Pediatrics Core Clerkship
OM7184
Rotation Syllabus

CLASS OF	*2027*
DATES	*2025-2026*
CREDIT HOURS	*4.0*
CONTACT HOURS	*160*
ASSESSMENT TOOLS	Clinical Performance - Preceptor Evaluation(s) Professionalism Cognitive Performance - COMAT
TRANSCRIPT CATEGORIES	*Honors/Pass/Fail*
LOCATION	*Rotation Site*
CLERKSHIP DIRECTOR	*Scott Cyrus, DO*
COURSE COORDINATOR	*Whitney Cano*

Course Description

The Pediatrics core clerkship is a four (4) week experience served in an ambulatory setting. Some inpatient exposure may be available depending upon the assigned RAC and practice. The clerkship affords students the opportunity to gain experience in providing health care to children. Emphasis will be placed on growth and development, wellness and prevention. Students will participate in the diagnosis and management of common illnesses of infants, children and adolescents, including community acquired infections. Each practice may have a unique profile of patients that will offer greater insight into a particular entity.

Course Goals

The overall goal of the Pediatrics Clerkship is to enable Burrell College of Osteopathic Medicine students to achieve basic competence as graduate osteopathic medical students in the care of children. As such, specific goals of the clerkship are:

1. Achievement of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
2. Procurement of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
3. An understanding of the approach of pediatricians to the health care of children and adolescents.
4. An understanding of the influence of family, community and society on the child in health and disease.
5. Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data is obtained.
6. Development of competency in the physical examination of infants, children and adolescents.
7. Development of clinical critical thinking and problem-solving skills.
8. Development of strategies for health promotion as well as disease and injury prevention.
9. Development of the attitudes and professional behaviors appropriate for clinical practice.
10. The goals and learning objectives were developed with guidance from the Council on Medical Student Education in Pediatrics.

Course Objectives

Your learning objectives provide you with an educational template necessary to achieve the goals of your rotation. Clerkship objectives are developed based on a combination of perceived educational need, faculty/institutional resources, and proposed national curricular guidelines. The clerkship objectives should be available to all physicians serving as preceptors/clinical faculty members and directly involved in medical student education.

Your pediatric clerkship objectives will provide you with a framework for the clinical and nonclinical expectations that have been set for you by the clerkship director. In general, the majority of your rotation objectives will be met through direct patient care. Understanding objectives of your pediatric rotation will allow you to better understand the expectations that your clerkship director has set for you. Taken one step further, the achievement of your rotation goals and objectives will serve as the basis for your summative evaluation at the conclusion of your rotation and assist the clerkship director in determining your final clerkship grade. Reviewing your rotation objectives should not be viewed as a mere formality. The rotation objectives are presented in a core content area format linked to the Core Competencies, Burrell College of Osteopathic Medicine Guiding Principles and Entrustable Professional Activities.

Although some objectives could logically fall under multiple competencies, for the purpose of organization and clarity, each is placed in only one category. Common clerkship objectives include a list of core clinical skills that a student will be expected to complete or in which a student will be able to demonstrate some measure of proficiency by the conclusion of the rotation. These can include, but are not limited to, the following:

- Performing a complaint-directed H&PE
- Developing a case-specific differential diagnosis
- Presenting cases in a clear and concise fashion
- Demonstrating an understanding of use and interpretation of commonly ordered diagnostic studies
- Developing and assisting with implementation of appropriate case management plans
- Demonstrating an adequate fund of knowledge
- Demonstrating proficiency with basic procedural skills

As a medical student, you should also consider your own personal goals and objectives. Regardless of your intended career path, a pediatric rotation can expose you to interesting and diverse pathology. In summary, review your pediatric clerkship goals and objectives at the beginning of the rotation. Discuss your personal goals with your supervising physicians so that they may assist you in achieving them. Understanding what is expected of you is the first step in making your clinical experience the best that it can be.

Objective:	**AOA Core Competencies**	**Programmatic Level Educational Objective**
1. Demonstrate an ability to perform an age-appropriate history and physical examination in children of all ages	3	1, 3, 4
2. Describe the components of a pediatric health supervision visit including health promotion and disease and injury prevention, the use of screening tools, and immunizations	3	1, 2
3. Demonstrate the ability to generate a pediatric age-appropriate differential diagnosis based on the interview and physical examination for common symptoms or patient presentations	3	1, 4, 5
4. Describe the clinical features of common pediatric acute and chronic medical conditions	2	1
5. Define therapies for common disease processes encountered in Pediatric	1	1
6. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem	3	1, 3, 4, 7
7. Recognize urgent/emergent situations and alert appropriate health care providers	3	1, 4

8. Demonstrate professionalism, compassion, and empathy when communicating with patients, family and healthcare team members	1, 5	3, 4
9. Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document	4	4
10. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members	3	1, 4, 6
11. Exhibit the ability to recognize the patient is a whole person, and promote and integrate OMT into the clerkship.	1	2

Required Resources and Equipment

Textbooks:

- *Blue Prints Pediatrics, 7th edition, Marino Blackwell Publishing*
- *Pediatric Secrets 7th edition, Elsevier Publishing*
- *Nelson Essentials of Pediatrics 9th edition, Elsevier Publishing*
- *The Harriet Lane Handbook, 23rd edition, Elsevier Publishing*

Readings:
Required reading can be assigned during the pediatric clerkship.

Student Responsibilities Regarding Patient Supervision:
All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician has the responsibility for determining the level of supervision needed.

Equipment:
Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

SOAP Note Examples:

Pediatric "Well Child" Note Sample:

Information in italics is provided as an example for each section of the SOAP Note

Subjective:

CC: *Jethro is a 6-month-old male. He is here for a 6 month well child check The history is obtained from the patient's father and the patient's mother. He is roomed in room number 2 (Mickey Mouse).*

HPI:

Jethro is here today for a well child check.

DEVELOPMENT: In regard to **motor skills**, *caregivers note that he does show good head control with no lag, reach for and grasp objects, hold the bottle to feed, transfer objects from one hand to the other, play with his feet, sit with minimal support, roll over both ways, bear weight on his lower extremities, stand and bounce, move to crawling from prone, rock back and forth, rotate while in the sitting position and move from sitting to crawling.*

Social and language skills *acquired include ability to turn toward distant sounds, watch someone walk across the room, babble, laugh, blow "raspberries", distinguish angry versus friendly voice patterns, recognize familiar faces, start to know own name and enjoy vocal turn taking.*

Sleep: *The infant is currently sleeping 3 to 4 hours at night. Generally, the child naps 1 hour(s) per day.*

CAREGIVER'S QUESTIONS/CONCERNS: *The patient's caregiver has no specific questions or concerns.*

INTERVAL HISTORY: *Unremarkable.*

NUTRITION: *Jethro is currently formula-fed. Formula intake is usually 4 to 6 ounces every 4-6 hours. Voiding and stooling have been adequate. 0 teeth have erupted. He is not receiving vitamin, iron, or fluoride supplementation. The child is not currently on W.I.C.*

SOCIAL SITUATION: *Jethro's primary caregiver(s) are his mother and father. The infant's mother is married. The baby is not exposed to tobacco smoke.*

SAFETY ISSUES: *The caregiver has addressed proper use of car safety seat, adjusting water heater down, proper toy selection, avoidance of plastic bags or balloons, not leaving the baby unattended on a bed or table, never leaving him unattended in the bath, use of electrical outlet plugs, gates on stairs and avoidance of dangling cords.*

ROS:

CONSTITUTIONAL: *Negative for fatigue, decreased appetite and unexplained fevers.*

EYES: *Negative for apparent vision problems, eye drainage, and "lazy" eye.*

E/N/T: *Negative for apparent hearing problems, nasal congestion and thumb-sucking.*

CARDIOVASCULAR: *Negative for chest pain, cyanotic spells, edema, and poor exercise tolerance.*

RESPIRATORY: *Negative for cough, dyspnea, exposure to tobacco smoke and wheezing.*

GASTROINTESTINAL: *Negative for abdominal pain, constipation, diarrhea, feeding/nutritional problems, and vomiting.*

GENITOURINARY: *Negative for diaper rash, irritated circmcision site, phimosis, testicular pain and testicular/scrotal swelling.*

MUSCULOSKELETAL: *Negative for limb or joint pain, joint swelling, and gait abnormalities.*

INTEGUMENTARY: *Negative for atopic dermatitis, eczema, jaundice, rash and skin lesion(s).*

NEUROLOGICAL: *Negative for abnormal tone, breath-holding spells, developmental delay and poor suck.*

HEMATOLOGIC/LYMPHATIC: *Negative for bleeding, excessive bruising, and lymphadenopathy.*

ENDOCRINE: *Negative for hair loss and precocious puberty.*

ALLERGIC/IMMUNOLOGIC: *Negative for urticaria and history of serious infectious illnesses.*

PSYCHIATRIC: *Negative for behavior problems.*

Past Medical History / Family History / Social History:
Past Medical History:
PDA at birth

CURRENT SUBSPECIALISTS:
Cardiologist: Dr. Smith (last visit 12-24)

BIRTH HISTORY*: The baby is the product of a 36 weeks-by-dates twin pregnancy, born via Cesarean section due to fetal distress. He was born at St. Pius He was seen by Dr. Cyrus. Birth weight was 5 pound 8 ounce. Complications of the pregnancy included hypertension and twin gestation. Labor and delivery were complicated by twin gestation, maternal hypertension, and administration of magnesium. Neonatal problems after delivery included performance of a sepsis work-up, poor feeding, heart murmur, hypoglycemia. The baby was admitted to NICU for 17 days.*

NUTRITIONAL HISTORY: *Jethro is currently breastfeeding exclusively*

Family History:
Father: *Hypertension*
Mother: *Cause of death was Lung Cancer; Lung Cancer (Small Cell)*
Sibling(s): *Healthy*

Social History:
Parents' Marital Status: *Married*
Parent's Occupations: Mother's Occupation - *Engineer*; and Father's Occupation - *Farmer*
Household: *Lives with his mother, father, and sibling(s) (1 brother).*
Exposure to tobacco smoke: *No*
In daycare, which is in a commercial setting.
Hobbies and recreational interests include *boating, fishing, horseback riding, hunting,garding, cave diving, and playing the tuba.*
Pets: *cat 1 dog 1*
Employment: *None*

Tobacco/Alcohol/Supplements: *UNREMARKABLE (Maybe omitted)*

Substance Abuse History: *NEGATIVE (Maybe omitted)*

Mental Health History: *NEGATIVE (Maybe omitted)*

Communicable Diseases (eg STDs): *Reportable health conditions; Negative (Maybe omitted)*

Current Problems:
Encounter for routine child health examination without abnormal findings

Encounter for immunization

Immunizations:
Hep B, adolescent or pediatric 8/24/2024
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF (PREVNAR 20) 10/28/2024
DTaP-Hep B-IPV 10/28/2024
rotavirus, monovalent 10/28/2024
Hib 10/28/2024
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF (PREVNAR 20) 12/29/2024
DTaP-Hep B-IPV 12/29/2024
rotavirus, monovalent 12/29/2024
Hib 12/29/2024

Allergies: *No Known Allergies.*
Current Medications: *None*
Objective:
Vitals
Weight *16 lbs, 4 oz (7.371kg) (27.20%),* Length *26 in (66.04 cm) (34.67%),* Head Circumference *17.5 inches (44.45 cm) (70.29%) ,* T *98.6 F (temporal)* , P *118 bpm (apical, sitting, regular)*, R *30 bpm*

PHYSICAL EXAM:
GENERAL: *well developed, well nourished; clean, well groomed; no apparent distress;*
HEAD: *The head is Normocephalic with normal hair distribution. Anterior fontanelle open, soft and flat.*
EYES: *lids and lacrimal system are normal in appearance; conjunctiva and cornea are normal; PERRLA.*
E/N/T: EARS: *normal external auditory canals and tympanic membranes; grossly normal hearing;* NOSE: *normal nasal mucosa, septum, turbinates, and sinuses;* OROPHARYNX*: normal mucosa, dentition, gingiva, and posterior pharynx;*
NECK: *range of motion is normal; Trachea is midline.*
RESPIRATORY: *normal appearance and symmetric expansion of chest wall; normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;*
CARDIOVASCULAR: *normal PMI placement; no thrills, heaves, or lifts; normal rate; rhythm is regular; normal S1 and S2 with no S3/S4 gallop, rubs or clicks; no systolic murmur;*
GASTROINTESTINAL: *nontender; normal bowel sounds; no organomegaly; no masses;*
GENITOURINARY: *Penis: normal with no lesions or urethral discharge; appropriate Tanner stage; Testes: descended bilaterally; no testicular tenderness or masses; no inguinal hernia;*
LYMPHATICS: *no adenopathy in cervical, supraclavicular, axillary, or inguinal regions;*
INTEGUMENT: *Skin is without significant rashes or lesions; no suspicious moles;*
MUSCULOSKELETAL: *normal range of motion, strength and tone;*
NEUROLOGIC: *Mental Status: alert; cranial nerves II-XII grossly intact;*
PSYCHIATRIC: *appropriate affect; normal psychomotor function;*

Assessment:
Z00.129 Encounter for routine child health examination without abnormal findings
Z23 Encounter for immunization

ORDERS:

Other Orders:

90460 Im adm thru 18yr any rte 1st/only compt vac/tox (In-House) (x2)

90461 Im adm thru 18yr any rte addl vac/tox compt (In-House) (x4)

90723 DTaP-HepB-IPV (Pediarix) (In-House)

90677 PCV20 VACCINE IM (In-House)

Plan:

Encounter for routine child health examination without abnormal findings

IMMUNIZATIONS *given today include: DTaP-HepB-IPV (Pediarix); Pneumococcal conjugate PCV20,*

Encounter for immunization

The Vaccine Information Sheet was given.

ANTICIPATORY GUIDANCE topics covered today include:

Safety: *appropriate toy selection; avoid dangling cords; avoidance of small objects, plastic bags, balloons; avoidance of shaking the baby; avoid sun; car seats; electrical outlet plugs; fire escape plan; gates on stairs; keep hot liquids away from child; lock up toxins, poisons, and medications; no co sleeping; do not use syrup of ipecac, keeping Poison Control number posted by the phones; never leaving baby unattended in the bath or near other sources of standing water; never leaving baby unattended on a bed or table; smoke detectors; effects of passive tobacco smoke; use of a walker discouraged; water thermostat setting*

Nutrition: *proper amount of feeds; avoidance of bottle caries; begin using a cup; brush any teeth with soft toothbrush/cloth and water; do not prop bottle*

Development: *upcoming developmental advances such as sitting unsupported, creeping and crawling, ability to finger feed, imitating vocalizations, understanding a few words, and playing social games; teething; stranger anxiety; importance of talking to baby; read every day.*

FOLLOW-UP: *Schedule a follow-up visit in 3 months. For his 9 month Well Child visit*

Patient Education Handouts:

Patient Recommendations:

For Encounter for routine child health examination without abnormal findings:

SAFETY ADVICE:

** Avoid toys with small parts, such as buttons or eyes, that may pose a choking risk. Avoid items with ties or cords. Do not use pacifiers on a string.*

** Avoid dangling electrical cords, as infants will be tempted to pull on these.*

** Do not let the baby play with small objects, plastic bags, wrappers, or balloons. They present a choking and suffocation risk.*

** Never shake your baby!! This can lead to retinal damage and blindness, brain damage, and even death.*

** It is not recommended that children of this age be exposed to the sun. If child is in the sun, use a SPF of 45 or above.*

** Use the safety seat every time the baby is in the car. It should be in the backseat, in the middle or on the passenger side, and should be facing backwards until the baby weighs 20 pounds and 12 months of age. Disarm*

air bags near the carseat.

** Use plastic plugs in all exposed electrical outlets to prevent electrocution.*

** Make an escape plan for your family in case of a fire. Designate an area to meet outside of your home. Have escape ladders for upstairs windows. Practice fire drills at least once a year.*

** Prevent falls by using gates on stairs.*

** To prevent burns, keep your child away from hot liquids.*

** Lock up all toxins, poisons, and medications. Use actual locks, rather than just placing them up high- never underestimate a toddler's ability to climb!*

** Your baby should always sleep in their own crib. Never sleep in the same bed with your baby. This may result in suffocation or crushing of your baby.*

** Do NOT keep syrup of ipecac on hand! Always call Poison Control first, as some toxins can do more damage if vomiting is induced!; Poison Control will tell you what to do.*

** Never leave your baby unattended in the bathtub, even for a minute! Babies can drown in just a few inches of water. Be careful around other water sources such as pools, lakes, and wells.*

** Your baby will soon be rolling very well. To reduce the risk of falls, never leave the baby unattended on a changing table or on the bed. Keep hand on baby.*

** Make sure to change the batteries in your smoke detectors every 6 months or when the time changes.*

** Babies exposed to tobacco smoke have a higher rate of respiratory illnesses, ear infections, and SIDS (Sudden Infant Death Syndrome). Smoking outside only does NOT decrease this risk!*

** Do not use baby walkers. They can be a safety hazard, and can delay your baby's motor development.*

** Your water heater's thermostat should be set no higher than 120 degrees to avoid scalds.*

NUTRITION ADVICE:

** Although variable, at this age infants typically feed every 4 to 5 hours, but may go much longer between feeds during the night.*

** Do not put your baby to bed with a bottle. The formula or juice that collects in the mouth as he sleeps may lead to tooth decay and ear infections.*

** Begin giving your baby a cup to use.*

** To help prevent tooth caries, brush your baby's teeth with a soft toothbrush/cloth and water.*

** Do not prop bottles in mouth or put bottles in bed with your baby.*

YOUR BABY'S DEVELOPMENT:

** Expect your baby to learn to sit unsupported, creep and crawl, imitate sounds, understand a few words (such as "no" and "bye"), self-feed with fingers, and play games such as "peek-a-boo" in the next 2 to 3 months.*

** Average age for first tooth eruption is 6 months of age, but this can vary. A toothbrush is not necessary at this point; you can keep the teeth clean by wiping with a soft cloth.*

** Stranger anxiety may develop in the coming months; this is a normal part of development, and may occur even with family members or close friends.*

** It is extremely important to talk to your baby; this helps with bonding, emotional development, and speech.*

** Reading aloud to babies from birth to two increases vocabulary, language and literacy.*

Pediatric "Sick Child" Note Sample:

Information in italics is provided as an example for each section of the SOAP Note

Subjective:

CC: *Joanna is a 15-year-old female. She presents with nausea and vomiting and dysuria. The symptom(s) duration has been for 2 day(s) The history is obtained from the patient's mother.*

HPI:

Patient complains of nausea with vomiting, unspecified.
Joanna complains of nausea and vomiting. This has been noted for the past two days. The frequency of episodes is several times daily. She has had recent exposure to illness from family members. There is no clear relationship between the symptoms and meals. The emesis is described as consisting of undigested food. Associated symptoms include diffuse abdominal pain, fever, headache and urinary symptoms (dysuria, frequency, urgency). She denies associated constipation, diarrhea or weight loss. Pertinent medical history is unremarkable.

ROS: (can limit to problem-oriented ROS)
CONSTITUTIONAL: *Positive for fever and decreased appetite.*
EYES: *Negative for apparent vision problems, eye drainage, and "lazy" eye.*
E/N/T: *Negative for apparent hearing deficits, chronic nasal congestion, dental problems, and speech problems.*
CARDIOVASCULAR*: Negative for chest pain, cyanotic spells, edema, and poor exercise tolerance.*
RESPIRATORY: *Negative for chronic cough, dyspnea, exposure to tuberculosis, and wheezing.*
GASTROINTESTINAL: *Positive for abdominal pain, nausea and vomiting. Negative for diarrhea.*
GENITOURINARY: *Negative for dysuria, hematuria, difficulty voiding, or rashes/lesions of the external genitalia.*
MUSCULOSKELETAL: *Negative for limb or joint pain, joint swelling, and gait abnormalities.*
INTEGUMENTARY: *Negative for atopic dermatitis, atypical moles, pruritis, rashes, and skin lesions.*
NEUROLOGICAL: *Positive for headaches.*
HEMATOLOGIC/LYMPHATIC: *Negative for bleeding, excessive bruising, and lymphadenopathy.*
ENDOCRINE: *Negative for abnormal growth or pubertal development, polyuria, and polydipsia.*
ALLERGIC/IMMUNOLOGIC: *Negative for allergies, frequent illnesses, HIV exposure, and urticaria.*
PSYCHIATRIC: *Negative for behavioral or emotional problems.*

Past Medical History / Family History / Social History:

Past Medical History:

Pneumonia: dx'd at age 5 years old; hospitalized.
Respiratory Syncytial Virus: at age 5-years-old.

GYNECOLOGICAL HISTORY:

Menarche occurred at age 11 years old.

BIRTH HISTORY: *The baby is the product of a 38 weeks-by-dates singleton pregnancy, born via spontaneous vaginal delivery. She was born at St. Pius Hospital. She was seen by Dr. Samuel. Birth weight was 7 pounds 10 ounces. The pregnancy has been uncomplicated. Labor and delivery were uncomplicated. Neonatal problems after delivery included administration of antibiotics to the infant, performance of a sepsis work-up, poor feeding, hyperbilirubinemia. The baby was admitted to NICU for 17 days.*

NUTRITIONAL HISTORY: *Joanna is on a regular diet.*

Surgical History: *NONE*

Family History:

Father: *Hypertension*

Mother: *Healthy*
Brother(s): *Healthy.*
Paternal Grandfather: *Died at age 54; Cause of death was MI.*
Paternal Grandmother: *Healthy*
Maternal Grandfather: *Lung Cancer*
Maternal Grandmother: *Died at age 74; Cause of death was Breast cancer.*

Social History:
Parents' Marital Status: *Unmarried. She lives with her mother and has no contact with her father.*
Household: *Lives with her parents and sibling(s) (1 brother).*
Exposure to tobacco smoke: *No*
Currently in Middle School. (Edison; 8th grade)
Pets: *dog 1*

Tobacco/Alcohol/Supplements: Maybe omitted if not applicable:
UNREMARKABLE

Substance Abuse History: Maybe omitted if not applicable:
NEGATIVE

Mental Health History: Maybe omitted if not applicable:
NEGATIVE

Communicable Diseases (eg STDs): Maybe omitted if not applicable:
Reportable health conditions; NEGATIVE

Current Problems:
Nausea with vomiting, unspecified

Immunizations:
DTaP-Hep B-IPV (PEDIARIX) 1/7/2025
Hep B, adolescent or pediatric 12/23/2024
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF (PREVNAR 20) 1/7/2025
Tdap 3/9/2021
Meningococcal MCV4O 3/9/2021
HPV9 3/9/2021
HPV9 10/6/2021

Allergies:
No Known Allergies.

Current Medications:
No Known Medications.

Objective:

Vital Signs: Pulse *76 bpm*; Respiratory rate *16 bpm;* weight *110 pounds (50 kg)*; B/P *110/70*

PHYSICAL EXAM:
GENERAL: *well, developed, well-nourished clean, well-groomed; appears moderately ill.*

HEAD: *The head is normocephalic with normal hair distribution.*
EYES*: lids and lacrimal system are normal in appearance; conjunctiva and cornea are normal; pupils and irises are normal.*
E/N/T: EARS: *external auditory canal normal bilaterally; both TMs are pearly grey and intact with a good cone of light;* NOSE: *normal nasal mucosa; normal turbinates; normal septum;* OROPHARYNX: *oral mucosa is normal; teeth and gums are normal; normal palate; normal tongue; posterior pharynx, including tonsils, tongue, and uvula are normal;*
NECK: *range of motion is normal; Trachea is midline.*
RESPIRATORY: *normal appearance and symmetric expansion of chest wall; normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs.*
CARDIOVASCULAR: *normal PMI placement; no thrills, heaves, or lifts; normal rate; rhythm is regular; normal S1 and S2 with no S3/S4 gallop, rubs or clicks.*
GASTROINTESTINAL: *moderate pain; no guarding; no rebound tenderness; normal bowel sounds; no organomegaly;*
LYMPHATIC: *no enlargement of cervical or facial nodes.*
BREAST/INTEGUMENT: *Skin is without significant rashes or lesions; no suspicious moles.*
MUSCULOSKELETAL*: normal gait; muscle strength: 5/5 in all major muscle groups; tone: normal overall.*
NEUROLOGIC: *Mental Status: alert; awake; cranial nerves II-XII grossly intact.*
PSYCHIATRIC: *normal psychomotor function.*

Assessment:
R30.0 Dysuria
R11.2 Nausea with vomiting, unspecified
R50.81 Fever presenting with conditions classified elsewhere.

ORDERS:
Lab Orders:
81001 Urinalysis, automated, with microscopy (Send-Out)
85025 CBC with differential (Send-Out)
87088 Culture, bacterial; with isolation and presumptive identification of each isolate, urine (Send-Out)

Plan:
Dysuria

LABORATORY: *Lab studies ordered today include CBC, urine culture, and Urinalysis.*
MEDICATIONS: *I have prescribed Bactrim DS.*
RECOMMENDATIONS given include *increase oral fluid intake and control fever.*
FOLLOW-UP: *Schedule follow-up appointments on a p.r.n. basis.*

Orders:
81001 Urinalysis, automated, with microscopy (Send-Out)
85025 CBC with differential (Send-Out)
87088 Culture, bacterial; with isolation and presumptive identification of each isolate, urine (Send-Out)

Patient Recommendations:

For Dysuria:
Increase your intake of oral fluids. Control fever with OTC medication such as acetaminophen, ibuprofen or similar products. Follow package directions. Schedule follow-up appointments as needed.

Academic Participation

Student responsibilities:

- **NEJM Healer:** The medical student will utilize the New England Journal Of Medicine Healer platform to complete the required modules during the clerkship. **Completion of 4 case modules, as assigned, is required to be completed by 11:59 pm the last Wednesday of the clerkship.**
- **Patient Encounter and Procedure Logs:** The Patient Encounter and Procedure Log for the Pediatric Rotation is found in the New Innovations Software System. On a daily basis, the student should enter data from their clinical shift into the log. All logged patient encounters should include the following basic information: the date the patient was seen, the patient's age, and patient type if applicable. Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations. **This case log must be entered into the New Innovations no later than 11:59 pm on the last Wednesday of each rotation.**
    - Medical students complete their logs to assess the expected scope and variety of patients and/or conditions and to assess their exposure to specialty diagnoses and procedures.
- **Lecturio Quiz:** The medical student is required to take and pass, **with a 70% or higher,** the Lecturio Quiz associated with the rotation **by 11:59 pm the last Wednesday of the clerkship.**
- **Mid-Rotation Evaluation by Preceptor:** The medical student is required to meet with their preceptor and have them complete a mid-point evaluation of their performance, for each rotation. This evaluation must be uploaded into Leo for Clerkship Directors to review **by 11:59 pm the second Sunday of each rotation**.
- **Clerkship Evaluations:** The students must complete clerkship evaluation(s) in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. The evaluations must be completed **by 11:59 pm the last Wednesday of each rotation.**
- **History and Physical Exam Review:** A major portion of your time will be devoted to conducting patient histories and physical exams. This is a tremendous opportunity to learn how to interact, gather information, diagnose the disease, and treat patients.

Failure to complete any of the pre-requisites for COMAT eligibility, in a timely manner, will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Corrective Action.

Assessment and Grading

Elements of Core Clerkship Grading
Each core clerkship will have three elements contributing to the final grade and each element must be individually passed to Pass the clerkship:

- Clinical Performance-Preceptor Evaluation(s)
- Professionalism
- Cognitive Performance-COMAT

Clinical Performance-Preceptor Evaluation(s) will be graded by the supervising preceptor. This assessment (see Student Assessment Forms in the Clerkship Manual) includes eight (8) questions designed to assess academic skills and core competency acquisition. Students are expected to achieve a score of 3, 4, or 5 for each domain. An average score of at least 2.85 on all observed skills and competencies must be obtained to pass this element.

Professionalism is a graded component in every clerkship evaluation. Students must receive a minimum score of three (3) on the preceptor's assessment of Professionalism (Question 5) to pass this element.

Cognitive (COMAT) Performance will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student's raw score. A minimum raw score of 85 is needed to pass this element.

Eligibility to sit for COMAT
The students must complete the following pre-requisites to be eligible to sit for COMAT:

a) The students must pass, with at least 70%, the associated specialty Quiz in Lecturio. This test is timed. In case of failure the student will have a chance to retake the quiz. The student will not be penalized for failing the quiz for the first time. The passing grade for the quiz must be received **by 11:59 PM the last Wednesday of the clerkship**. If a student fails the first attempt, one additional attempt will be granted before the deadline.

b) Completion of all case modules is required to sit for COMAT. The deadline to complete the cases is **11:59 PM the last Wednesday of the clerkship.**

c) Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 11:59 PM, the last Wednesday of each rotation.**

d) Students must submit the completed mid-point evaluation into the learning management system by **11:59 PM the second Sunday of each rotation**. This assessment includes eight (8) questions from the Clinical Performance evaluation, designed to assess academic skills and core competency acquisition. The purpose of this evaluation is for the student to receive feedback from the preceptor at the mid-point of the rotation, so they may improve over the course of the second half of the rotation. The student is responsible for obtaining this evaluation from their preceptor at the end of week two of all clinical rotations, and it must be uploaded into the learning management system (LEO) for the Clerkship Directors to review.

A sample form is located at the end of the Student Clerkship Manual.

e) The students must complete clerkship evaluation(s) in New Innovations. Students are required to complete evaluations in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. An annual summary of student comments will be reported **anonymously** to preceptors and training sites to assist them in making improvements to the rotations that they provide. **The evaluations must be completed by 11:59 PM on the last Wednesday of each rotation.**

Failure to complete any of the pre-requisites for COMAT eligibility in a timely manner will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Corrective Action.

Failure of a Core Clerkship:
Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism), including two failures of the same element, above will result in a failure of a clerkship and the student will be referred to Student Performance Committee (SPC) with recommendations from Clerkship Director.

Failure of the Professionalism element may result in a Professionalism Corrective Action, or Failure of a Clerkship, as determined by the Clerkship Director.

Students who fail a clerkship are ineligible for an Honors (H) designation in that specialty.

Corrective Action
Failure of one element of rotation grading generally does not constitute a failure of the entire clerkship. When a student does not meet expectations for a clerkship/course as defined in clerkship syllabi, the College may require a student to engage in corrective action to remedy the deficient academic grading requirements. The opportunity to engage in corrective action for the one element failed is at the discretion of the clerkship director of the specialty. This may occur at the end of a clerkship or in the middle of a clerkship/course.

If a student successfully completes the corrective action process, as determined by the Clerkship Director, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade [from I (Incomplete) to P]. If all assignments within the corrective action process are not completed successfully by the deadline the student will receive a failed grade (F) for the clerkship and will be referred to SPC for Failure of a Clerkship. Students who are provided a corrective action opportunity are ineligible for an Honors (H) designation in that specialty.

Attainment of Honors
Attainment of Honors (H) for each core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of the academic year when all final assessments have been recorded. The Clerkship Directors will identify the top 10 % of students who will receive the honors designation.

All Year 3 requirements must be successfully completed to advance to Year 4. The need to repeat any failed clinical rotation(s) may result in a delay in graduation.

Course Communication

Students are expected to monitor their Burrell College of Osteopathic Medicine email and are responsible for all communications sent to their official email address. **Students are also expected to monitor E-mail, Leo, New Innovations, and other applicable platforms.**

Clerkship Director
Scott Cyrus, DO
scyrus@burrell.edu

Course Coordinator
Whitney Cano
wcano@burrell.edu
(575) 674-2348

Sathish Ramalingam, DO	Albuquerque Regional Assistant Dean	sathish.ramalingam@bcomnm.org
Thomas Wulf, MD	Eastern NM Regional Assistant Dean	thomas.wulf@burrell.edu
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William Baker, DO	Las Cruces Regional Assistant Dean	bbaker@burrell.edu
	Palm Beach, FL Regional Assistant Dean	
	Southwest, FL Regional Assistant Dean	
Amit Sharma, MD	Space Coast, FL RAC Regional Assistant Dean	amit.sharma@bcomnm.org
Jerald Moser, MD	Tucson Regional Assistant Dean	jmoser@burrell.edu

Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The Student Handbook may be accessed through the Burrell College of Osteopathic Medicine website.

For information regarding emergency or inclement weather, refer to the Campus Safety and Security page on the Burrell College of Osteopathic Medicine website.

For information regarding Clerkship Rotations, refer back to the Student Clerkship Manual on the Burrell College of Osteopathic Medicine Website.

Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their Burrell College of Osteopathic Medicine email. It is the student's responsibility to obtain the changes or notices even if absent from class.

Appendix

A. Programmatic Level Educational Objectives

Graduates of the Burrell College of Osteopathic Medicine Doctor of Osteopathic Medicine degree program will be able to:

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice

Patient Procedure Encounter Worksheet

All logs must be permanently entered into New Innovations no later than 11:59pm on the last Wednesday of each rotation.

This worksheet is meant to serve as a guide so patient encounters can be entered into New Innovations.

Student Name: _____ Rotation:_____

Date	Patient Initials and Age	Diagnosis	Procedure	** P, O, or A

****Participation – Performed (P), Observed (O), or Assisted (A)**

All logs must be permanently entered into New Innovations no later than 11:59pm on the last Wednesday of each rotation.