

# PED 7030 Core Sub-Internship in Pediatrics

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Approved: June 3, 2021

**Credit Hours: 4**

## Contact Information

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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 Objectives

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 (UUSOM UPC 1 & 3):

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 (EPA 4).
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 (EPA 9).

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 (UUSOM UP 3).
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 (UUSOM UPBLI 1 & 3).
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 (UUSOM UPBLI 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/program-objectives.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

\*\*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

Sub-Internship students are expected to function at the level of an early resident intern with respect to core responsibilities, patient load, and work hours. For assigned patients, students should conduct and document the initial history and physical examination, retrieve clinical information from the electronic medical record and other sources, present the patient to the supervising resident and preceptor, finalize the admission plans with the supervising resident or preceptor and patient, and discuss admission orders/diagnostic testing/therapy with the resident/preceptor. Each day students should pre-round on their panels of patients (i.e., gather interval history and data, discuss with care team and perform focused physical examinations), present the patients during rounds, enter new orders, and construct daily progress notes.

### Expectations:

1. **Participation:** Sub-interns will be expected to participate in the assigned ward team by taking admissions, daily rounds with R3 after pre-rounding, daily communication with attending physicians, discharges, documentation, and overnight call responsibilities which may include cross cover. Rounding will be completed in the same format as the rest of the team. 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 follow the similar schedule of the interns. They will 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 8:15 – 8:45 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:** Call is overnight in-hospital four nights during the month-long course. 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. You are expected to discuss with your team and fellow sub-interns which nights work best. Please aim to have only one sub-intern on for a given overnight. For call schedule conflicts please contact [ped.education@hsc.utah.edu](mailto:ped.education@hsc.utah.edu) to see if an alternative day can be arranged.
6. **Schedule:** Once the sub-intern has decided on preferred overnights and days off, please contact [ped.education@hsc.utah.edu](mailto:ped.education@hsc.utah.edu) so that we can finalize your schedule and assign days in Smart Web, (our communication/paging program).

\*\*\*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. 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 or specified level of responsibility for a particular core chief complaint, core diagnosis, or setting should notify the Course Director one week prior to the end of the clerkship to ensure that these experiences can be arranged. Students are expected to seek out and document these foundational diagnoses during their clinical experiences. Where noted, alternatives to authentic clinical encounters may be allowed.

Core Chief Complaint, Diagnosis, Visit Type, Procedure	Allowed Clinical Settings	Level of Student Responsibility*	Number Required	Alt**
Minimum Number of Patients	Inpatient	DPC	20	

\*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 ✓ 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/ Must Complete	EPA/UUSOM Program Objective(s) Measured	Due Date
Course Assessments				
Preceptor Evaluations*	95%	Must Pass	EPA 1a, 1b, 2, 3, 5, 6, 9	
Assignments and Must Complete Elements				
Observed Clinical Encounter*	5%	Must Complete	EPA 1a, 1b, 2, 3, 4, 5, 6	4 <sup>th</sup> Wednesday of Course by 11:59pm
Mid-Course Formative Feedback*		Must Complete	UUSOM UPBLI 1-3; EPA 1a, 1b, 2, 3, 5, 6, 9	2 <sup>nd</sup> Friday of Course by 11:59pm
Case Log		Must Complete	UUSOM UPC 1, UPC 3	4 <sup>th</sup> Wednesday of Course by 11:59pm
Work Hours Log		Must Complete	UUSOM UP 3	4 <sup>th</sup> Wednesday of Course by 11:59pm

\*Assessments including narrative components; additionally, the MSPE paragraphs are narrative summaries of student performance in the course.

### 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 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 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 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 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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Olpin Student Union Building, Room 162

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