



## Pediatric Medical Education in the Community Setting

Leslie Magida, MD,  
Sonal Kalburgi, DO, MSHS  
Jessica Herstek, MD,  
Sandra Cuzzi, MD, &  
Craig DeWolfe, MD, MEd

Division of Hospitalist Medicine  
Children's National Health System  
Washington, DC

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- We have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.



## Learning Objectives

- Discuss opportunities and challenges for medical education in the community hospital setting.
- Review approaches to establishing a pediatrics rotation at your community hospital site.
- Apply tools and strategies to solve medical education challenges in the community hospital setting.



## Timeline

- 25 minutes: Lecture based discussion
  - Clerkship factors
  - Opportunities and challenges
  - Establishing a pediatric program
- 30 minutes: Breakout session
- 20 minutes: Lecture based discussion
  - Role of the university-affiliated hospital
  - Developing your curriculum
  - Resources available



# Introduction

**Leslie Magida, MD**

Co-Chair, Pediatric Medical Education  
Mary Washington Hospital  
Instructor, Pediatrics  
George Washington University  
School of Medicine

**Sonal Kalburgi, DO, MSHS**

Co-Chair, Pediatric Medical Education  
Mary Washington Hospital  
Assistant Professor, Pediatrics  
George Washington University  
School of Medicine

**Jessica Herstek, MD**

Medical Co-Director, Pediatrics  
Virginia Hospital Center  
Assistant Professor, Pediatrics  
George Washington University  
School of Medicine

**Sandra Cuzzi, MD**

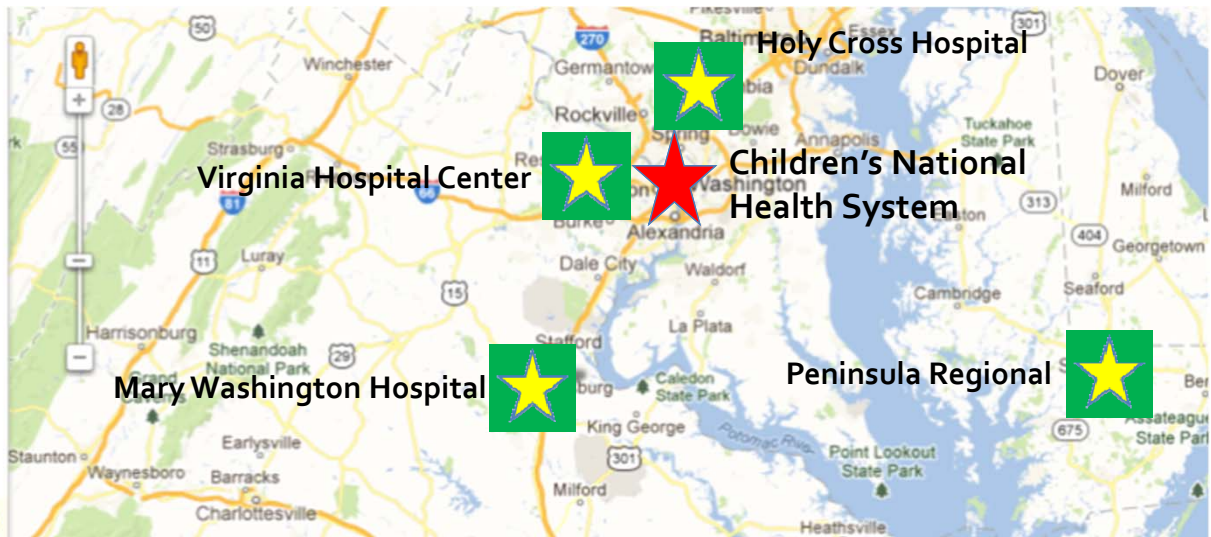
Pediatric Education Director | Holy Cross Hospital  
Associate Residency Program Director  
Children's National Health System  
Assistant Professor, Pediatrics  
George Washington University School of Medicine

**Craig DeWolfe, MD, MEd**

Director, Pediatric Medical Student Education  
Children's National Health System  
  
Assistant Professor, Pediatrics  
George Washington University School of Medicine

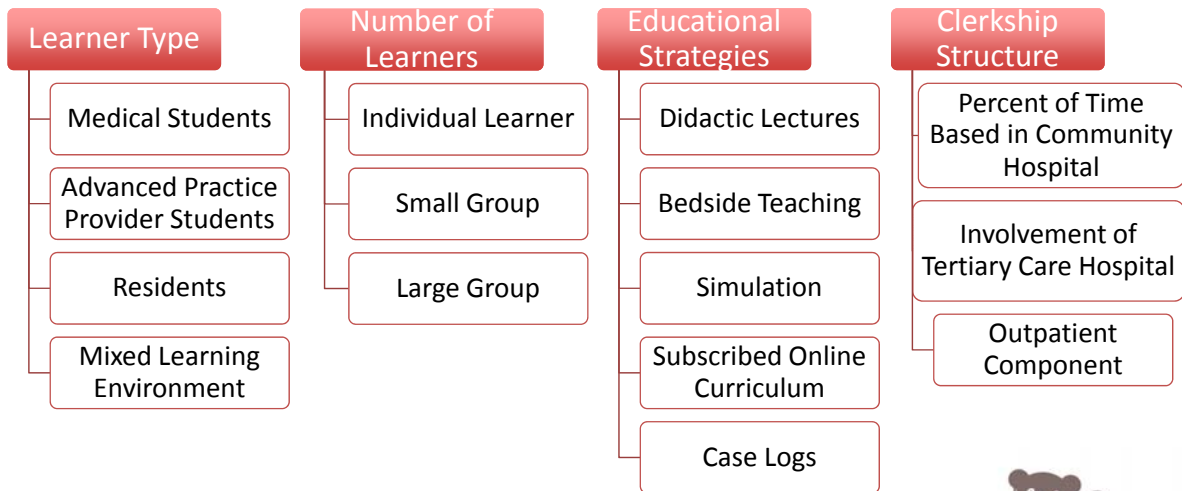


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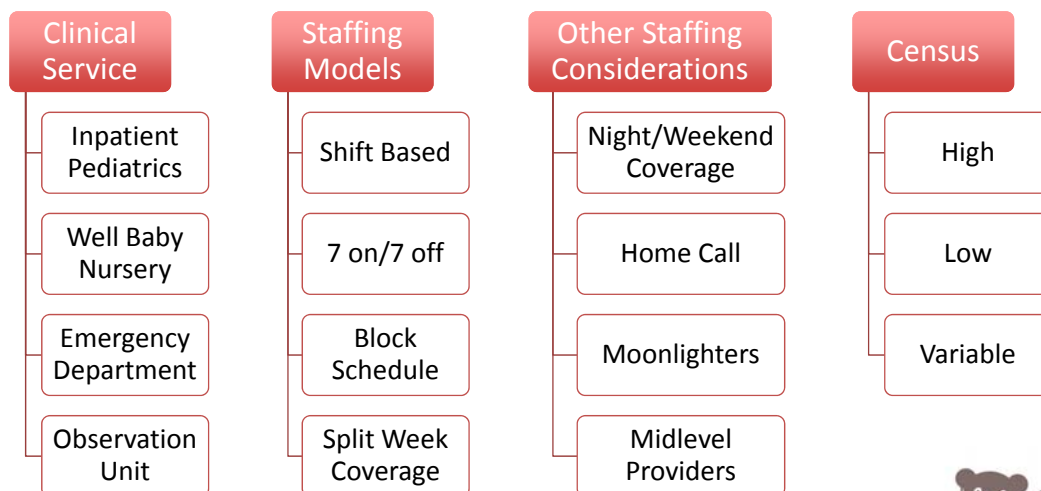


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## Community Hospital Factors Impacting the Clerkship



## Community Hospital Factors Impacting the Clerkship



## Medical Education Opportunities and Challenges Encountered in the Community Hospital Setting

### Challenges

- Low or high patient census
- Lack of attending continuity
- Inconsistent expectations
- Lack of existing lecture series or other teaching resources
- Lack of dedicated teaching time
- Lack of support from affiliated university hospital



## Medical Education Opportunities and Challenges Encountered in the Community Hospital Setting

### Opportunities

- Ample “bread and butter” general inpatient pediatrics
- Exposure to acute, unstable and/or undiagnosed patients
- Individual or small group interaction
- Increased learner autonomy
- Experience all aspects of care
- Teaching opportunity for non-university-affiliated attendings
- Facilitates review of best practices



## Establishing a Pediatric Student Education Program



### Engagement of Community Pediatric Hospitalists

- Are your hospitalists interested in teaching?
- How can medical education benefit your hospitalists and strengthen your hospitalist program?
- How will the community hospital support medical education?



## Engagement of Community Pediatric Hospitalists

- Varying levels of interest in providing education
- May have chosen non-university based site intentionally
- Struggle with balancing workload as solo-provider with teaching responsibilities
- How can you re-frame this into an opportunity?



## How can medical education benefit hospitalists?

- Keep up with literature
- Increase job satisfaction and mentorship
- Motivation for academic productivity
  - e.g. case reports, student conferences
- Academic appointments
- Link teaching with staff annual incentive/goals
  - Use aggregate student evaluation
  - Select specific metrics to monitor



## How can medical education benefit medical directors?

- Create a organizational culture around providing evidence-based, high quality care
- Increase accountability if practice variation exists
- Increase academic opportunities
- Partner with students to build momentum for QI/PI initiatives



## How can medical education benefit community pediatric hospitalist programs?

- Increase visibility of your group as educators
  - Teaching students results in teaching members of healthcare team (nursing, RT, etc)
- Utilize students for performance/quality improvement initiatives
  - Mutually beneficial
  - Nursing and family educational materials
  - Revision of hospital policies





## Community Hospital Nuts and Bolts

- Educational Agreements
- Finding a Student Coordinator
- Identifying Resources



## Educational Agreements

- Typically between school and community hospital directly
  - Significant variations based on school and type of learner
  - American Academy of Medical Colleges “Boiler Plate” contract
  - May or may not include hospitalists if contracted
- Helpful Resources
  - Local clerkship directors
  - Local community hospital medical directors



## Community Hospital Nuts and Bolts

- Where's the GME Office?
  - Appearance of limited to no resources related to learners
  - Set expectations low with school's student coordinator and clerkship director
- Dig deeper!
  - Nursing or Emergency Medicine Tech education
  - Staff on-boarding
  - By other names...Medical Staff Services, Human Resources or Nursing Education services, Institutional Review Board leaders



## Community Hospital Nuts and Bolts

- Building relationship with site coordinator
  - Engage their supervisors and set goals
  - Understand relevant hospital policy and procedure
- Develop process related to:
  - Identification badge, security access
  - Verification of health records
  - Onboarding and required training
  - Student documentation and EHR Access



# Breakout Sessions



## Breakout Session Ground Rules

- Safe learning environment
- Be efficient – save the networking for later 😊
- Select a representative and scribe for your group



## Divide into Groups by Practice Setting

- Community site
  - With residents and students (Sandra)
  - Without residents and *few* students (Leslie)
  - Without residents and *many* students (Jessica)
  - Interprofessional students (Sonal)
- University based site (Craig)



## Breakout session

- How is the student oriented? What tools are used to help the students understand your expectations?



## Breakout session

- What teaching techniques work well in your setting?



## Breakout session

- How are students assessed and how is the data used for formative feedback and summative evaluations?



## Role of the University Affiliated Hospital in Setting the Curriculum and Providing Resources



## Resources available to the Community Hospitalist: Teaming with the Mothership





About Patient Care Research Education

Home > UCSF News Center > Interim Dean Reports on Medical School's Budget Challenges

## Interim Dean Reports on Medical School's Budget Challenges

By Lisa Cisneros on May 20, 2009

### CRAIN'S DETROIT BUSINESS

December 04, 2015 2:00 p.m. UPDATED 12/9/2015

## Wayne State medical school financial woes delay construction on Midtown building

School says it's still working on \$68 million development on Woodward Avenue

By KIRK PINHO

[www.AJOG.org](http://www.AJOG.org)

### EDUCATION

## A unique solution to solve the pending medical school tuition crisis

Louis Weinstein, MD; Honor Wolfe, MD

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Health Care NEWS > HEALTH CARE  
December 10, 2014

## Medical school bleeds Yeshiva U

The university is pressured to sell its real estate and end Einstein College's \$100 million annual losses.

By Barbara Benzon

## Financial crisis forcing evangelist to close medical school, hospital

Associated Press

TULSA, Okla. — Evangelist Oral Roberts, the faith healer who

secure.

Mayor Rodger Randle agreed, adding that the City of Faith hospital, which opened in 1981, "was

On Wednesday, Roberts raised the possibility of "some miracle" providing a \$60 million endowment he says is needed.

### CLINICAL OPINION



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# Mothership?



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## Although your site is unique ...

- Interest in Medical Education
  - Foster excitement in pediatrics
  - Advocate for the care of the child
  - Keep us current with patient care practices
- Challenges
  - Census
  - Orientation
  - Feedback
  - Evaluations

## ... Commonalities Exist

- Opportunities
  - Utilize our respective experience and wisdom
  - Adapt resources from either site
  - Team with local experts



## In fact, you can't do it alone ...

## ... LCME requires

- An affiliation agreement that addresses:
  - Access to resources
  - Primacy of the core curriculum for teaching and assessment
  - Faculty appointments
- Comparability between sites
  - Clinical cases and procedures
  - Methods to fill gaps in cases
  - Feedback
  - Evaluation
- Regular communication between sites
  - Opportunities for faculty development





# Core Curriculum



## SYLLABUS

The George Washington University  
 School of Medicine and Health Sciences  
 Course #303 PEDIATRICS CLERKSHIP 2016-17

Clerkship Learning Objectives	Assessments	Mapped Program Objectives
<ul style="list-style-type: none"> <li>Perform effective age-oriented interviews and physical examinations on</li> </ul>	<ul style="list-style-type: none"> <li>A score of greater than or equal to 3 (out of 5) on the uniform student clerkship evaluation - clinical skills section, which assesses student performance on physical and mental status examinations and technical/procedural skills, as evaluated by faculty and residents.</li> </ul>	<ul style="list-style-type: none"> <li>Patient Care: 1, 2, 4</li> <li>Interpersonal &amp; Communication Skills: 1, 8</li> </ul>



# Core Curriculum Tools

- Observation Tools help measure the objective



### STRUCTURED CLINICAL OBSERVATION (SCO)

*A Tool To Facilitate Brief Observation And Prompt Feedback*

Date: \_\_\_/\_\_\_/\_\_\_  
 Observer: \_\_\_\_\_ Trainee: \_\_\_\_\_  
 Patient Gender:  M  F  
 Patient age:  Newborn (1-31 days)  Infant (32 days - 11mos)  
 Toddler (1-4 yrs)  School-age (5-11 yrs)  Adolescent (>12yrs)

Indicate the portion of visit and particular items observed. Please check all that apply.

<input type="checkbox"/> Data Gathering	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Information Giving
<input type="checkbox"/> Interim history (well child)	<input type="checkbox"/> HEENT	<input type="checkbox"/> Anticipatory Guidance
<input type="checkbox"/> OCHPT	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Medical Home
<input type="checkbox"/> Diet/Sleep/Elimination	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diagnosis explanation
<input type="checkbox"/> PMH/Health Maint/CAM	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Management
<input type="checkbox"/> ROS/HEADS	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Follow-up instructions
<input type="checkbox"/> Development/School History	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other
<input type="checkbox"/> Family History	<input type="checkbox"/> Neurological	
<input type="checkbox"/> Social/Cultural History	<input type="checkbox"/> Other	

Key Feedback Points: **OBSERVER SHOULD JOT NOTES HERE WHILE OBSERVING**  
 Can be brief (5-minute observation) of some portion of hx or physical

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Adapted from L. Lane, MD and R. Gottlieb, MD, Jefferson Medical College  
 By E. Hamberger, MD, S. Cuzzi, MD and D. Coddington, MD, Children's National Medical Center  
 (Update - JUNE 2008 by T. Kind, MD, MPH, Children's National Medical Center)



## Core Curriculum Tools

- Standard assessments provide faculty appropriate expectations for the objectives

### Clinical Skills

#### • History Taking

1	2	3	4	5
Generally incomplete. Frequently disorganized. Does not focus on the patient's problems at all. Poor patient rapport. Insensitive to patient. Important information is usually missing.		Usually complete. Good organization. Very good ability to establish rapport. Good sensitivity to patient. Can usually detect hidden agendas. Usually includes all important information. Meets expectations for level of training of a GW student.		Outstanding history taking. Very sensitive to patient and frequently picks up hidden agendas. Superior organization. Always includes important information.



## Case & Procedure Log

- The medical school must establish:
  - Types of cases or procedures that a student must see
  - Level of involvement with the case / procedure
  - How the cases or procedures are documented
  - Opportunities for alternative learning experiences
- The sites can and do differ in:
  - Relative complexity of patient
  - Possible "gaps" in the case mix index
  - Where / with whom exposure to the case is provided
- Together, the sites should monitor
  - Comparative exposure to each case / ability to meet expectations
  - Benefit of "system" vs diagnosis approach to case log



## Example approach to case log

### Required Clerkship Encounter Standards: Pediatrics

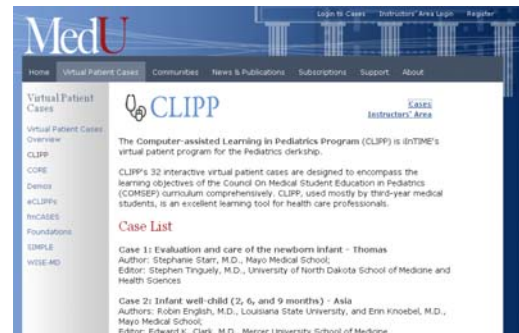
- Maintain your log in MedHub throughout the clerkship.
- Preferentially log your involvement with a real patient (someone you or your team cared and for whom you actively participated in the consideration of any of the following diagnoses). If you are unable to participate in the care of a live patient, log an alternative learning experience (ALE) (i.e. online CLIPP, standardized patient)
- Minimum level of involvement:
  - Assist: Participate in the care of a patient with this condition to include team discussion and/or overseeing care during a hand-off
  - Perform independent assessment and plan or performed the procedure under supervision

Peds clinical encounters with examples of diagnoses	Minimum level of involvement	Location: inpt, outpt, either	ALE opportunity if no clinical encounter available
<b>Behavior</b> – Advise a parent of a child having problems with: sleep, colic, temper tantrums, toilet training, ADHD, encopresis	PERFORM independent assessment and plan	Either	CLIPP case 3 or 4
<b>Cardiovascular</b> - Innocent murmur, Congenital Heart Disease, Arrhythmia	assist	Either	CLIPP case 18



## Alternative Learning Experience – CLIPP Cases

- Computer-Assisted Learning in Pediatrics Program (CLIPP)
- Emphasize problem-solving skills
- Foster self-directed and independent study
- Represent core pediatrics curriculum
- Prepare you for clerkship
- Requires school subscription




## Feedback & Evaluations

- The medical school must establish:
  - Standards for grades
  - How feedback and evaluations are documented
  - Deadlines
  - Faculty status of evaluators
- The sites can and do differ in:
  - Unique elements used to measure student achievement of grade
  - How comments are gathered
  - Internal deadlines
- Together, the sites should monitor
  - Faculty status of evaluators
  - Relative frequency of grades and NBME scores at each site
  - Compliance with deadlines



## Feedback Tool



Student: \_\_\_\_\_

Physician Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_ Rotation # \_\_\_\_\_

**Pediatrics Clerkship Mid-Rotation Review (Feedback) Form**

**OVERALL GOAL:** To provide mid-rotation feedback and determine an action plan for student.

**STUDENTS:** Before meeting with your preceptor, complete a self evaluation by marking off with an "S" where on the spectrum you think you are currently. See example below.

**PRECEPTORS:** Please obtain input from other faculty and residents who have worked with this student. Then rate the student's performance by marking off with a "P" where on the spectrum you think the student is currently. Then discuss the student's strengths and areas for improvement. Record comments.

**EXAMPLE** (S=Student's self evaluation; P=Preceptor)

	←	unacceptable performance (conditional)      S      P      very good (pass)      →      outstanding (honors)
--	---	---

---

**History & Physical:** *Is the student identifying and pursuing problems? Is the exam technically correct, thorough, and efficient? Is the written record organized and of an appropriate length?*

	←	unacceptable performance (conditional)           very good (pass)      →      outstanding (honors)
--	---	--

**Comments:** \_\_\_\_\_



## Grade Thresholds

- Inpatient and Outpatient Clinical Grades: % of total
  - "Reporter"
  - "Interpreter"
  - "Manager / Educator"
    - Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. Acad Med. 1999;74(11):1203-7
- Self-Directed Learning Portfolio: % of total
- NBME: % total



## Faculty Development

- University offerings
- Site visits
- Public domain resources



## Developing a Pediatrics Rotation in the Community Setting



### Orientation Materials and Onboarding the Learner

- University-affiliated orientation
- Site specific orientation
  - Developing content
  - Mode of communication (electronic, PPT, video, live)
- Defining the process
  - Who will be responsible?
- Setting clear expectations for the learner



## What unique experiences do you have in a community hospital?

- Participate in a lactation consult
- Attend a parent support group
- Observe ECHOs, EEGs, and other diagnostic studies
- Watch a circumcision
- Tour the NICU, attend a delivery
- Provide anticipatory guidance



## Defining Feedback and Evaluation

- Use resources from university-affiliated group
  - Direct Observation form (SCO)
  - Mid-Rotation Feedback form
- Modify resources for your setting ([SCO newborn PE](#))
- Set expectations for formative feedback
- Develop process to write composite evaluations



# Direct Observation – SCO newborn PE

## STRUCTURED CLINICAL OBSERVATION (SCO) NEWBORN NURSERY ROTATION

Observer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Trainee: \_\_\_\_\_ PL1 PL2 PL3 MS3 MS4

Site: Newborn nursery  
 Type of Visit: Well child  
 Patient type: New pt  
 Patient Gender:  M  F  
 Patient age: Newborn (1-31 days)

Indicate the portion of visit and particular items observed. Please check all that apply.

<input type="checkbox"/> Data Gathering	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Information Giving
<input type="checkbox"/> Intern history (well child)	<input type="checkbox"/> HEENT	<input type="checkbox"/> Anticipatory Guidance
<input type="checkbox"/> CC/HPI	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Immunization info
<input type="checkbox"/> Diet/Sleep/Elimination	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Illness explanation
<input type="checkbox"/> PMH/Health Maintenance	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Management
<input type="checkbox"/> ROS/HEADS	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Follow-up instructions
<input type="checkbox"/> Development/School History	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Other
<input type="checkbox"/> Family History	<input type="checkbox"/> Neurological	
<input type="checkbox"/> Social/Cultural History	<input type="checkbox"/> Other	

### Key Feedback Points:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Time Spent in Observation: \_\_\_ min. Time Spent in Feedback: \_\_\_ min.

Resident Signature: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Adapted from L. Lane, MD and R Gottlieb, MD, Jefferson Medical College  
 By E. Hamburger, MD, S Czuzi, MD and D Coddington, MD, Children's National Medical Center

## Newborn Physical Exam Checklist

	Performed correctly	Performed, needs improvement	Not Performed
Washes hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Head</b>			
Palpates fontanelles, sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looks for caput, cephalohematoma, lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eyes</b>			
Examines red reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position, shape etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ears/Nose/Throat</b>			
Ears: position, tags, pits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nose: patency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat: palate, gums, tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chest</b>			
Breast tissue, symmetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of heaving (retractions, rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cardiovascular</b>			
Heart (palpation, auscultation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Abdomen</b>			
Inspects umbilical cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpation of liver, spleen, kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Genitalia</b>			
Female (anatomy, vaginal discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male (testes, foreskin, circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anus</b>			
Patency and position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Musculoskeletal</b>			
Hips (Barlow-Ortolani, gluteal folds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine (dimples, sinus tracts, masses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clavicles (palpation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neurological</b>			
Reflexes (Babinski, Moro, suck, grasp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/passive tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Skin</b>			
Findings, color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall</b>			
Handling of the baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow of exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of exam (quantity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctness of exam (quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Newborn physical exam checklist adapted from Loyola School of Medicine  
 www.med.luc.edu/loves/MedEd/peds/newborn\_pe\_exercise.pdf



# Strategies to Provide Educational Continuity

- [Tool to track didactic lectures](#)
- [Student rotation checklist](#)
- [Daily feedback cards to improve compiled evaluation](#)
- Point person to coordinate more significant or pervasive feedback concerns





# Didactic Lecture Topics

Well Baby Nursery Lecture Topics		
Block #	DATES:	Topic
		Examination of the Newborn
		The Transition Period
		Routine Newborn Care
		Common Rashes and Skin Lesions in the Neonate
		The Late Preterm Infant (including gest age assessment)
		Breastfeeding
		Delayed Voiding and Stooling
		Respiratory Distress
		Hypoglycemia
		Hypothermia
		Abnormal Fetal Growth (LGA, SGA, IUGR)
		Overview of Maternal and Newborn Infections
		Group B Strep
		HIV
		Syphilis
		Hepatitis B
		Chlamydia and Gonorrhea
		Tuberculosis
		HSV
		CMV
		Hyperbilirubinemia
		ABO and Rh Incompatibility
		Infant of a Diabetic Mother
		Developmental Dysplasia of Hip
		Heart murmurs
		Congenital Heart Disease
		Birth Injuries
		Drugs that Affect the Fetus and Infant
		Neonatal Abstinence Syndrome
		Circumcision
		Amblyopia/Strabismus
		Amniotic and Cord of the Umbilicus
		Hematologic Issues (polycythemia, anemia, thrombocytopenia)
		Abdominal Masses
		Neonatal Seizures
		Car Seat Testing and Guidelines
		Newborn Metabolic Screening
		Other:
		Other:

## PEDIATRIC WARD CURRICULUM CHECKLIST

Dates: \_\_\_\_\_

Bolded topics are core topics that should be prioritized during the four-week student rotation. Teaching residents (and acting interns) should date and initial formal didactic sessions they give to medical students. Please date and put attending name or initials for 12 noon conferences to keep this checklist up-to-date.

<b>General</b>	<b>Attending Orientation</b>	<b>Gastrointestinal disorders</b>
	<b>Teaching Resident Orientation</b>	Acute gastroenteritis
<b>Fluids/electrolytes/nutrition</b>		Gastroesophageal Reflux
		Pyloric Stenosis
<b>Dehydration</b>		Inflammatory Bowel Disease
	<b>Fluid and electrolytes</b>	Pancreatitis
<b>Newborn issues</b>		Hepatitis
	<b>Hyperbilirubinemia</b>	<b>Rheumatologic Disorders</b>
		Toxic Synovitis
	Feeding problems	Reactive Arthritis
	Delivery Room Dilemmas	Henoch Schonlein Purpura
		Juvenile Idiopathic Arthritis
		Systemic Lupus Erythematosus
		<b>Endocrinology</b>
<b>Lower Respiratory Tract Disorders</b>		Diabetes mellitus and DKA
	<b>Asthma</b>	Rickets
	<b>Pneumonia</b>	Failure to Thrive
	<b>Bronchiolitis</b>	<b>Hematology</b>
<b>Upper Respiratory Tract Disorders</b>		Sickle cell disease
	Croup	Anemia
	Epididymitis	Idiopathic thrombocytopenic purpura
	Tonsillar or peritonsillar abscess	<b>Neurological Disorders</b>
	Retropharyngeal abscess	Seizures (febrile and afebrile)
	Sinusitis and complications	<b>Cardiology</b>
<b>Infectious Diseases</b>		Congenital Heart Disease
	Antibiotics	Reading EKG's
	UTI/Pyelonephritis	<b>Nephrology</b>
	<b>Occult bacteremia</b>	Hemolytic Uremic Syndrome
	<b>Fever, Rule Out Sepsis</b>	Nephrotic Syndrome
	<b>Kawasaki Disease</b>	Glomerulonephritis
	Fever of Unknown Origin	<b>Emergencies</b>
	Lyme disease	Ingestions/Poisonings
	Group B strep infections	ALTE
	Pelvic Inflammatory Disease	Child Abuse
	Enteroviral infections	
<b>Dermatology</b>		
	Infectious Exanthems	
	Inborn Errors of Metabolism	
	Genetic Syndromes	



# Educational Checklists

## Newborn Nursery

CNMC - GWU / HCH Pediatric Clerkship Neonatal Checklist			Rotation: 1 2 3 4 5 6 Month/Year: _____		Student Name: _____		
<b>Knowledge Skills:</b>	<b>Read</b>	<b>Discussed</b>	<b>Case</b>	<b>Nonnatal Physical:</b>	<b>Observed</b>	<b>Performed</b>	<b>Comments:</b>
1. Routine Newborn Case				Admission Physical			Housecall:  Attending Physician:  Grade: Pass / Fail
2. Neonatal Jaundice				Exam 1			
3. Feeding Problems				Exam 2 (optional)			
4. Metabolic Screening				Sestational Age			
5. Hyperbilirubinemia				Assessment			
6. Common Rashes				Exam 1			
7. Developmental Dislocation of the Hip				Discharge Physical			
8. Neonatal Seizures				Exam 1 (optional)			
9. Congenital Heart Disease				Exam 2 (optional)			
10. Emergency Vascular Access							
11. Afterload/airway							
12. Respiratory Distress				<b>Optional Skills:</b>	<b>Observed</b>	<b>Performed</b>	
13. Maternal Infant Bonding				1. Admission			
14. Hypotonia				2. Discharge			
15. Bradycardia				3. Assian APGARs			
16. Vomiting/Diarrhea				4. Round with pediatric consultant			
17. ABO/Rh incompatibility				5. Venipuncture			
18. Neonatal Infection				6. Intubation			
19. GBS				7. ABC Sampling			
20. HSV				8. Lumbar puncture			
21. Syphilis				9. Circumcision			
22. Hepatitis B				observe only			
23. HIV							
24. CMV							
25. Chlamydia							
26. TB							
27. Varicella							
28. Amblyopia/Strabismus							

## Inpatient Pediatrics

Mary Washington Inpatient Pediatric Clerkship Student Checklist			Rotation: _____		Student Name: _____	
Name: _____		Date: _____	Rotation: _____	Preceptor: _____		
<b>Self-Directed Learning Objectives (to be completed end of week 1)</b>						
1.						
2.						
3.						
<b>Course Objectives (See Date Preceptor Signature and Comments)</b>						
Self-Directed Learning Objectives	Week 1					
Pediatric History and Physical	Week 2-3					
Topic Review	Week 4					
Final Exam	Week 5					
<b>Weekly Program Notes (to be completed by end of week 1)</b>						
Daily Program Note	Week 1					
Daily Program Note	Week 2					
Daily Program Note	Week 3					
Daily Program Note	Week 4					
Daily Program Note	Week 5					
Daily Program Note	Week 6					
Daily Program Note	Week 7					
Daily Program Note	Week 8					
Daily Program Note	Week 9					
Daily Program Note	Week 10					
Daily Program Note	Week 11					
Daily Program Note	Week 12					



## Daily Feedback Form

Intern Name _____		PL-1 Well Baby Nursery Feedback (daily)			
Nursery Attending _____		Date _____			
Scale: 1 -below expectations 2 -marginal 3 -meets expectations 4- exceeds expectations N/O- Not observed					
1. <b>Patient Care:</b> Accurate, complete histories, physicals and assessments. Good management plans & clinical judgment. Educates patients/families.	1	2	3	4	N/O
<i>Comments:</i> _____					
2. <b>Medical Knowledge:</b> Fund of knowledge relative to level of training, including differential diagnoses.	1	2	3	4	N/O
<i>Comments:</i> _____					
3. <b>Practice-Based Learning:</b> Acquires new knowledge related to care of individual patients. Teaches others.	1	2	3	4	N/O
<i>Comments:</i> _____					
4. <b>Interpersonal Skills/Communication:</b> Effective & concise presentations and written documentation. Works well with all members of health care team. Communicates well with parents.	1	2	3	4	N/O
<i>Comments:</i> _____					
5. <b>Professionalism:</b> Demonstrates respect, compassion & empathy. Timeliness. Works as member of team seeing patients.	1	2	3	4	N/O
<i>Comments:</i> _____					
6. <b>Systems-Based Care:</b> Patient advocate. Utilizes consultants and community resources available for pt.	1	2	3	4	N/O
<i>Comments:</i> _____					
7. <b>Overall/Summary:</b> Overall clinical competence (enthusiasm, medical judgment, synthesis, caring, independence, effectiveness, efficiency).	1	2	3	4	N/O
<i>Strengths:</i> _____					
<i>Suggestions for Improvement:</i> _____					
Did you give feedback to this intern today? Yes No					
<i>About what?</i> _____					



## Teaching Techniques on the Pediatric Unit

- Attending or resident-led case scenarios
- Exposure to other members of the health care team
- Defining a clinical question on rounds – EBM search
- Assigning a topic – short oral student presentations
- Shadow attending activities, use priming to focus
- Physical exam modeling or observation



## Teaching Resources in the Nursery

- Newborn PE video [learn pediatrics: newborn exam](#)
- Develop a clinical resource manual
- Stanford nursery website [newborns.stanford.edu](http://newborns.stanford.edu)
- Med Ed Portal: Newborn Nursery [mededportal.org](http://mededportal.org)
- Use actual baby products in anticipatory guidance
- Simulation models: "Baby Hippy" for DDH
- Nursery Scavenger Hunt



## Additional Educational Strategies, Tools, & Resources

- For the Hospitalist...
  - Educational calendar
  - Teaching Cheat Sheet
  - Shared folders with pre-set lecture materials
  - Web-based teaching
  - Wiki Site
  - SOHM Reference List
  - Quality improvement
- For the Learner...
  - Self Directed learning
  - Asynchronous learning platforms
  - Case Files
  - Review Articles
  - Online modules
  - Games
  - Simulation



## Take Home Points

- Be aware of the many opportunities and challenges for medical education in the community hospital setting and capitalize on your site's strengths.
- Know your hospital's resources and be creative when establishing or growing your pediatric medical education program.
- Do not reinvent the wheel! There are many existing tools and strategies that you can apply to your community hospital setting.



## Contact Information

Leslie Magida, MD  
LMagida@childrensnational.org

Sonal Kalburgi, DO, MSHS  
SKalburg@childrensnational.org

Jessica Herstek, MD  
JHerstek@childrensnational.org

Sandra Cuzzi, MD  
SCuzzi@childrensnational.org

Craig DeWolfe, MD, MEd  
CDewolfe@childrensnational.org

