



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

BCC 7140

UCF College
of Medicine
PEDIATRIC
CLERKSHIP
Handbook
2012 – 2013

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Clerkship Directors Welcome

Welcome to your pediatric clerkship and the world of pediatrics. It is the goal of this clerkship to provide you with the knowledge and clinical experience necessary to develop basic skills in the evaluation and management of health and disease in infants, children and adolescents. *This is an introductory course in the care of children and will emphasize those aspects of pediatrics which should be understood and mastered by all physicians regardless of their ultimate career choice.* As one of the core clerkships during your third year of medical school, pediatrics shares with internal medicine, surgery, obstetrics and gynecology, neurology and psychiatry the common responsibility to teach knowledge, skills and attitudes basic to the development of a competent general physician.

Your rotations will provide you with a broad exposure to the field of pediatric medicine and will address the issues unique to childhood and adolescence such as developmental biology, normal growth and development, the impact of family and community on childhood health and disease, and role of prevention and health supervision. As a medical student you will be an integral part of a team providing care for children in a family centered context. I encourage you to cherish this role and be an active advocate for your patients.

The curriculum for this rotation has been specifically developed using the Council on Medical Student Education in Pediatrics (COMSEP) curriculum as a guide to meet the needs of the students of the UCF COM. It is also a course in evolution and I welcome your input at any time. Serving as your first line contact in any administrative area is Carlene Grant, the pediatric and OB/GYN clerkship coordinator. Ms. Grant is very knowledgeable about the clerkship and will be able to steer you in the right direction. (Her contact information as well as mine, is available in this syllabus in the key contact section.)

I am excited and look forward to sharing with you during this clerkship the field of medicine which has been challenging and immensely rewarding to me.

Statement of Educational Need

This pediatric clerkship will meet the LCME curricular requirement for clinical experience in pediatrics. Clinical instruction will cover all organ systems, underscoring the relevance of basic sciences to clinical sciences and include important aspects of preventive, acute and chronic, rehabilitative and end of life care in both the inpatient and outpatient setting.

Faculty

The UCF Pediatric Clerkship Director will oversee as well as provide direct teaching experiences. All of the listed faculty may directly supervise learners in the outpatient, newborn nursery, general pediatrics practice and subspecialty pediatric practice as well as provide didactic sessions.

APH PEDIATRIC FACULTY

Robert Middleton, MD,

Joan Meek, MD,

Penelope Tokarski, MD,

Douglas Short, MD,

Janice Howell, MD,

Odett Stanley-Brown MD

Sunita Patil, MD,

Anita Moorjani, MD,

Veenod Chulani, MD,

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Santiago Martinez, MD

Ann Holt, MD

Eric Kunichika, MD

Timothy Roedig, MD

H. Kenneth Spalding, MD

Robert Tainsh, MD

Paul Gordon, MD

Thomas Carson, MD

Sumbal Sattar, MD

Jorge Garcia, MD

Agustin Ramos, MD

Sandra Cely, MD

Tace Rico, MD

Aaron Godshall, MD

Ben Guedes, MD

Paul Halczenko, MD

Peter Hervie, MD

Jiuan-Huey Ivy Lin, MD

Carlos Alana, MD

Hilton Bernstein, MD

Winslade A. Bowen, MD

Neal Goldberg, MD

Eduardo J. Lugo, MD

Lewis Otero, MD

D. Jim Rawlings, MD

Thomas Wiswell, MD

Robert Mathias, MD

Brenda Montane, MD

Karen Baker, MD

Carl Barr, DO

Murtuza Kothawala, MD

Dina Dehan, MD

Ashraf El-Bohy, MD

Jasna Kojic, MD

Christine Matarese

Sheila Ramos, MD

Ananthi Rathinam, MD

Jane Cook, DO

Gregory Logsdon, MD

Peter Salazar, MD

Laura Varich, MD

Christopher Anderson, MD

Raleigh Thompson, MD

Mark Chaet, MD

Michael Keating, MD

Angela Fals, MD

Richard Signer, MD

Audrey Bowen, MD

Dennis Hernandez, MD

Shakuntala Janwadkar, MD

Jorge Daaboul, MD

Konda Reddy, MD

Ki Lee, MD

Sangeeta Bhargava, MD

Sanjay Khubchandani, MD

Fouad Hajjar, MD

Clifford Selsky, PhD, MD

Vivek Desai, MD

Ayodeji Otegbeye, MD

Raluca Papadopol, MD

Oludapo Soremi, MD

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Dawn Sokol, MD

Michelle Dolske, PhD

Michael Westerveld, PhD

Patrick Gorman, PsyD

James Baumgartner, MD

Eric Trumble, MD

Louis C. Blumenfeld, MD

Robert S. Gold, MD

Jamie Ikeda, MD

Adam Fenichel, MD

Raymund Woo, MD

Cheryl Cotter, MD

Joshua Gottschall, MD

Eric Jaryszak, MD

James Kosko, MD

Izak Kiemovitch, MD

Frank Stieg, MD

Akinyemi Ajayi, MD

Key Contacts

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Clerkship Coordinator:	Carlene Grant College of Medicine University of Central Florida Health Science Campus at Lake Nona 6850 Lake Nona Boulevard Suite 406D Orlando, Florida 32827 Phone: 407-266-1176 Fax: 407-266-1199 carlene.grant@ucf.edu
Site Director APH:	Robert Middleton, MD
Site Director FH:	TBA
Site Director Nemours:	TBA

Clerkship Overview

This course will introduce third year medical students to the basic principles of general pediatrics. Through both inpatient and outpatient encounters with children across the age range of pediatrics, from neonates through young adulthood, the student will get exposure to the clinical care of children.

The learner will participate in the newborn nursery and outpatient health supervision visits where the fundamental concepts of the pediatric interview and physical exam, growth and development, anticipatory guidance, primary prevention, screening, and vaccination will be presented. Clinical experience with acute/chronic illness visits will afford the learner exposure to common pediatric complaints and symptoms as well as common pediatric diagnoses. Participation in the inpatient component of this course will solidify students' pediatric skills of data gathering, data synthesis, development of problem lists and working diagnoses, and formulating therapeutic plans while being a member of a health care team providing family centered care to children.

Clerkship Goals and Higher Level Objectives

1. Medical Knowledge- After completing this rotation, the student will:

- Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician caring for children; demonstrate the ability to acquire, critically interpret and apply this knowledge in pediatric patient care.
- **Interpret common diagnostic tests and procedures** used to evaluate patients who present with common symptoms and diagnoses encountered in the practice of pediatrics.
- Define, describe and discuss **vaccines and vaccination schedules** recommended from birth through adolescence. Identify and counsel patients whose immunizations are delayed.
- Demonstrate understanding of common procedures, including indications, procedure, risks, and interpretation of results.

2. Patient Care- After completing this rotation, the student will be able to:

- Perform, document and present in standard format thorough and systematic, comprehensive **histories and physical examinations** of newborns, infants, toddlers, preschool aged children, school aged children and adolescents.
- Synthesize clinical data into **problem lists and differential diagnoses** and formulate initial and ongoing therapeutic plan of care for patients with common pediatric problems.
- Provide **family centered pediatric care** that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health by gathering essential and accurate information using the following clinical skills: medical interviewing, physical examination, diagnostic studies and developmental assessments, preventive services and anticipatory guidance.
- Discuss the **effects of societal problems** (domestic abuse, child abuse, teen pregnancy, high school dropout rates, substance abuse...) on the health and well-being of children including screening, evaluation and management strategies for affected patients and their families.
- Describe or demonstrate and document required technical and **procedural skills** as listed in Pediatric Checklist.

3. Interpersonal and Communication Skills- After completing this rotation, the student will be able to:

- Demonstrate a ***commitment to provide patient centered care*** with compassion, and respect to all patients and their families, regardless of medical diagnosis, gender, race, socioeconomic status, intellect/level of education, religion, political affiliation, sexual orientation, ability to pay, or cultural background.
- 4. Practice-Based Learning and Improvement- After completing this rotation, the student will be able to:**
 - Generate ***answerable clinical questions*** and use information technology to gather information and support decision-making and patient management in pediatrics and discuss process and results with clinical Team.
 - Apply ***evidence based principles*** to compare and contrast available treatment options with regard to efficacy, risk, benefit, cost-effectiveness.
 - Recognize when it is appropriate to utilize other ***community and healthcare professionals and programs*** in the diagnosis or treatment of patients.
- 5. Systems-Based Practice- After completing this rotation, the student will be able to:**
 - Define, describe and discuss the role and contribution of each ***healthcare team member*** to the care of the patient.
 - Take the appropriate degree of ***responsibility*** at the medical student level to recognize system flaws in the delivery of care; prevent medical errors and ensure patient safety.
- 6. Professionalism – After completing this rotation, students will be able to:**
 - Demonstrate a commitment to carrying out ***professional*** responsibilities, adherence to ethical principles, and sensitivity to diversity.
 - Demonstrate an understanding and commitment to ***ethical principles*** including patient confidentiality and informed consent.

Core Competencies

Patient Care

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Students are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

Medical Knowledge

Students must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Students are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline

Practice-Based Learning and Improvement

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Students are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Use information technology to optimize learning
- Participate in the education of patients, families, students, students and other health professionals

Interpersonal and Communication Skills

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Students are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely and legible medical records

Professionalism

Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

Systems-Based Practice

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Students are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- Advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions.

Clerkship Logistics

Specific Teaching Modalities

The primary teaching modality throughout this clerkship will be faculty/resident supervised active participation in clinical patient encounters with immediate, one on one instruction and feedback. Family centered, teaching rounds on the inpatient service and newborn nursery will enable bedside instruction, demonstration, and role modeling and will emphasize problem solving while encouraging clinical care generated discussion. All clinical encounters will support formulation of answerable clinical queries. Morning report style conference as well as specific objective- based, core lecture series will complement the clinical experience. Additionally, small group sessions will provide opportunity for reflection, clarification and debriefing. Case based learning will be implemented using the Computer-assisted Learning in Pediatrics Program (CLIPP) through the Council on Medical Student Education in Pediatrics for individual assignments and group discussions.

Description of Clinical Activities: Overview

The learner will participate in the outpatient clinical care of children for 3 weeks of this course. During this time students will spend 15 full days divided between the general pediatric practice and pediatric specialty practice including emergency medicine and time spent in the newborn nursery. The student will experience pediatric health maintenance encounters and acute care visits. Under the immediate supervision of faculty, students will present and discuss their findings as well as implement a diagnostic and therapeutic plan. Students will present brief, patient directed clinical topics to the clinic team and will participate in discussions of related pediatric clinical issues such as access to care and communication through an interpreter. Students may experience care in a multidisciplinary clinic such as cleft palate or spina bifida clinic and participate in the post clinic debriefing conference where all involved specialists plan a course of therapy for these medically complex children. Other clinical experiences in the outpatient realm may include an immunization session, observer for a lactation consultation, visits to Children's Medical Services, or the Howard Phillips Early Childhood Development Center. It is anticipated that students will independently assess at least 2 patients per half day. Students will work in the range of 40-50 hours per week on the outpatient portion of this course. Call responsibilities will vary by site.

During the newborn nursery, the learner will examine healthy newborn infants under the direct supervision of faculty and residents. They will participate in providing anticipatory guidance to families, rounding daily with the newborn team, arranging for follow up care with primary care providers, observing delivery room resuscitation, exploring the role of the neonatal intensive care unit and observing neonatal circumcisions. Primary didactics will emphasize transition to extra uterine life, normal newborn physiology and physical findings, and communication with families. It is anticipated that students will be responsible for three newborns per day. Students will work in the range of 5-10 hours per day on the newborn nursery portion of this course. Call responsibilities will vary by site.

The 3 week inpatient experience will complete the students' clinical experience in general pediatrics. The student will be an integral team member on a service that provides family centered patient care in a developmentally appropriate, compassionate and effective manner. The student will be responsible daily for up to 3 patients, from time of admission to time of discharge or beyond if applicable. Students will be expected to document admission history and physicals, to enter orders, pre-round on their patients, to

present their patients on team rounds, and to formulate evidence based plan of care. Students will appropriately document daily patient progress and review their documentation with supervising preceptors. Students will assist in all daily care activities of their patients including consulting subspecialists, attending procedures, and communicating updates of progress to family and the health care team. Throughout a patient's hospital course a student will be exposed to the pediatric emergency department, the critical care units, pharmacology consultants and non-physician providers. Students will take evening call which varies by site ~every 4th night with one weekend day from 6 a.m. until 6 p.m.

All patient encounters and procedures will be logged in the standard UCF COM format through OASIS.

Description of Clinical Activities: Inpatient Service

Patient Load: Each student should have 3 inpatients at all times. If you have fewer patients, you need to ask for additional patients to keep up your clinical load.

On Call: Students will take call every fourth night and on those nights you should pick up at least one admission. You should take the history and do the physical exam in the presence of the preceptor (intern, resident, ARNP, faculty.) **Try to have the preceptor let you do at least part of the history and part of the PE in an uninterrupted flow - so you can practice and receive feedback on these skills. Be persistent in this request.** If there are no admissions by 10:00 p.m., the student should check the ER for any admissions waiting to come up and you can pick up the patient the next morning. Student should have taken 3 weekday and one weekend calls by the end of the rotation. During the call, the student should cover all of the other students' patients and respond to any problems that arise. Other on call responsibilities might include:

- Evaluating any problems that arise on any patient
- Assisting attending or resident with any task related to patient care issues
- Writing notes on all patients followed by the other students on your team
- Covering all of the other student's patients

Clinical Responsibilities:

- Examine your patient at least twice a day (once first thing in the morning and once before you leave for home at the end of the day).
- In addition to a required morning note on all your patients, you must return to the wards at 5:00 p.m. to check on your patients and write any addenda regarding daytime developments. Speak to the on-call physician and consult the chart for details.
- All notes should be reviewed and critiqued by the precepting faculty or teaching resident. The Progress Note Feedback Form from Blackboard may be used for this purpose.
- You are also responsible for presenting your patients on all rounds.

Admission Write Ups: Follow the format of the Pediatric History and Physical on Blackboard. Hand in a total of 3 write ups to the teaching attending to be critiqued and to Clerkship director for assessment. You will need to hand in your formal write up to Carlene Grant or Dr. Moran the end of your inpatient portion of the clerkship (Monday of week 4 if inpatient done first or by 12:00pm Friday of week 6 after NBME shelf exam). It is strongly suggested that you hand in your first history and physical during your first week of the inpatient service so you can receive feedback before completing your second and third. If these histories and physicals are late or not handed in at all you will miss important feedback and it will be reflected in your final grade for this course.

Daily Presentations and Write ups: Presentation of morning rounds must be focused and concise. Specifically:

- Give a one-line introduction with: age, sex, diagnosis(es)
- Brief HPI with chief complaint, length and type of symptoms, medical interventions (if any)

- ER course: Vital signs, exam in ER, interventions
- Floor course: Exam if different from ER, interventions
- Your plan: Medical management, studies required, etc.

Concise, effective presentations are very difficult to synthesize. To help you do this, use the provider who is assigned to the patient to figure out what information is pertinent, and give a trial run of your presentation to him or her.

You should practice your presentation and time yourself. The goal is less than two minutes! Remember to include what you feel are the PERTINENT positives and negatives. Your senior resident and attending will ask specific focused questions if they require more information. Again, let me emphasize that we realize this is a difficult task. If you feel uncomfortable or unsure, talk to one of the seniors on your team and they can guide you through your specific areas of concern. Use the Oral Case Presentation Checklist from Blackboard to solicit feedback on your presentation skills.

Remember to carry your level of involvement beyond what is minimally expected by trying to formulate decision points and making some recommendations about what decision you feel is the best. Remember to back up your statements with literature and pathophysiology and not with anecdotes that you heard.

Daily Activity Details:

Pre - Rounds: (~6:00 a.m.- 7:00 a.m. varies by site) During this time, check on how each of your patients did overnight and examine all your patients in a focused manner to assess their current health status. Try to write your progress notes at this time and prepare your work round presentations. At the beginning of the rotation, you should leave about 30 minutes per patient until you figure out how long it takes you to pre-round.

Work Rounds: (7:00 a.m. - 8:00 a.m.) Residents run these rounds for the purpose of setting the day's agenda for each patient. Present all your patients in a focused manner - following the SOAP - by systems format - as per the house staff. Be prepared to present in bullet form if time is short.

Conference time: (8:00a.m. - 9:00a.m.) Grand Rounds or Morning Report varies by site

Attending Rounds: (~9:00 a.m. - 11:00 a.m. varies by site) Be prepared to discuss and present your patients during this time. Discussions should reflect your preparation and knowledge of the literature regarding your patient's problems. They should also reflect that you have thought about your patients and made some judgments regarding their problems

Work Time: (11:00 a.m. - 12:00 p.m.) You and the interns/preceptors should take a deep breath and prioritize what needs to be done. This will help you develop clinical judgment. Use this time to finish your notes, speak with families, do necessary procedures and arrange tests and consults.

Sign Out Rounds: (late afternoon) The time for this activity fluctuates so you will again have to follow the house staff's lead on this issue. Your role here will also depend on the individual house officers involved. Clarify this with them early in the clerkship. Responsibilities vary by site. The patient handoff is an important skill- use any opportunity to practice and develop efficiency in this area.

Example of Daily Routine on Inpatient Service

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds
	Work Rounds	Work Rounds	Work Rounds	Work Rounds	Work Rounds
8:00-8:45		Grand Rounds	Morning Report		Morning Report
9:00-11:00	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds
11:00-12:00	Team Duties	Team Duties	Team Duties	Team Duties	Team Duties
12:00-1:00	Conference	Conference	Conference	Conference	Student Conference
Afternoon	Team Duties	Team Duties	Team Duties	Team Duties	

Documentation during Inpatient Rotation: It is the medical school's policy that all student documentation of patient encounters NOT be a part of the official medical record. You will be given information on this process when you reach your clinical destination. Pediatric specific encounter forms are included as appendices to this document. These may be used at any clinical site.

Description of Clinical Activities: Outpatient Service

Patient Load: Each student is expected to see 2-3 patients per half day session

Activity Detail: You will be responsible for interviewing the patient or caretaker, examining the patient, gathering additional necessary information; synthesizing an assessment and plan; and present patient succinctly (1-2 minutes) to clinic practitioner or senior resident. Pay special attention to your diagnostic reasoning process and justify your plan during your presentation. If necessary, consult with textbooks before presenting to help with support for your reasoning.

Documentation: All encounters must be documented to be reviewed by preceptors. UCF COM Encounter Forms for handwritten documentation are available at all sites. How you document varies by site- ask preceptor.

Specialty Clinics: During your outpatient experience you will be attending a pediatric subspecialty clinic for ~ 6 half day sessions. During these clinics your focus should remain general pediatrics (This is not difficult!) Please address the following during your time on the subspecialty practice:

- Recognize the health care challenges of a child with a chronic disease.
- Identify members of an interdisciplinary team and describe their roles.
- Appraise the impact of a child's disease on his or her family.
- Give examples of additional history skills, physical examination skills, and diagnostic tests that are used in a sub-specialty.
- Summarize the consultative process and recognize the importance of communication with referring physicians.

On Call: varies by site

Description of Clinical Activities: Nursery

Patient Load: Each student should have 2-3 newborns at all times. Newborn infants have very short nursery stays. New admissions arrive constantly. Ask the residents for additional patients to keep up your clinical load as you discharge patients.

Activity Detail: You will be responsible for the new patient admission, orders, daily exams and progress notes on every patient you follow. The work day in the newborn nursery generally begins around 6-6:30 a.m. All patients are examined, notes written and families talked to prior to rounds. You are expected to be able to present your patients during these rounds. After attending rounds, there is time to begin daily work of writing orders. Patient discharges are the priority for this time frame. Every nursery service will run slightly different. Check with you preceptors about daily work routine, how admissions are handled and about any additional didactic sessions. IT IS RECOMMENDED that for at least one newborn nursery patient during your week that you observe a social work family interview. You may document this in your log to cover domestic violence, substance abuse or child abuse or neglect exposures as applicable. It is a reasonable expectation to get exposure to the neonatal intensive care unit (NICU) during your nursery rotation. If this is not prescheduled please make arrangements with your preceptor to tour the NICU.

On Call: varies by site

Documentation during Nursery Rotation: It is the medical school's policy that all student documentation of patient encounters NOT be a part of the official medical record. For this reason, all student admission notes, progress notes, procedure notes, discharge summaries will be created and maintained in an unofficial section the official EMR or paper chart. You will be given information on this process when you reach your clinical destination.

Didactics

Students will participate in a core pediatric clerkship conference series throughout the rotation. These core didactic sessions for pediatrics will be held at the clerkship office at 70 West Gore Street on Friday afternoons beginning at 12:30 pm. You will be excused from clinical activities during this time. Each clinical site will have its own conference series and additional educational opportunities. Pediatric Grand Rounds takes place routinely at various locations. Attendance is required and participation is appreciated at all of these conferences. Additional didactics will occur during the rotation such as Professors Rounds, Radiology Report, Neonatal Morbidity and Mortality and Pediatric Emergency Medicine Conference. The third Thursday of every month hosts a University of Florida pediatric rheumatology conference at Arnold Palmer Hospital which you will attend regardless of your assigned clinical site. Students will be given a schedule of these conferences at the beginning of their clerkship rotation.

Expectations

Students: Expectations of all students include the following:

- Be an ACTIVE learner; be present and participate fully in all clerkship activities, including orientation, group meetings, and examinations.
- Make decisions, defend them, and understand the consequences of both a good and a poor decision.
- Give 100% effort while on the clerkship and expect the same from your classmates.
- Be current with all your patients and be prepared in advance with relevant reading. Search peer-reviewed literature and bring articles with you! Remember the structure: *read first- see patient- read again- present patient.*
- Be present every day unless you are ill or have a family emergency.
- You are expected to be respectful of your classmates, residents, faculty, and other staff at all times.
- You should expect residents and attending to provide constructive feedback so that you can improve throughout the clerkship. Formal mid-rotation feedback sessions will also be held with the clerkship/site director. Do not feel you are imposing by asking for feedback. Be aware of barriers to eliciting feedback. These include:
 - Confusing feedback with evaluation.
 - Feeling the need to be right or perfect.
 - Feeling that you are imposing by asking for feedback.
 - Allowing the person who gives you feedback to be vague. Don't accept 'good job' or "fine" as feedback. If you did well, ask for the specific behaviors that were good.
- You will be assigned to specific sites and teams by the clerkship director.
- Remember that the patient is the focus of clinical care, not you.
- Take advantage of the unique aspects of pediatrics and enjoy the experience.

Attending physicians and residents: All attending physicians and residents are expected to provide:

- Include students as an integral part of the clinical team
- Select clinical encounters appropriate for student's educational experience: Provide students with a broad exposure to the field of pediatric medicine and address the issues unique to childhood and adolescence such as developmental biology, normal growth and development, the impact of family and community on childhood health and disease, and role of prevention and health supervision.
- Actively involve students when they are on your service
- Discuss YOUR expectations with students when they come on to your service
- Facilitate communication: Know how to contact students and let them know how to contact you
- Know where your students are at all times. Remember that there is learning opportunity even in the mundane and in observation. Give them assignments and have HIGH EXPECTATIONS.
 - Do not give students "time off". All absences must be approved through the clerkship director and the Office of Student Affairs.
 - Do not have students "just sit and read" have them participate and HELP you.
- Offer Feedback: Feedback is critical for the students to obtain the needed skills in medicine as well as pediatrics. Make time for feedback and offer feedback frequently and honestly. Do not make students ASK for feedback as they get very uncomfortable doing that.

- Evaluate: Students will be evaluated by faculty and students will evaluate faculty.
- Advise: Your experiences with third year medical school, organizational skills, test taking advice and residency and career planning may be solicited. Be honest and sincere while letting the student know this is “just my experience.”

Site directors: Site directors are expected to:

- Work directly with the clerkship directors to develop and implement the clerkship.
- Serve as a person of first contact for students who have site-specific questions.
- Participate in curriculum design.
- Participate in the clerkship grading committee.

Clerkship director: The duties of clerkship directors have been defined by the COM. At a minimum, clerkship directors are expected to provide:

- Rotation objectives and grading criteria.
- Orientation of community preceptors and residents to clerkship content, policies, and procedures.
- Overall course management and leadership.
- Necessary disciplinary action regarding students.
- Both mid-clerkship formative feedback (verbal and written), as well as final summative assessment within six weeks of course completion.

Textbooks and Other Course Materials

Required textbook:

- Marcdante K et al. *Nelson Essentials of Pediatrics: with Student Consult online Access*. 6th ed. Elsevier Health Sciences; 2010
- Duncan P, Hagan J, Shaw J. *Bright Futures Pocket Guide: Guidelines for Health Supervision of infants Children and Adolescents third edition*. AAP 2007

Recommended textbooks:

- Barness L and Gilbert-Barness E. *Pediatric Physical and Clinical Diagnosis*. 8th ed. Oxford University Press; 2008
- Kliegman RM et al. *Nelson Textbook of Pediatrics*, 18th ed. Elsevier; 2007
- Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009
- Custer JW, Rau RE, eds. *The Harriet Lane handbook: a manual for pediatric house officers*. 18th ed. St. Louis: Mosby-Year Book; 2009.

Additional references can be found on Blackboard.

Pediatric Clerkship Requirement Checklist Log

The student will record all significant patient encounters in the Pediatric Electronic Log in OASIS according to the directions. The Pediatric Clerkship Requirement Checklist will be reviewed during the second and fifth weeks of the clerkship by the Clerkship Director. Your requirement checklist MUST be up to date by the end of week 3 of the clerkship, prior to your mid clerkship feedback session with clerkship

faculty. If exposure to a required clinical cases has not been met, additional clinical encounters or supplemental learning experiences will be arranged to accommodate student learning needs. Successful passage of the clerkship requires that the Pediatric Electronic Requirement Checklist documentation be kept up to date daily. DO NOT attempt to enter patient encounters the day before log is due for review. Clerkship administration will review log entries every Friday. Failure to keep log up to date may result in point deduction for participation from final pediatric clerkship grade.

Students are required to maintain an electronic log of patients and problems seen in the clinical setting. The log is used to assess knowledge and skills. The expectation is that students will complete 100% of the minimum requirements as presented in the log. A student should see at least one patient listed as required to be seen in each of the domains (patient type or core conditions as below.)

For each patient seen, students will enter under the primary diagnosis of required conditions or under "OTHER" the patient's name, age in months if less than 24 months (2 years) gender, location of encounter (nursery, inpatient, outpatient, ED, specialty clinic), level of student involvement (observed, participated, fully participated), whether the attending was a general pediatrician, a specialist, or a consult with a specialist (if unsure ask resident) and other major diagnoses.

Failure to maintain a patient encounter log may result in the need to remediate the clerkship.

In order to provide the learner with a comprehensive view of the field of pediatrics as well as to meet LCME regulations, a list of required clinical encounters with children has been created. This list is attached below and is duplicated in OASIS. The LCME requires that clerkship directors ensure student exposure to key types of patients in a rotation. Programs accomplish this by not only tracking patient exposures (74%), but also using simulated patients (20%) and/or using videos (35%). UCF COM has these resources available, and in addition may make use of simulation technology to enhance student learning. An additional resource for exposure to pediatric encounters available to UCF COM is the Computer-assisted Learning in Pediatrics Program (CLIPP).

Required Patient Encounters

Clerkship	Patient Types or Clinical Conditions	Level of Student Responsibility*	Clinical Setting†
Pediatrics	Patient Types/Clinical Conditions		
	Abdominal pain	P	I/O
	Acute cough/wheeze	P	I/O
	Acute infection	P	I/O
	ADHD/Behavior or Development Problem	P/O	O/CBL
	Allergies	P	I/O
	Anemia	P	I/O
	Asthma (chronic cough/wheeze)	P	I/O
	Child abuse and neglect	P/O	I/O/CBL
	CNS problem: evaluation	P	I/O/CBL
	Dehydration	P	I/O
	Diarrhea	P	I/O
	Dyspnea/respiratory distress	P/O	I
	Ear pain	P	O
	Electrolyte or acid/base disorder/dehydration	P	I/O/CBL
	Fever: child <3months of age	P/O	I/O
	Fever: child >3months of age	P	I/O
	GU complaint	P/O	I/O
	Growth problem	P	I/O/CBL
	Headache	P	I/O
	Joint/limb pain/injury	P/O	I/O
	Nausea/vomiting	P	I/O
	Pharyngitis	P	O
	Skin disorder/problem	P	I/O
	Substance Abuse	P/O	O
	URI	P	O
	Clinical Skills: Health Maintenance Visits		
	Health maintenance: infant (0-12 mo) well child visit	P	O
	Health maintenance: toddler (1-4 yr) well child visit	P	O
	Health maintenance: school-age (5-11 yr) well child visit	P	O
	Health maintenance: adolescent (12-18 yr) well child visit	P	O
	Clinical Skills: Procedures		
	HEADSSS assessment in adolescent	P	O
	Plot growth curve	P	I/O
	Calculate/plot BMI	P	I/O
	Determine immunization needs	P	O
	Provide immunization	P/O	O
	Prescription writing	P	I/O
	Circumcision	P/O	I/O

OVERVIEW OF ASSESSMENT/EVALUATION PLAN

To receive credit for the Core Clerkship in Pediatrics, students MUST have completed and or turned in the following:

By the end of the clerkship, each student must submit:

- _____ 3 observed clinical encounter(OCE) checklist evaluations (must be observed by faculty, chief resident or fellow, senior resident) from the inpatient service, outpatient service and newborn nursery
- _____ 2 PICO assessments
- _____ 1 completed Self-Assessment (Pre, Mid, +/-End Clerkship)
- _____ 1 completed reflective experience
- _____ 6 CLIPP cases (submitted weekly throughout clerkship)

For inpatient weeks per 3 week session:

- _____ 3 History and Physical Exams written in standard format, reviewed by (faculty, clerkship director or small group mentor) from inpatient service
- _____ at least one faculty evaluation of the student, and
- _____ at least one resident (varies by site) evaluation of the student, and
- _____ at least one intern (varies by site) evaluation of the student, and
- _____ one student evaluation of each of the attendings, residents and interns (varies by site)

For outpatient weeks per 3 week session (nursery or outpatient):

- _____ at least one faculty evaluation of the student, and
- _____ at least one resident(varies by site) evaluation of the student, and
- _____ at least one intern (varies by site) evaluation of the student, and
- _____ one student evaluation of each of the attendings, residents and interns (varies by site)

All evaluations must be submitted to the clerkship office within 2 weeks after the last day of the clerkship. Evaluations turned in later than 2 weeks after the last day of the clerkship will not be accepted.

Students must also complete:

- _____ NBME Subtest in Pediatrics
- _____ Clerkship Evaluation (completed the last day of the clerkship)
- _____ Faculty Evaluations
- _____ Clerkship Patient Log
- _____ return textbook, beeper, clerkship badge

Grades will not be released until these items have been completed.

Failure to submit essential items in a timely manner may result in a failing grade for the clerkship.

Observed Clinical Encounters

During your clerkship you are not only encouraged but required to have your clinical skills observed and documented. An Observed Clinical Encounter form is provided for this purpose in Blackboard. Three complete encounters must be observed by senior residents or faculty with the feedback form handed into clerkship administration. It is suggested that you solicit observation and feedback whenever possible from senior residents, interns and faculty. Ask that you not be interrupted during the clinical encounter. It is also efficient to ask to be observed for a 2 minute portion and have feedback provided for this portion. More information on soliciting feedback on your clinical skills will be provided during orientation. Observed clinical encounter forms are available for general pediatrics and for the newborn nursery and can be found in the "Forms" section of Blackboard. These forms will be due the last Thursday of the clerkship at noon.

PICO Exercises

Each student is required to form 3 answerable clinical questions using the PICO format and search the medical literature for evidence to answer their questions. The standardized UCF PICO Sheet must be completed with an attached list of references from each search and turned into the clerkship coordinator by the last Thursday of the clerkship at noon. There is a tutorial from Cincinnati Children's on Formulating a PICO question available in Blackboard under References.

Self-Assessment

Development as a physician occurs in three general areas: clinical skills, knowledge and professional attitudes. As future physicians you will be required to organize your ongoing professional education in an individualized learning plan along these lines. For this clerkship medical students are required to think of at least 3 personal goals in each of these areas, write them down at orientation and assess their progress towards these goals at our mid clerkship evaluation. These need not be complicated objectives such as "I would like to develop a technique to restrain a wiggling child during an ear exam" or "I would like to portray confidence through nonverbal communication skills when interviewing a parent and examining a child." A form for you to write down your learning objectives will be distributed at orientation and will be collected at the end of orientation. The form is available through Blackboard as well as attached as an appendix to this document. The pre clerkship self-assessment will be due the first Tuesday of the rotation by noon.

Reflective Exercise

The rationale for this assignment is well represented by this excerpt from an article in Academic Medicine: "Reflection is thinking critically about thoughts or actions that seem to be occurring spontaneously and without conscious deliberation. It turns experience into deep learning-that is, reflection allows new experiences to either modify one's existing knowledge structures or schemas or be integrated into one's existing knowledge structures. True behavior change, in contrast to mimicked behaviors, can occur when one reflects on new experiences and changes their own knowledge structures." During this clerkship students are required to *REFLECT* on a clinical experience during this clerkship. It can be related to a patient care experience or an ethical or professional dilemma or something as simple as reflecting on an emotion drawn from a clinical encounter. The key is to recognize how you were affected by a clinical encounter and how this contributed to your learning. You will *need to provide evidence of this reflection* to the clerkship director due by the last Thursday of the clerkship at noon. This can be in the form of prose, conversation with faculty, role playing... Ask clerkship director for assistance if you need direction.

CLIPP Cases

The pediatric clerkship has arranged for you to have access to the Computer Assisted Learning in Pediatrics Program (CLIPP). This program consists of greater than 30 general pediatrics clinical cases. You will be assigned 6 required cases to complete over the clerkship but the others are available for you as a study reference. These are a very good preparation for the NBME pediatric SHELF exam and you are encouraged to work through them all. Case by case objectives for these scenarios can be found in Blackboard. Each case will take about 30-60 minutes to complete. Keep this in mind and *do not attempt to complete all required cases during the last week*. Assigned CLIPP cases are due by 5pm on Monday and for week 6, by the last Thursday of the clerkship at noon to receive credit; you may complete cases ahead of time if you wish. Please note your summary statements within each assigned case will be reviewed by faculty and feedback will be provided

History and Physical Documentations

Each student is required to *completely and formally* write up an admission encounter with assessment, plan and discussion for each week on the inpatient service (that means THREE H&Ps need to be turned in). A guide to the pediatric H&P can be found on Blackboard. You will also find on Blackboard the formative assessment tool to be used to standardize feedback on these write ups. Ask your resident and clinical faculty to review your write up prior to handing it into the clerkship director. These write ups are due as follows:

#1 due Monday of second inpatient week

#2 due Monday of third inpatient week

#3 due Friday of third inpatient week

It is acceptable to select an admission from a non-call day to write up; this is suggested especially if you are on the inpatient service in the days leading up to the SHELF exam.

Pediatric Clerkship Assessment

- Self-directed learning: 12 points
 - Reflection (2 points)
 - Self-assessment (2 points)
 - PICO(2 for 8 points)

 - Evaluation- depends on number submitted (minimum of 4) 20 points
 - Faculty, resident
 - Professionalism (10 points) 10 points

 - NBME Pediatric SHELExam 20 points
 - Scaled score equating 5thile to 70%
 - Your % *.20= points
 - Scaled score must equal or exceed 65thile to be eligible for “A”
 - Observed Clinical Encounters (3 for 12 points) 12 points
 - For each OCE
 - Above expectations=4 points
 - Meets expectations=3 points
 - Below expectations but improving=2 points
 - Below expectations with no improvement=0 points
 - Histories and Physicals- written (3 for 21 points) 21 points
 - For each written H&P Calculated Score
 - Exceptional =7 points
 - Above expectations =5-6 points
 - Meets expectations =4 points
 - Below expectations =2-3 points
 - Unacceptable =0 points
 - Participation (85% conference attendance and clerkship activities) 5 points
 - Evidence of actively participating in clerkship clinical activities
 - ≥85% attendance at conferences
 - <85% attendance at conferences 5 POINT DEDUCTION
 - 6 completed CLIPP cases = 10points
 - .5-2 point deduction for every CLIPP case not completed or late
 - .5 point deduction for late assignments
 - Absence from clerkship without permission= 5 points (COM Policy)from final grade
 - Other evidence of lack of participation at discretion of clerkship director
 - Other scoring at discretion of Clerkship Director
-

Final Grade

To receive an A:

Must score $\geq 65^{\text{th}}$ ile on NBME to be eligible to receive an "A"

AND

Must have a calculated clerkship grade of at least 90 out of 100 points

AND

Must have turned in all required clerkship assignments on time

AND

No issues of concern in Professionalism

To receive a B:

Must score $\geq 5^{\text{th}}$ ile on NBME

AND

Must have a calculated clerkship grade of at least 80 out of 100 points

To receive a C:

Must score $\geq 5^{\text{th}}$ ile on NBME

AND

Must have a calculated clerkship grade of at least 70 out of 100 points

NBME Failure

Less than 5%ile on SHELF = incomplete (or T grade under special circumstances)

May retake SHELF after "study plan" but must be taken before starting 4th Year

Retake score must be $\geq 5^{\text{th}}$ ile for quarter in which exam was retaken

Final grade = no A even if retake score $>65^{\text{th}}$ ile

UCF COM percent grade will be computed from the block in which student took and passed exam

Retake score $<5^{\text{th}}$ ile final grade = Failure of Pediatric Clerkship

History and Physical Grade Conversion

Calculated Score:

Less than 15 points	score at clerkship director's discretion
15-17 points	score 3
18-21 points	score 4
22-26 points	score 5
27 -29 points	score 6
30-32 points	score 7

Other scoring at discretion of Clerkship Director

Formal History and Physicals must be turned in during inpatient week.

#1 due Monday of second inpatient week

#2 due Monday of third inpatient week

#3 due Friday of third inpatient week

Observed Clinical Encounters

>70% scored items above expectations with nothing below "Meets Expectations"	score 4
>50-74% scored items above expectations with nothing below "Meets Expectations"	score 3
All meets expectations	score 2
Any below expectations	score 1
Other scoring at discretion of Clerkship Director	

Evaluation Scoring Rubric

For 20 points toward final grade with minimum of 4 evaluations:

Rubric: 8 items with up to 8 possible responses scored 1-8

- Calculate a mean score for each evaluation on scale of 1(below expectation) to 8 (outstanding)
- Equate mean scores with percent using rubric (curved)

Evaluation Mean Score	Grade %
8	100
7	92
6	87
5	82
4	77
3	72
2	69

- Multiply this % by 20 to get number of points contributed to final grade
- **Other scoring at discretion of Clerkship Director**

Professionalism Scoring Rubric

For 10 points toward final grade with minimum of 4 evaluations:

Rubric: 4 items with up to 8 possible responses scored 1-8

- Calculate a mean score for each evaluation on scale of 1(below expectation) to 8 (outstanding)
- Equate mean scores with percent using rubric (curved)

Evaluation Mean Score	Grade %
8	100
7	92
6	87
5	82
4	77
3	72
2	69

- Multiply this % by 10 to get number of points contributed to final grade
- **There must be no issues of concern in Professionalism regardless of mean score to be eligible for "A" in clerkship.**
- **Other scoring at discretion of Clerkship Director.**

Midterm and End of Clerkship Student Evaluation

Each student will meet with the Clerkship Director or Site Director halfway through the clerkship, for review of the clinical experience; performance feedback; and review of the Pediatric Clerkship tasks requiring documentation and/or verification. Clerkship Director or Site Director will review the Pediatric Electronic Log before the mid-clerkship evaluation meeting.

No formal end of clerkship evaluation meeting is scheduled. Students are welcomed and encouraged to make appointments to review performance at any time.

Unsuccessful Clerkship, Clerkship Remediation, Grade Appeal

Please refer to the UCF COM Student Handbook

http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf Section V. subsection B. Medical Student Advancement and Faculty Evaluation for details on remediation and appeal of pediatric clerkship assessment.

Course Evaluation

We value your input! In order for the pediatric clerkship administration to improve this clerkship we need your comments about the strengths and weaknesses of the experience. All clerkship administration are available to discuss issues at any time. You do not need to wait until you complete the clerkship evaluation to offer suggestions.

Students are required to complete a clerkship evaluation form, faculty evaluation form (at least one for inpatient, outpatient and nursery) resident evaluation form (at least one for inpatient, nursery, +/- outpatient) as described in the Requirements for Clerkship Credit. These evaluations will be completed in OASIS. Grades will not be released UNTIL APPROPRIATE EVALUATIONS ARE COMPLETED. Please try to complete your evaluations as you finish a given service.

Professionalism

Students are expected to follow the UCF COM Standards for Ethics and Professionalism according to the Student Handbook at all times. Significant infractions of professionalism will be addressed by clerkship director and student affairs as necessary.

Attendance Policy

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. On this 6 week clerkship, students will be allowed to miss **three** full days of responsibilities as excused absences for the following:
 - ❑ Illness
 - ❑ Family emergencies
 - ❑ Presentation at professional meetings
2. Absences due to illness or family emergencies should be reported (phone call AND email) to the appropriate Clerkship or Site Director, AND supervising physician/senior resident on service. Approval for student presentations at professional meetings must be requested in advance (refer to UCF COM M.D. Program Student Handbook). Such absences must be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, you must inform your supervising physician/chief resident of your absence. The Student Absence Form will be completed and forwarded to the Office of Student Affairs by the Clerkship Director.
3. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship Director. Examples include the taking of call on weekends or weekend shift.
4. The three days of excused absences do not include for example, vacation, social events or ***routine doctors appointments.***
5. Any questions or problems during the clerkship should be addressed with the Clerkship or Site Director.

An unexcused absence is a potentially serious matter and may be looked upon as a breach of professionalism. It is expected that the student would be counseled by the clerkship director about such an episode, and that it would be an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include inability to receive an "A" grade on the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Assistant Dean for Clinical Education or a formal Letter of Concern for the student's file, particularly if there is a pattern of absences across clerkships.

Duty Hours

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the **Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.**

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - b. Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
 - c. In-house call must occur no more frequently than every third night.
 - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in OASIS may result in participation point penalization from final grade.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

Bloodborne Pathogen and Communicable Disease Exposures

In the case of a student exposure to a bloodborne pathogen through needle stick should occur, the student on the pediatric clerkship can refer to Appendix J for the Policy on Needle Stick Exposure. Students are also encouraged to reference the UCF COM Student Handbook

(http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) pages 74-76

Standard Precautions

Refer to the UCF COM Student Handbook

(http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) Section VII. Health Policy E. Exposure to Infectious Disease and Environmental Hazards.

HIPAA and Patient Confidentiality

All HIPAA and Patient Confidentiality agreements should be completed through the office of Student Affairs at the UCF College of Medicine prior to beginning of clerkship.

Dress Code for Patient Care and Clinical Activities

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the ambulatory setting and hospital wards. Acceptable requirements for appearance include the following:

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats when required for an activity should be clean, wrinkle free and in good repair. White coats are not required for your pediatric experience.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
 - a. Men should wear dress shirts or polo shirts with collar. Ties are optional but are recommended for patient care.
 - b. For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
 - c. T-shirts with slogans or pictures are not allowed.
 - d. Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
 - e. Shoes should be clean with heels no greater than 2 inches.
 - f. Scrubs should only be worn in designated areas and for this clerkship that includes only the newborn nursery.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of $\frac{1}{4}$ " or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.

Clerkship Disclaimer

Disclaimer: The instructor reserves the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.