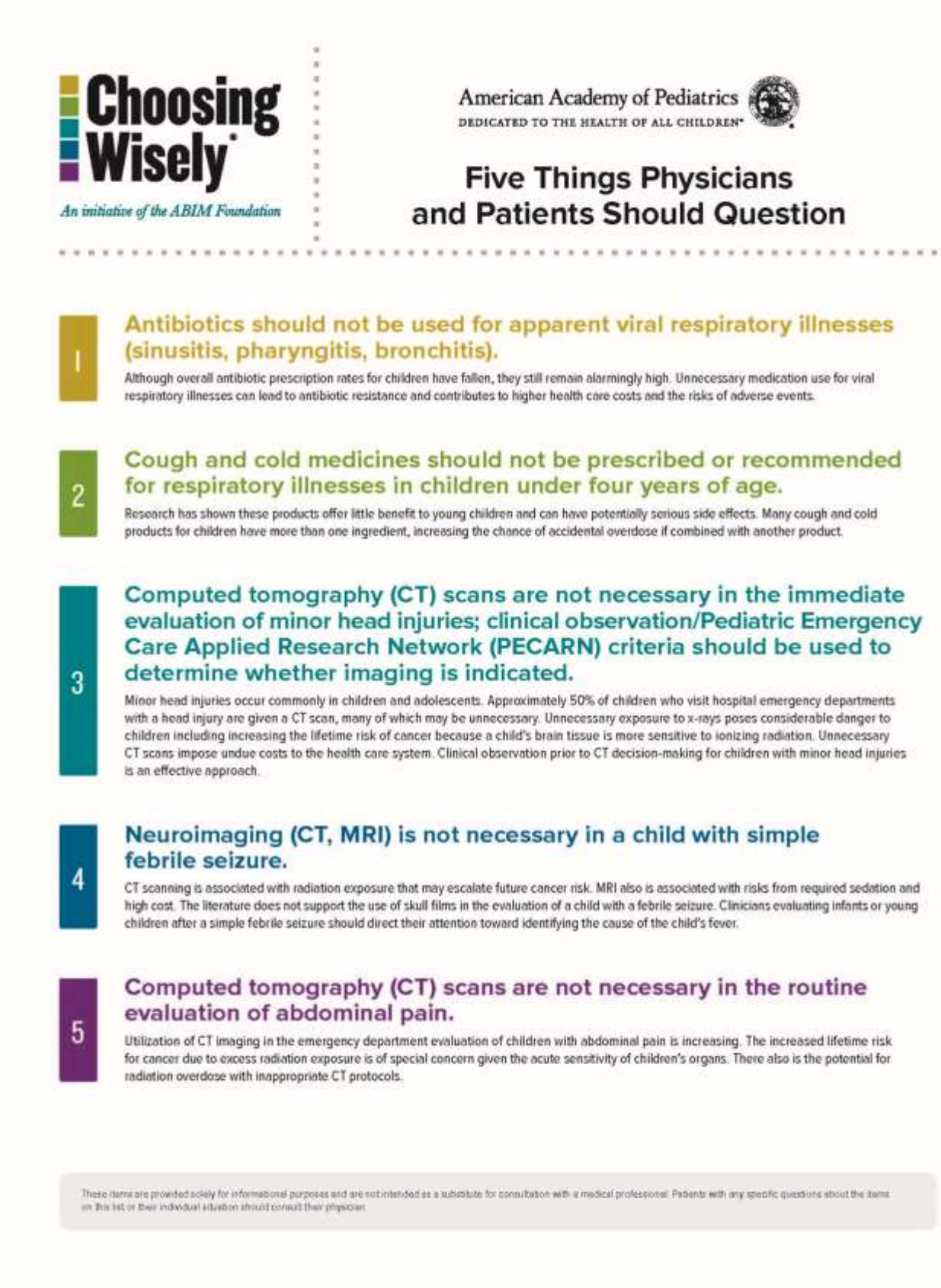
## Clinical Affiliate Phone Tree

Clinical Affiliate can reach any of the individuals in the red boxes. This will initiate the Student Affairs Phone Tree.


## Student Affairs Phone Tree



# Appendix D: Choosing Wisely



## How This List Was Created

The American Academy of Pediatrics (AAP) employed a three-stage process to develop its list. Using the Academy's varied online, print and social media communication vehicles, the first stage invited leadership of the Academy's 88 national clinical and health policy-driven committees, councils and sections to submit potential topics via an online survey. The second stage involved expert review and evaluation of the management groups that oversee the functions of the committees, councils and sections. Based on a set of criteria (evidence to document unproven clinical benefit, potential to cause harm, over-prescribed and utilized, and within the purview of pediatrics) a list of more than 100 topics was narrowed down to five. Finally, the list was reviewed and approved by the Academy's Board of Directors and Executive Committee.

AAP's disclosure and conflict of interest policy can be found at www.aap.org.

## Sources


1

American Academy of Pediatrics. Subcommittee on diagnosis and management of bronchiolitis. Pediatrics [Internet]. 2006 Oct;118(4):1774-93.

Kelly LF. Pediatric cough and cold preparations. Pediatrics Rev. 2004 April; 25(4):115-123.

O'Brien KL, Dowell SF, Schwartz B, Marcy SM, Phillips WR, Gerber MA. Cough illness/bronchitis – principles of judicious use of antimicrobial agents. Pediatrics [Internet]. 1998;101(supplement):179-81.

Shulman ST, Bisno AL, Clegg HW, Gerber MA, Kaplan EL, Lee G, Martin JM, Van Beneden C. Clinical practice guideline for the diagnosis and management of Group A Streptococcal Pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis [Internet]. 2012 Sep 9. Dopi:10.1093/cid/cis629.

Williamson IG, Rumsby K, Benge S, Moore M, Smith PW, Cross M, Little P. Antibiotics and topical nasal steroids for treatment of acute maxillary sinusitis: A randomized controlled trial. JAMA [Internet]. 2007;298(21):2487-96.

2

Carr BC. Efficacy, abuse, and toxicity of over-the-counter cough and cold medications in the pediatric population. Curr Opin Pediatrics. 2006 Apr;18(2):184-88.

Irwin RS, Baumann MH, Bolser DC, Boulet LP, Braman SS, Brightling CE, Brown KK, Canning BJ, Chang AB, Dicpinigaitis PV, Eccles R, Glomb WB, Goldstein LB, Graham LM, Hargreave FE, Kvale PA, Lewis SZ, McCool FD, McCrory DC, Prakash UB, Pratter MR, Rosen MJ, Schulman E, Shannon JJ, Smith Hammond C., Tarlo SM; American College of Chest Physicians (ACCP). Diagnosis and management of cough executive summary: ACCP evidence-based clinical practice guidelines. Chest. 2006 Jan;129(1_suppl):1S-23S.

Isbister GK, Prior F, Kilham HA. Restricting cough and cold medications in children. J Paediatr Child Health [Internet]. 2012 Feb;48(2):91-8.

Schaeffer MK, Shehab N, Cohen AL, Budnitz DS. Adverse events from cough and cold medication in children. Pediatrics [Internet]. 2008 Apr;121(4):783-87.

Sharfstein JM, North M, Serwint JR. Over the counter but no longer under the radar – pediatric cough and cold medications. N Eng J Med [Internet]. 2007 Dec 6;357(23):2321-4.

3

Dunning J, Batchelor J, Stratford-Smith P, Teece S, Browne J, Sharpin C, Mackway-Jones K. A meta-analysis of variables that predict significant intracranial injury in minor head trauma. Arch Dis Child [Internet]. 2004 Jul;89(7):653-9.

Kuppermann N, Holmes, JF, Dayan PS, Hoyle JD Jr, Atabaki SM, Holubkov R, Nadel FM, Monroe D, Stanley RM, Borgialli DA, Badawy MK, Schunk JE, Quayle KS, Mahajan P, Lichenstein R, Lillis KA, Tunik MG, Jacobs ES, Callahan JM, Gorelick MH, Glass TF, Lee LK, Bachman MC, Cooper A, Powell EC, Gerardi MJ, Melville KA, Muizelaar JP, Wisner DH, Zuspan SJ, Dean JM, Wootton-Gorges SL, Pediatric Emergency Care Applied Research Network (PECARN). Identification of children at very low risk of clinically-important brain injuries after head trauma: A prospective cohort study. Lancet [Internet]. 2009 Oct;374(9696):1160-70.

Nigrovic LE, Schunk JE, Foerster A, Cooper A, Miskin M, Atabaki SM, Hoyle J, Dayan PS, Holmes JF, Kuppermann N, Traumatic Brain Injury Group for the Pediatric Emergency Care Applied Research Network. The effect of observation on cranial computed tomography utilization for children after blunt head trauma. Pediatrics [Internet]. 2011 Jun;127(6):1067-1073.

Oman JA, Cooper RJ, Holmes JF, Viccellio P, Nyce A, Ross SE, Hoffman JR, Mower WR. Performance of a decision rule to predict need for computed tomography among children with blunt head trauma. Pediatrics [Internet]. 2006 Feb;117(2):e238-46.

4

American Academy of Pediatrics. Subcommittee on Febrile Seizures. Febrile Seizures: Guideline for the neurodiagnostic evaluation of the child with a simple febrile seizure. Pediatrics [Internet]. 2011 Feb;127(2):389-394.

5

Brenner DJ, Hall EJ. Computed tomography – an increasing risk of radiation exposure. N Eng J Med [Internet]. 2007 Nov 29;357:2277-2284.

Burr A, Renaud EJ, Manno M, Mekra J, Cooley E, DeRoss A, Hirsh M. Glowing in the dark: Time of day as a determinant of radiographic imaging in the evaluation of abdominal pain in children. J Pediatr Surg [Internet]. 2011 Jan;46(1):188-191.

Kim K, Kim YH, Kim SY, Lee YJ, Kim KP, Lee HS, Ahn S, Kim T, Hwang SS, Song KJ, Kang SB, Kim DW, Park SH, Lee KH. Low-dose abdominal CT for evaluating suspected appendicitis. N Engl J Med [Internet]. 2012 Apr 26;366:1596-1605.

Stewart K, Olcott W, Jeffrey RB. Sonography for appendicitis: Nonvisualization of the appendix is an indication for active clinical observation rather than direct referral for computed tomography. J Clin Ultrasound [Internet]. 2012 Oct;40(8):455-61.

Pearce MS, Salotti JA, Little MP, McHugh K, Lee C, Kim KP, Howe NL, Ronckers CM, Rajaraman P, Craft AW, Parker L, Berrington de González A. Radiation exposure from CT scans in childhood and subsequent risk of leukaemia and brain tumours: A retrospective cohort study. Lancet [Internet] 2012 Aug 4;380(9840):499-505.

Sato JM. Beyond appendicitis: Evaluation and surgical treatment of pediatric acute abdominal pain. Curr Opin Pediatr [Internet]. 2012 Jun;24(3):357-364.


*About the ABIM Foundation*

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

*About the American Academy Pediatrics*

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

For more information, visit www.aap.org.

**For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.**

# Appendix E: Banner UMC South Campus Security and Safety Plan



**THE ENVIRONMENT OF CARE**
**SECURITY MANAGEMENT PLAN**

## SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center - South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program is applied to the South Campus and all other associated clinics and off-site areas of The University of Arizona Medical Center - South Campus.

## FUNDAMENTALS

A. A visible security presence in the hospital helps reduce crime and increases feelings of security by patients, visitors, and staff.

B. The assessment of risks to identify potential problems is central to reducing crime, injury, and other incidents.

C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents.

D. Training hospital staff is critical to ensuring their appropriate performance. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response.

E. Staff in sensitive areas receive training about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.

F. Violence in the workplace awareness; please see UAHN Policy HR-102 Standards of Conduct and Corrective Action.

## OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's plan activities, performance measures, Security Department Reports and environmental tours. The Objectives for Security to fulfill this Plan are:

- *Conduct and document adequate security rounds on all shifts.*
- *Respond to emergencies and requests for assistance in a timely fashion*

.

- *Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.*

## ORGANIZATION & RESPONSIBILITY

The Board of Directors receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee, which is responsible for the Physical Environment issues. They review reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Administrator or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the Committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.

Department leaders are responsible for orienting new staff members to the department and, as appropriate, to job and task specific to security procedures. They are also responsible for the investigation of incidents occurring in their departments. When necessary, the Director of Security provides department heads with assistance in developing department security plans or policies and assists in investigations as necessary.

Individual staff members are responsible for learning and following job and task-specific procedures for secure operations.

## PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.

The performance measures for the plan are:

| **Security Management Plan Performance Measures** | | | |
|---|---|---|---|
| **Performance Standard** | **Performance Indicator** | **Justification for the Selection of the measure** | **Source of Data** |
| Security will conduct monthly panic alarm testing for all devices monitored by AMAG or SIS. An alarm should sound and register on appropriate monitoring device. | Percentage of properly working panic alarms. (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%) | Staff Safety and Timely Response | Panic Alarm Binder |
| Security will enforce smoking policy and track number of contacts for non-compliance. | Informational | UAHN Tobacco-Free Environment Policy | Dispatch Log |
| 100% of reported security restraint incidents are evaluated for compliance with established security procedures | % of reports evaluated (0-60% needs improvement, threshold 71-90%, Target 100%) | Assessment incident reporting systems | Security Department Reports |
| Security arrives within two minutes for emergent patient care and staff requests | % <2 minutes (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%) | Assessment of response times | Security Daily Statistics |
| Security responds to non-emergency Security Presence requests within 15 minutes | % <15 minutes (Needs improvement: 0-79%, Threshold: 89-89%, Target: 90-100%) | Assessment of response times | Security Daily Statistics |

## PROCESSES FOR MANAGING SECURITY RISKS

### Management Plan

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.

## Security Risk Assessment

The Director of Security manages the security risk assessment process for the organization and offsite facilities. The Director of Security is designated to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. The Director of Security ensures compliance with applicable codes and regulations.

The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

## Use of Risk Assessment Results

Where the identified risks are not appropriately handled, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, staff, and visitors.

## Identification Program

The Director of Security coordinates the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patients, staff, visitors, and vendors. All employees are required to display an identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Personnel who fail to properly display their identification badge are counseled individually by their department head.

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.

The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

## Sensitive Areas

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessments and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- ***Cashier's office***
- ***Emergency Services***
- ***Human Resources***
- ***Pediatric Clinic***
- ***Pharmacy***
- ***Behavioral Health Areas***
- ***Other off-site or remote locations***

Personnel are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

## Security Incident Procedures

The Director of Security coordinates the development of organization-wide written security policies and procedures, and provides assistance to department heads in development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are distributed to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of security policies and procedures. Each staff member is responsible for following security policies and procedures.

Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Director of Security coordinates the triennial and interim reviews of organization-wide procedures with department heads and other appropriate staff.

ADM-295 Identification/Access Badges ADM-280
Searches and Inspections

SAF-700 Safety Program

## Security Department Response

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Security Director notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the Intake Officer in accordance with policies and procedures for that area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written "Security Department Report" is completed by the Security Officer responding to the incident. The Report is reviewed by the appropriate Security Supervisor and Director of Security. Any deficiencies identified in the report are corrected.

## Evaluating the Management Plan

On an annual basis Director of Security evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients.

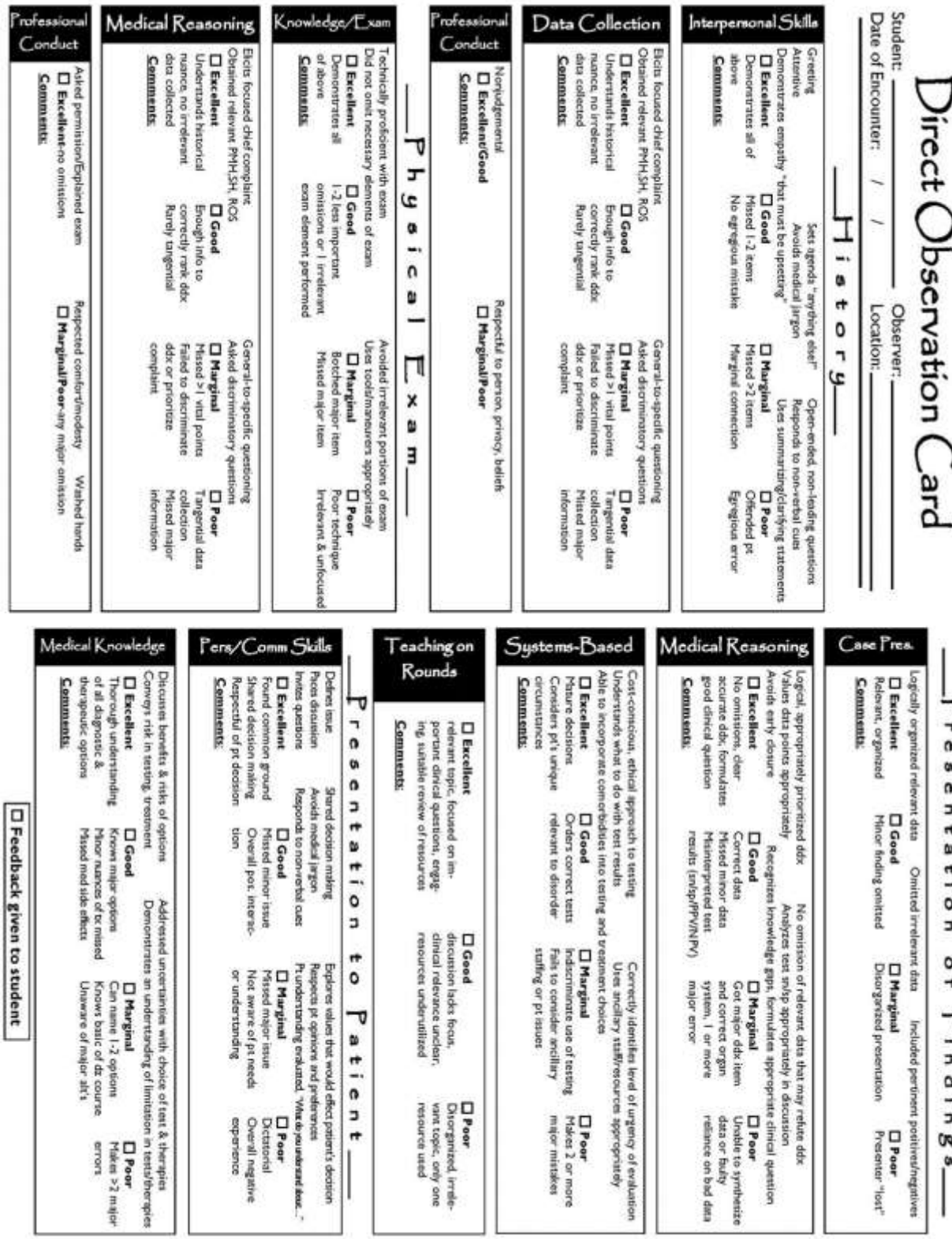
_____ _____

Ron Coles, Director of Security Date

_____ _____

Sarah Frost, Hospital Administrator Date

# Appendix F: Direct Observation Card



Direct Observation Card

Student: _____ Observer: _____

Date of Encounter: / / Location: _____

History

Interpersonal Skills

Greeting: Attentive; Sets agenda "anything else?"; Open-ended, non-leading questions
Demonstrates empathy "that must be upsetting": Avoids medical jargon; Responds to non-verbal cues
Uses summarizing/clarifying statements
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Demonstrates all of above: Missed 1-2 items; Missed >2 items; Offended pt
No egregious mistake; Marginal connection; Egregious error
Comments:

Data Collection

Elicits focused chief complaint; Obtained relevant PMH,SH, ROS; General-to-specific questioning; Asked discriminatory questions
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Understands historical nuance, no irrelevant data collected: Enough info to correctly rank ddx; Missed >1 vital points; Failed to discriminate ddx or prioritize complaint; Tangential data collection; Missed major information
Rarely tangential
Comments:

Professional Conduct

Nonjudgemental; Respectful to person, privacy, beliefs
☐ Excellent/Good ☐ Marginal/Poor
Comments:

Physical Exam

Knowledge/Exam

Technically proficient with exam; Did not omit necessary elements of exam; Avoided irrelevant portions of exam; Uses tools/maneuvers appropriately
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Demonstrates all of above: 1-2 less important omissions or 1 irrelevant exam element performed; Botched major item; Poor technique
Missed major item; Irrelevant & unfocused
Comments:

Medical Reasoning

Elicits focused chief complaint; Obtained relevant PMH,SH, ROS; General-to-specific questioning; Asked discriminatory questions
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Understands historical nuance, no irrelevant data collected: Enough info to correctly rank ddx; Missed >1 vital points; Failed to discriminate ddx or prioritize complaint; Tangential data collection; Missed major information
Rarely tangential
Comments:

Professional Conduct

Asked permission/Explained exam; Respected comfort/modesty; Washed hands
☐ Excellent-no omissions ☐ Marginal/Poor-any major omission
Comments:

Presentation of Findings

Case Pres.

Logically organized relevant data; Omitted irrelevant data; Included pertinent positives/negatives
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Relevant, organized: Minor finding omitted; Disorganized presentation; Presenter "lost"
Comments:

Medical Reasoning

Logical, appropriately prioritized ddx; No omission of relevant data that may refute ddx
Values data points appropriately; Analyzes test sn/sp appropriately in discussion
Avoids early closure; Recognizes knowledge gaps, formulates appropriate clinical question
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
No omissions, clear accurate ddx, formulates good clinical question: Correct data; Missed minor data; Misinterpreted test results (sn/sp/PPV/NPV); Got major ddx item and correct organ system, 1 or more major error; Unable to synthesize data or flaky reliance on bad data
Comments:

Systems-Based

Cost-conscious, ethical approach to testing; Correctly identifies level of urgency of evaluation
Understands what to do with test results; Uses ancillary staff/resources appropriately
Able to incorporate comorbidities into testing and treatment choices
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Mature decisions; Considers pt's unique circumstances: Orders correct tests relevant to disorder; Indiscriminate use of testing; Fails to consider ancillary staffing or pt issues; Makes 2 or more major mistakes
Comments:

Teaching on Rounds

☐ Excellent ☐ Good ☐ Poor
relevant topic, focused on important clinical questions, engaging, suitable review of resources: discussion lacks focus, clinical relevance unclear, resources underutilized; Disorganized, irrelevant topic, only one resource used
Comments:

Pers/Comm Skills

Defines issue; Shared decision making; Explores values that would affect patient's decision
Picks discussion; Avoids medical jargon; Respects pt opinions and preferences
Invites questions; Responds to non-verbal cues; Pt understanding evaluated. "What do you understand about..."
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Found common ground; Missed minor issue; Missed major issue; Dictatorial
Shared decision making; Overall pos. interaction; Not aware of pt needs or understanding; Overall negative experience
Respectful of pt decision
Comments:

Medical Knowledge

Discusses benefits & risks of options; Addressed uncertainties with choice of test & therapies
Conveys risk in testing, treatment; Demonstrates an understanding of limitation in tests/therapies
☐ Excellent ☐ Good ☐ Marginal ☐ Poor
Thorough understanding of all diagnostic & therapeutic options: Knows major options; Can name 1-2 options; Makes >2 major errors
Minor nuances of tx missed; Knows basic of dz course
Missed med side effects; Unaware of major alt's
Comments:

☐ Feedback given to student

# Appendix G: Student Policies

*Please click on the link to take you to the policy

A comprehensive listing of policies can be found on the College of Medicine website.

2017-2018 Academic Calendar (see Resources for Education section)

### Attendance and Absence

Attendance Policies for Medical Students (COM)

Leave of Absence Policy (COM)

Medical Student Duty Hours Policy

### Diversity

Diversity Statement

Non-Discrimination and Anti-Harassment Policy

### Disability Resources

Disability Resource Center

### Grading and Progression

Educational Program Objectives and Competencies (Tucson)

Essential Qualifications for Medical Students (COM)

Grading and Progression Policies for Years 1-4 (COM)

Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals

Teacher Learner Compact

### Graduation Requirements

College and Department Restrictions on Double-Dipping Courses (UA)

Enrollment and Scheduling Policies for Years 1-4 (COM)

### Professionalism and Integrity

Attributes of Professional Behavior (COM)

Code of Academic Integrity

Fingerprinting and Background Checks (COM)

Mistreatment

Policy on Interactions with Industry/Conflict of Interest (COM)

Professional Conduct Policy

Professionalism Conduct Comment Form

Protected Health Information and HIPAA Policy (COM)

Social Media Guidelines for Individuals (COM)

Society Mentors – Policy on Conflict of Interest (pg 27)

Student Code of Conduct

Student Disciplinary Procedures

Student Dress Code Policy

Student Honor Code Committee Policy (COM)

## Risk Management

Smoking and Tobacco Policy

Supervision of Medical Students in Clinical Learning Situations

The University of Arizona Statement on Drug Free Schools and Campuses

## Student Health

Mandatory Health Insurance Policy

Student Occupational Exposure Policy

## Technology

Electronic Medical Record Operational Policy