

# PED 7030 Core Sub-Internship in Pediatrics

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Approved: June 6, 2019

**Credit Hours: 4**

## Contact Information

| Name           | Position    | Phone/Pager  | Email                       |
|----------------|-------------|--------------|-----------------------------|
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## Course Information

### Brief Description of Course

This course is a 4-week clinical experience in a hospital setting that allows students the opportunity to expand their skills and confidence in inpatient care to the level of functioning as a competent entry level intern. The student will act as a sub-intern with a commensurate level of responsibility that includes a patient load of at least 2/3 that of current interns, overnight and/or after hours cross-cover responsibilities, and work hours consistent with the UUSOM Standard Practice for Clinical and Educational Work Expectations.

### Course Goals

As a result of successfully completing Core Sub-Internship in Pediatrics, students will have demonstrated the ability to perform each of the following for ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship:

1. Perform an accurate complete or focused patient interview and physical exam in a prioritized, organized manner without supervision, with respect for the patient, and tailored to the clinical situation and specific patient encounter. Integrate the scientific foundations of medicine with clinical reasoning skills to guide information gathering (EPA 1a, 1b).
2. Dynamically Integrate patient data to formulate an assessment, develop a working diagnosis and prioritized list of alternate potential diagnoses. Avoid common cognitive errors of clinical reasoning (EPA 2).
3. Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles (EPA 3).
4. Enter safe orders and prescriptions for patients in the inpatient setting (EPA4).
5. Enters accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats (EPA 5).
6. Concisely and accurately present a summary of the clinical encounter and synthesis of clinical reasoning to the health care team (including patients and families) to achieve a shared understanding of the patient's current condition (EPA 6).
7. Apply understanding of roles, responsibilities, and contributions of individual team members to communicate effectively with physician and non-physician members of the team to provide safe, timely, effective, efficient, and equitable patient care (EPA9).

Successful students will have also:

8. Professionalism: Demonstrated professional responsibility and commitment to ongoing improvements in medical student education through accurate and timely completion of Case and Work Hours Logs as well as the Clinical Activities Form (PCRS P 5.6; UUSOM P 5.4).
9. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to reconcile similarities and differences between their self-identified strengths and deficiencies in clinical skills and those identified by their preceptor (PCRS PBLI 3.1; UUSOM PBLI 3.1).
10. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to work collaboratively with their preceptor to set learning and improvement goals (PCRS PBLI 3.2; UUSOM PBLI 3.2).

\*\*Please refer to the Clinical Curriculum Procedures and Practices for detailed information on **Phase 4 Developmental Benchmarks for Priority EPAs**.

\*\*Please refer to <https://medicine.utah.edu/students/programs/md/curriculum/competencies.php> for detailed information on UUSOM Program Objectives.

## Clinical Course Format & Schedule

### Timeline

The Core Sub-Internship in Pediatrics is 28 days in duration.

### Schedule

The complete calendar and list of objectives for each event/activity can be found on the course's Canvas site. Canvas can be accessed at: <https://utah.instructure.com/>

\*\*Please refer to the Clinical Curriculum Procedures and Practices for detailed information on **Phase 4 Course Attendance Expectations** and **Medical Student Clinical and Educational Work Practices**.

### Educational and Instructional Modalities

| Modality          | Percentage |
|-------------------|------------|
| Clinical Didactic | 10-15%     |
| Clinic Time       | 85-90%     |

### Role of the Student in this Clinical Course

Meeting the above goals will be accomplished by having the sub-interns take primary responsibility for the simultaneous medical care of 4-6 patients that have been admitted to various in-patient ward services (either on the general hospitalist medicine or Hematology/Oncology services). Attainment of professional and knowledge objectives will be aided by teaching and feedback with the supervising resident, individual patient attending physicians, and the team ward attending. Students are expected to develop an individualized reading program guided by patient problems. Daily ward rounds in which medical management is discussed and three times weekly morning report will facilitate learning of these objectives. Due to the specialized patient population, students completing the Core Sub-I with the Hematology/Oncology service, should refer to the 7280 description for more specific clinical details.

Sub-interns are also expected to attend noon conferences and weekly Grand Rounds as part of the didactic curriculum during the sub-internship. To further engage sub-interns in acute settings, we will have each sub-intern attend one simulation session with other caregivers at the hospital. Skills objectives will be attained by having each patient's history and exam reviewed and discussed with both the supervising resident and the attending physician. A preliminary independent interpretation of laboratory data and clinical problems is expected of the sub-intern and then will be discussed with the supervising resident and attending physician. Minor procedures will be taught on an individual basis. Demonstration will be followed by closely supervised practice until proficiency is attained. Interpretation of radiographs will be checked with the supervising physician or the radiologist's reading.

### Expectations:

1. **Participation:** Sub-interns will be expected to participate in the assigned ward team by taking admissions, daily rounds with R3/Fellow after pre-rounding, daily communication with attending physicians, discharges, documentation, and overnight call responsibilities which may include cross cover on the entire team. Rounding will be completed in the same format as the rest of the team. On the general hospitalist medicine services, Primary Children's Hospital introduced Family-centered rounding in 2016. If needed, this will be covered in orientation.
2. **Patient Load:** Sub-interns will be expected to carry between 4-6 patients on a daily basis. Occasionally students may be expected to round on more patients during situations where cross-cover is needed on other team member's patients.
3. **Hours:** Students are ensured to have one day off per week averaged over the 4-week rotation. This may be a weekend day or a weekday depending on the schedule of the other team members. The days off should be organized with the supervising resident on the team. Daily, the student will be expected to obtain check-out from the team member covering overnight call between 6 to 6:30 am. Typically the day finishes between 5 or 6 pm but this may vary depending on afternoon admissions.
4. **Didactic Sessions:** Sub-interns should attend morning report between 8:00 – 9:00 on Monday, Wednesday, and board review on Tuesdays at 8am and Grand Rounds at 8am on Thursday. Students are encouraged to attend weekday noon conferences for didactic lectures.

5. **Call:** Core Sub-I students need to complete 4 28-hour (24 hour shift + 4 hours to create safe transitions [rounding, completing notes, etc.]) in-hospital overnight shifts during their 28 day rotation. This will also include some weekend days. Post-call students should leave the hospital no later than 12 o'clock noon. You will be shown your assigned call room during the Orientation tour. For call schedule conflicts please contact Ashley Crompton to see if an alternative day can be arranged.

\*\*\*Please refer to the Clinical Curriculum Procedures and Practices for detailed information on **Clinical Curriculum Supervision of Medical Students**.

### Core Chief Complaints, Core Diagnoses & Clinical Encounter Criteria

During the Core Sub-Internship in Pediatrics, students are expected to experience and participate in a variety of clinical encounters with patients. The following table outlines the types of patient encounters expected for each student during the rotation. Students are required to log all of their encounters in the Case Log Application available via Tools. Where noted, alternatives to authentic clinical encounters may be allowed. Each student remains responsible for completion of the patient log; any student with concerns that he/she is in jeopardy of not fulfilling the requisite number of encounters for a particular core chief complaint, core diagnosis, or setting should notify the Course Director by the end of the third week of the course to ensure that these experiences can be arranged.

| Core Chief Complaint, Diagnosis, Visit Type, Procedure | Allowed Clinical Settings | Level of Student Responsibility* | Number Required | Alt** |
|--|---------------------------|----------------------------------|-----------------|-------|
| Minimum Number of Patients                             | Inpatient                 | DPC                              | 25              |       |

\*Levels of Student Responsibility: Provide Direct Patient Care (DPC), Participate as a Team Member for Patient Care (TMPC), Observe Patient Care (OPC)

\*\*Alternative Experiences: Where indicated with a ü online cases, textbook reading, and or didactic experiences are allowed as alternatives to clinical experiences.

### Required Textbook(s)/Readings

| Book Title and ISBN                    | Author/Publisher/Edition  | Approximate Cost                   |
|--|---------------------------|------------------------------------|
| Resident Resource Handbook (Blue Book) | Pediatric Chief Residents | Provided to Students (\$7 if Lost) |

### Additional Resources

- Nelson Textbook of Pediatrics by Kliegman et al
- Atlas of Pediatric Physical Diagnosis by Zitelli
- Pediatrics in Review

## Assessment & Grading

|  | Weight | Must Pass/<br>Must Complete | EPA/UUSOM Program<br>Objective(s) Measured  | Due Date                           |
|--|--------|-----------------------------|---|------------------------------------|
| Course Assessments                     |        |                             |   |                                    |
| Preceptor Evaluations                  | 95%    | Must Pass                   | EPA 1a, 1b, 2, 3, 5, 6, 9                   | End of Course                      |
| Assignments and Must Complete Elements |        |                             |   |                                    |
| Observed Clinical Encounter            | 5%     | Must Complete               | EPA 1a, 1b, 2, 3, 4, 5, 6                   | 4 <sup>th</sup> Thursday of Course |
| Mid-Course Formative Feedback          |        | Must Complete               | PCRS 3.1, 3.2;<br>EPA 1a, 1b, 2, 3, 5, 6, 9 | 3 <sup>rd</sup> Monday of Course   |
| Case Log                               |        | Must Complete               | PCRS 1.1, 5.6                               | End of Clerkship                   |
| Work Hours Log                         |        | Must Complete               | PCRS 5.6                                    | End of Clerkship                   |

### Grading System

Each score from the table above is converted to a score between 0-4, where 2.0 represents the minimum passing score and 4.0 is the maximum score. The final overall numerical course score is the weighted average of each score from the table above. Final overall course scores are rounded to one decimal point using standard rounding (e.g. 3.49 = 3.5).

Students will receive final letter grades of HONORS (H), HIGH PASS (HP), PASS (P), or FAIL (F).

HONORS: A student who earns a final numerical course score of 3.5 or greater, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements by the due date

will earn a grade of HONORS for the course.

**HIGH PASS:** A student who earns a final numerical course score of 3.0, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements by the due date will be assigned a grade of HIGH PASS for the course.

**PASS:** A student who earns a final numerical course score of 2.0 or greater, passes each of the Must Pass elements, and completes all of the Must Complete elements by the due date will be assigned a grade of PASS for the course.

**FAIL:** A student who earns a final numerical course score of less than 2.0 and/or fails one or more Must Pass elements of the clerkship and/or fails to complete all of the Must Complete elements by the due date will be assigned a grade of FAIL for the course.

### **Preceptor Evaluations**

All Phase 4 Courses employ a common preceptor evaluation form that instructs evaluators to select performance-based behaviors along multiple dimensions that best represent the student's highest sustained performance during the preceptor's period of observation. The preceptor evaluations are must pass elements of the course. The passing student must achieve an overall score of 2.0 for the preceptor evaluations. A student who does not achieve a passing score for the preceptor evaluation component will receive a grade of FAIL for the course.

### **Mid-Course Formative Feedback**

All Phase 4 Courses employ a common mid-course formative feedback form that includes both a student self-assessment and faculty/resident assessment of student section. This self-assessment and feedback is intended to be formative in nature and will not be used in the calculation of preceptor evaluation data for final grade determination. Students will be instructed on the process of self-assessment and formative feedback and will be responsible for timely completion and submission of the data to the Course Director according to individual course specified process for selection of preceptors and occurrence frequency. Students with formative feedback suggesting need for remediation should contact the Course Director to develop a learning plan.

## **Student Feedback**

Student feedback is an important aspect of curriculum quality improvement. Thus, students are expected to complete all assigned feedback surveys specific to a course by the due date. For clinical courses in Phases 3-4 the surveys are an end-of-course survey and individual surveys of clinical faculty. Surveys are administered online and student responses are anonymous.

Please refer to the resource section of the course canvas page for all Academic Year 2019-2020 student feedback survey due dates.

## **Standard Practices**

Please refer to the Clinical Curriculum Procedures and Practices for the following:

- Phase 4 Developmental Benchmarks for Priority EPAs**
- Phase 4 Formative Feedback Form**
- Phase 4 Global Rating Form (Preceptor Evaluation)**
- Phase 4 Attendance Expectations**
- Medical Student Clinical and Educational Work (formerly Duty Hours)**
- Medical Student Clinical Documentation**
- Medical Student Call Rooms**
- Medical Student Mobile Communication**
- Students as Interpreters**

## **Standard Policies**

Please refer to the Student Handbook (on the Student Affairs website) for these policies:

- Accommodations**
- Addressing Sexual Misconduct**

**Dress Code**  
**Examination and Grading Policies**  
**Grade or Score Appeal**  
**Professionalism, Roles & Responsibilities**  
**Mistreatment**  
**Infectious, Environmental and Bloodborne Pathogen Exposures Policy**

## **Alternate Name and/or Personal Pronoun**

Class rosters are provided to the instructor with the student's legal name as well as 'Preferred' first name (if previously entered by you in the Student Profile section of your CIS account). While CIS refers to this as merely a preference, we will honor you by referring to you with the name and pronoun that feels best for you in class, on papers, exams, group projects, etc. Please advise us of any name or pronoun changes (and please update CIS) so we can help create a learning environment in which you, your name, and your pronoun will be respected.

## **Center for Disability & Access Services**

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability and Access (CDA) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability and students seeking to establish the existence of a disability and to request accommodation are required to meet with the CDA Director for recommended accommodations. The CDA will work closely with eligible students and the Academic Success Program to make arrangements for approved accommodations. The School of Medicine and CDA maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Steven Baumann EdD, School of Medicine Senior Director of Academic Success Program, serves as the liaison between the School Of Medicine and the CDA.

Contact Information:

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University of Utah Center for Disability and Access

Olpin Student Union Building, Room 162 Phone (Voice/TDD): (801) 581-5020

<http://disability.utah.edu>