This is a brief summary of the Pediatrics Clerkship discussion at the MEC meeting in November 2011. A formal vote with specific recommendations will be taken at the December 2011 meeting.

**General Clerkship Educational Mission and Goals (to apply to all clinical clerkships):**
The mission of each clerkship is to provide a general and broad introduction to that specific clinical discipline, in order to prepare every DMS graduate to be a complete and well-trained generalist physician. More specific learning objectives include these:

- To provide each student with the opportunity to see patients with the most common and/or serious clinical conditions seen by practitioners of that discipline, so students can learn first hand about the presentation, diagnosis, clinical course, and treatment of those condition;
- To teach students the clinical skills most important to that discipline, as well as provide the opportunity for students to practice those clinical skills;
- To assist students in understanding approaches to patient care that may be unique to the discipline
- To provide broad educational experiences to enable each student to perform well on Step 2 and Step 3 exams of the USMLE exam sequence;
- To provide ongoing, constructive feedback to students regarding their performance;
- To provide a formal summative assessment of student knowledge learned and clinical skills mastered during the clerkship; and
- To provide students the opportunity, through close contact and mentoring relationships with resident and staff physicians, to consider whether they might wish to pursue future graduate training in this discipline or a related discipline.

(approved by MEC in January, 2011)

**Clerkship description:** Todd Poret briefly introduced the clerkship as follows:

**Goals:**
**Medical Knowledge:**
- Acquire a basic knowledge of normal growth and development
- Acquire the basic knowledge necessary for the diagnosis and management of common acute and chronic illnesses in the pediatric population

**Patient Care Skills:**
- Demonstrate competency in history and physical exam skills for infants, children and adolescents
- Apply clinical problem solving skills to the unique health care considerations in childhood and adolescence
- Integrate strategies for health promotion and disease and injury prevention
Interpersonal Communication Skills:
• Develop oral communication skills that will facilitate the clinical interaction with children, adolescents and their families
• Effectively communicate pediatric clinical information via written notes

Continuous Personal Learning and Improvement:
• Formulate focused questions about pediatric clinical topics relevant to patients seen on rotation
• Demonstrate ability to search pediatric literature to answer clinical questions

Professionalism:
• Exemplify professional behavior appropriate for clinical practice with children and adolescents
• Demonstrate professional behavior in interactions with colleagues, residents, faculty, and hospital staff
• Demonstrate ability to balance clinical duties, assignments, and self-care

Practicing in a Complex Healthcare System:
• Develop an understanding of how family, community and society influence both health and disease in infants, children and adolescents
• Gain exposure to hospital and community-based resources that support the needs of children

Structure:
• 2 days of orientation
• 6 weeks of clinical experience
  – 3 weeks outpatient clinics at Site A
    • Friday afternoon seminars
  – 3 weeks inpatient team experience at Site B
    • Teaching conferences
  – 32 CLIPP cases required during free time
• 3 days of wrap-up at end of clerkship

Grading:
• Competency-based
• Requires reaching minimum acceptable threshold of proficiency in each competency
• Grades based on clinical evaluations, assignments, final exam, and “professionalism points”

Clinical Sites:
Inpatient:
• DHMC
• CPMC
  – Site director Jennifer Daru MD
  – 4 total faculty appointments
• CHOC
  – Site director Daphne Wong MD
  – 3 total faculty appointments
• MMC
  – Site director Jen Hayman MD
  – 4 total faculty appointments

Outpatient:
• New Hampshire (13 sites)
  – DH Lebanon
  – DH Manchester
  – DH Plymouth
  – DH Concord
  – DH Nashua
  – DH Keene
  – New London
  – Monadnock
  – Exeter
  – Gorham
  – Alice Peck Day (Lebanon)
  – Laconia
  – Belmont
• Vermont (6 sites)
  – South Royalton
  – Woodstock
  – Brattleboro
  – Just So (Brattleboro)
  – Gifford (Randolph)
  – Upper Valley (Bradford)
• Other sites
  – Fort Defiance Indian Health Services, AZ
• 45 faculty with adjunct faculty appointments
• 6 faculty with regular faculty appointments
• One site without a faculty appointment s/p recent retirement. Plan in place for adding an appointment.

Strengths (as reported by Carolyn Koulouris, based on student feedback):
• Organization
• Students commented on excellent teaching by specific attendings at all sites.
• Clerkship Coordinator and Directors
  – Drs. Poret, Weinstein, and Alison Ricker were ALL simply fantastic. They listened to students concerns. They addressed all of our questions and complaints by either fixing them, or stating why things are the way that they are.
Mixed Feelings (as reported by Carolyn Koulouris, based on student feedback):

- CLIPP Cases:
  - “Important to my learning.”
  - “Helpful”
  - “Helpful but time consuming.”
  - “Timing these seemed a bit heavy handed”
  - “Clipp cases are not my preferred method of learning”
  - “Took time away from looking up information on my patients”

Conclusions:

- Students generally felt quite positively about their pediatrics experience.
- They question the practice of “forcing” students to complete the online case learning as the primary method of study.
- There is some site variation in hands-on learning that may deserve addressing in the future.

Faculty appointments for teachers at all sites (AY2010-2011): The clerkship is offered at 31 sites. The breakdown of faculty appointments is as follows:

- Inpatient sites:
  - DHMC: all faculty have appointments
  - Choc: 3 appointments
  - CPMC: 4 appointments
  - MMC: 4 appointments
- Outpatient sites:
  - 45 adjunct appointments (at least one at each site)
  - 6 regular line appointments

Dave Nierenberg provided the following data:

Results on USMLE Step 2 CK: We looked at mean DMS scores on Step 2 CK in the area of pediatrics for students taking the exam from AY 2001-02 through 2010-11. Over the past three years, the mean DMS score was below the national mean score. For AY 2010-11, the DMS mean score was .05 SD below the national mean.

Career choice in Pediatrics: For the classes of 2009, 2010, and 2011, an average of 9.6% of DMS seniors matched to a residency in pediatrics, comparable to a national average figure of 10.5% over those three years.

Specific competency tasks taught and assessed during clerkship: Pediatrics has turned in a complete grid that states which specific competency tasks are taught during their clerkship, and how they then assess whether or not students have achieved the necessary level of mastery in each of those tasks.
Suggested “Essential” clinical skills to be practiced (learning targets) and formally assessed for competency by end of clerkship: The leaders of the pediatrics clerkship suggested 15 essential clinical skills, each with a specific learning target. Those clinical skills, the learning target in place during AY 2011-12, (learning target proposed), and the mean number recorded by DMS students during the first half of AY 2010-11 are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Skill</th>
<th>Target 10-11</th>
<th>Mean, all sites (64)</th>
<th>Mean CPMC inpatient (12)</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interviewing</td>
<td>HPI (relevant to clerkship)</td>
<td>0</td>
<td>38.9</td>
<td>9.2</td>
</tr>
<tr>
<td>2</td>
<td>Developmental surveillance (new item under interviewing)</td>
<td>3</td>
<td>5.8</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>PE</td>
<td>HEENT exam</td>
<td>5</td>
<td>49.4</td>
<td>7.0</td>
</tr>
<tr>
<td>4</td>
<td>Newborn exam</td>
<td>2</td>
<td>5.4</td>
<td>0.3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Tanner staging exam</td>
<td>1</td>
<td>2.8</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Complete exam</td>
<td>10</td>
<td>32.8</td>
<td>6.0</td>
<td>20</td>
</tr>
<tr>
<td>7</td>
<td>Procedure, simple</td>
<td>Throat culture</td>
<td>1</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Counseling</td>
<td>Aggregate (Nutrition/diet or Weight change, including Obesity)</td>
<td>3</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Normal/abnl development</td>
<td></td>
<td>3</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Notes and presentations</td>
<td>Oral presentation, admission</td>
<td>0</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>11</td>
<td>Oral presentation, inpt progress</td>
<td></td>
<td>0</td>
<td>4.8</td>
<td>4.0</td>
</tr>
<tr>
<td>12</td>
<td>Oral presentation, ambul visit</td>
<td></td>
<td>0</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Written note, inpatient admission</td>
<td></td>
<td>0</td>
<td>4.5</td>
<td>4.4</td>
</tr>
</tbody>
</table>
Pediatrics Clerkship, Essential Clinical Skills

This clerkship has proposed, and the MEC has approved, 15 “essential” clinical skills that you must practice during the clerkship, and then demonstrate your competence to perform the skill prior to completion of the clerkship. Your final grade will be based in part on how well you meet these learning targets for practicing these skills, and whether you have demonstrated an acceptable level of competence in performing these clinical skills by the end of the clerkship. These core clinical skills (and the learning targets for each) are:

- (Interview) Perform HPI relevant to this clerkship (target = 20)
- (Interview) Developmental surveillance (target=4)
- (PE) HEENT exam (target=10)
- (PE) Newborn exam (target=2)
- (PE) Tanner staging exam (target=1)
- (PE) Complete exam (target=20)
- (Procedure, simple) Throat culture (target=1)
- (Counseling) Aggregate (Nutrition/diet or weight change, including obesity) (target=6)
- (Counseling) Normal/abnl development (target=3)
- (Notes and presentations) Oral presentation, admission (target=4)
- (Notes and presentations) Oral presentation, inpt progress (target=5)
- (Notes and presentations) Oral presentation, ambul visit (target=5)
- (Notes and presentations) Written note, inpatient admission (target=5)
- (Notes and presentations) Written note, inpt progress (target=5)
- (Notes and Presentations) Written note, SOAP note (target=10)

Suggested “Essential” conditions and diagnoses to be seen and learned about: A similar process was established to solicit input from the leadership of the pediatrics clerkship to develop new essential conditions and diagnoses that should be seen and learned about by all students, on all teaching services, in this clerkship. The final list of 18 essential conditions and diagnoses agreed upon is listed below, along with suggested learning targets, and average volume recorded by students during the first half of AY 2010-11:
<table>
<thead>
<tr>
<th>Area</th>
<th>Skill</th>
<th>Target 10-11</th>
<th>Mean, all sites (63)</th>
<th>Mean CPMC (9)</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Routine health maintenance</td>
<td>Health maintenance (13-17)</td>
<td>2</td>
<td>3.8</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Health maint. (1 mo-12 yo)</td>
<td>4</td>
<td>14.5</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Newborn visit (0-30 days)</td>
<td>2</td>
<td>5.7</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>4 Systemic condition</td>
<td>Developmental delay</td>
<td>2</td>
<td>2.5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Failure to thrive</td>
<td>1</td>
<td>1.5</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Fever (? Source)</td>
<td>4</td>
<td>4.2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Obesity</td>
<td>2</td>
<td>2.3</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Viral syndrome</td>
<td>2</td>
<td>3.8</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>9 CV system</td>
<td>Murmur</td>
<td>2</td>
<td>2.4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Dermatology</td>
<td>3</td>
<td>4.3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Neurology</td>
<td>1</td>
<td>1.0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>12 EENT</td>
<td>Otitis media</td>
<td>4</td>
<td>5.0</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>Pharyngitis</td>
<td>4</td>
<td>4.7</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>URI</td>
<td>4</td>
<td>6.1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>15 Fluid/electrolytes</td>
<td>Dehydration</td>
<td>3</td>
<td>2.4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>16 GI</td>
<td>Aggregate/Diarrhea or nausea/Vomiting</td>
<td>2</td>
<td>2.4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>17 Psychiatry</td>
<td>ADHD</td>
<td>2</td>
<td>3.5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>18 Respiratory</td>
<td>Asthma, wheezing</td>
<td>2</td>
<td>4.1</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
Pediatrics Clerkship, Essential Clinical Conditions and Diagnoses

This clerkship has proposed, and the MEC has approved, 18 “essential” conditions or diagnoses that you must see, learn about, and help manage during the clerkship. Your final exams will test your knowledge about these conditions at the end of the clerkship. Your final grade will be based in part on how well you meet these learning targets. These essential conditions and diagnoses, and the learning targets for each one, are:

- (Routine health maintenance) Health maintenance (13-17) (target = 2)
- (Routine health maintenance) Health maintenance (1 mo-12 yo) (target = 8)
- (Routine health maintenance) Newborn visit (0 – 30 days) (target = 2)
- (Systemic condition) Developmental delay (target=2)
- (Systemic condition) Failure to thrive (target=1)
- (Systemic condition) Fever (? Source) (target=3)
- (Systemic condition) Obesity (target=2)
- (Systemic condition) Viral syndrome (target=2)
- (CV system) Murmur (target=2)
- (Dermatology) Rash (target=3)
- (Neurology) Headache (target=1)
- (EENT) Otitis media (target=3)
- (EENT) Pharyngitis (target=3)
- (EENT) URI (target=4)
- (Fluid/electrolytes) Dehydration (target=2)
- (GI) Aggregate/diarrhea or nausea/vomiting (target=2)
- (Psychiatry) ADHD (target=2)
- (Respiratory) Asthma, wheezing (target=3)

Gated problem areas:
1. Low scores on clarity of grading (being addressed).
2. Low scores on Step 2CK – possibly due to CLIPP being used in lieu of shelf exam. (being addressed).
3. Number of students pursuing residency in pediatrics is slightly lower than the national average.
4. Patient volume is down from last year, especially in inpatient settings.

Action items to be voted on:

1. Approve essential clinical skills and learning targets (to be placed on card prepared by the MEC)
2. Approve essential conditions and diagnoses, and learning targets, (to be placed on card prepared by the MEC)
3. Approve core competencies