

**UF** | College of Medicine  
UNIVERSITY of FLORIDA  
Department of Pediatrics Medical Education

Third-Year Pediatric Clerkship Syllabus  
2023-2024



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## Message from the Chair

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Health Science Center  
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Chairman's Office

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### Future Physicians

I would like to take this opportunity to welcome you to the Department of Pediatrics. During the next eight weeks, we will introduce you to a specialty which deals with the entire gamut of health care, encompassing preventive medicine, primary care, and critical care. You will be introduced to the pediatric sub-specialties of Neonatology, Pulmonology, Gastroenterology, Nephrology, Cardiology, Endocrinology, Immunology, Genetics, Infectious Diseases, Critical Care, Rheumatology and Hematology-oncology. You will see children cared for in a variety of clinical environments in a family-centered, developmentally appropriate manner where quality of care and concern for the growing child is paramount.

Our Department of Pediatrics is dedicated to the principles and practices of education, and we are committed to providing you with the knowledge and skills, which are the prerequisites for success in your professional career.

Welcome! I look forward to meeting you in the coming weeks.

Sincerely,

Rashmin C. Savani, MBChB  
Professor, Nemours Eminent Scholar  
Chair, Department of Pediatrics  
University of Florida College of Medicine  
Physician-in-Chief, Shands Children's Hospital

# Goals and Objectives

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Welcome to your third year Pediatric Clerkship. During the next eight weeks, the door will be opened to a unique and exciting part of your medical education. We are eager to provide a stimulating educational environment in which you can acquire the knowledge, skills, and attitudes important in the care of infants, children, and adolescents. The Department of Pediatrics places the highest priority on your education. We hope you will display an eagerness to learn, ability to teach yourself and others, and appreciate the special nature of children and their health problems. We have set the following as goals for you to accomplish during this experience:

## Goals

- Provide an educational program that helps prepare students for any residency they may choose as part of the general professional education.
- Prepare students to be exemplary house officers.
- Acquisition of basic knowledge of growth and development (physical, physiologic, and psychosocial) and of its clinical application from birth through adolescence.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents, and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children, and adolescents.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.
- Development of clinical problem-solving skills.
- An understanding of the influence of family, community, and society on the child in health and disease.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.
- An understanding of the approach of pediatricians to the health care of children and adolescents.
- Create an educational plan for continuous learning throughout your medical career.

## Learning Outcomes

The Department's expectations of your performance are linked with the College of Medicine's competency-based curriculum and institutional learning outcomes.

- **Professionalism (P)**
- **Practice-based learning (PBL)**
- **Patient care (PC)**
- **Interpersonal Communication (IC)**
- **Medical knowledge (MK)**
- **System based practice SBP)**

## General:

- Apply ethical standards of practice (P.01).
- Demonstrate respect of patient, parent and family differences in attitudes, behaviors and lifestyles paying particular attention to cultural, ethnic, and socioeconomic influences (P.02).
- Demonstrate intellectual curiosity, initiative, responsibility, honesty, and reliability (P.03, P.06, PBLI.02)
- Demonstrate solicitation, acceptance, and action on feedback (P.05, PBLI.02).

- Demonstrate collegiality and respect for all members of the health care team (P.06, SBP.06).
- Demonstrate the ability to perform an appropriate focused and comprehensive medical history and physical exam on pediatric patients (PC.01)
- Prepare a complete written summary of the history and physical and orally present the case in a focused and chronological manner (ICS.04, ICS.05)
- Identify clinical problems and outline an initial diagnostic and therapeutic plan (PC.02, PC.03)
- Recognize hospitalization and diagnostic tests are indicated (PC.02).
- Select the diagnostic tests which are most likely to be useful and be aware of their costs and limitations (PC.02, SBP.04)
- Effectively communicate information about the diagnosis and treatment to the patient and caregiver (ICS.02, ICS.03).
- Effectively communicate information about the diagnosis and treatment of patients, including transition of care or handoffs, to the patient care team (ICS.04, ICS.05).
- Obtain updated information relevant to the diagnosis and treatment of the patient, performing a literature search and critical review of the literature (PBLI.01).

*Specific:*

**Health Supervision (MK.01, MK.02, ICS.02, ICS.03, PC.01, PC.02, SBP.02)**

- Describe the content of a health supervision visit and the factors used to determine the frequency of such visits. Gather health supervision data from a focused history and physical examination.
- Discuss the appropriate use and interpretation of the following screening tests: Neonatal screening, Developmental screening, Hearing and vision screening, Lead screening, Drug screening, Hemoglobin screening, Cholesterol screening, TB testing
- Demonstrate the ability to provide anticipatory guidance: nutrition, behavior, injury prevention, immunizations, pubertal development, sexuality, and substance use and abuse.

**Growth (MK.02, ICS.02, PC.01, PC.02, PC.04)**

- Accurately measure height, weight and head circumference and plot the data on an appropriate chart.
- Include an assessment of growth in the patient work-up.
- Identify abnormal growth patterns and explain the initial assessment.
- Outline the initial evaluation of a child with failure to thrive.
- Identify by history, growth pattern and physical findings, the child with failure to thrive, hypothyroidism and growth hormone deficiency.

**Development (MK.01, ICS.02, PC.04, PBLI.03)**

- Perform appropriate developmental screening on all patients as part of the health maintenance visit or inpatient evaluation.
- Utilize knowledge of the developmental stages in the interaction of the patient and physician in the clinical setting.
- Summarize the main adolescent developmental changes that are important to discuss with parents and adolescents.
- Explain how to perform and assign the sexual maturity rating (Tanner) as part of the examination for adolescent.

**Behavior (MK.01, MK.02, ICS.02, PC.01, PC.03)**

- Take a complete and relevant history and perform a pertinent physical examination on a patient who presents with a behavioral problem.
- Elicit age-appropriate behavioral concerns during the health supervision visit.
- Distinguish between age-appropriate “normative” behavior and psychiatric illness.

**Nutrition (MK.01, MK.02, ICS.01, ICS.02, PC.01, PC.02)**

- Discuss the nutritional advice to provide families regarding breast feeding vs. formula feeding, why and when solids are added to an infant's diet, use of cow's milk
- Discuss how to advise families about the dietary prevention and treatment of common pediatric mineral (iron, fluoride, and calcium) and vitamin deficiencies.
- Obtain a routine diet history on an infant that includes: the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given (vitamins, fluoride, iron).
- Determine whether a formula-fed infant is receiving adequate calories.
- Recognize when nutritional assessment is necessary beyond infancy and demonstrate how to obtain a daily diet diary.

**Prevention of Illness and Injury (MK.02, ICS.02, PBLI.03)**

- Assess the immunization status of an infant, child, or adolescent during a health care visit. Initiate a discussion about immunizations with the family of an infant, a toddler, a child about to enter school, seventh grade, and college.
- Provide anticipatory guidance about injury prevention to the patient and family of an infant, a toddler, a preschool age child, school age child and adolescent.

**Issues Unique to Adolescence (MK.01, MK.02, ICS.02, ICS.03, PC.01, PBLI.03, SBP.02, SBP.04)**

- Conduct a health maintenance visit on a healthy early, middle, and late adolescent incorporating a developmental assessment, risk behavior assessment, and preventive counseling.
- Assign a sexual maturity rating (Tanner stage) during the evaluation of the adolescent in the clinical setting.
- Describe pertinent features of the history, physical examination when evaluating a boy or girl with delayed pubertal development.
- Describe one's approach to counseling a teenager concerned about contraception and sexually transmitted diseases and AIDS, or a youth who engages in high-risk behavior

**Issues Unique to Newborn (MK.01, ICS.02, PC.01, PC.02, PC.03)**

- Gather appropriate history from parents/guardian and chart; perform a physical exam on a well or ill newborn and describe routine issues for counseling parents.
- Discuss routine admitting orders for the normal newborn.
- Develop a reasonable differential diagnosis and evaluation scheme for newborns with clinical presentations. Diagnoses may include jitteriness or Seizures, Bilious Vomiting, Jaundice, Hypoglycemia, Lethargy or Poor Feeding, Sepsis, Respiratory Distress, Rashes, Cyanosis, Delayed Passage of Meconium, Heart Disease, Pulmonary Disorders.

**Chronic Illness (MK.01, MK.02, ICS.02, ICS.04, PC.01, PC.02, SBP.06)**

- Perform an initial history and physical examination on a new patient who presents with a chronic illness. Include assessment of growth and pubertal development.
- Take an interval history and problem focused exam on a patient seen in follow-up for their chronic disease.
- Interact effectively with other members of a multi-disciplinary team caring for the child with a chronic illness.

- Outline the basic management for a child who presents with the following chronic diseases: allergic rhinitis, chronic urticaria, asthma, sickle cell disease, seizure disorder, insulin dependent diabetes mellitus, cystic fibrosis, hemophilia, childhood malignancies.
- Provide anticipatory guidance to the family of a child with one of the above chronic diseases, alerting them to the clinical symptoms that would signal complication from the disease or its treatment.

**Therapeutics (MK.01, MK.02, PBLI.03, SBP.04)**

- Demonstrate the ability to write a prescription.
- Explain how a drug dose is calculated for infants and pre-pubertal children.
- List the most common generic types of medications used for management of the following uncomplicated conditions: otitis media, asthma, conjunctivitis, allergic rhinitis, urinary tract infection, impetigo, eczema, fever, streptococcal pharyngitis, acne

**Fluid and Electrolyte Management (MK.01, MK.02, ICS.02, PC.01, PBLI.03)**

- Write maintenance fluid orders.
- Obtain historical information to assess state of hydration. Recognize the physical exam findings of dehydration.
- Calculate and write IV orders for initial fluid replacement and maintenance fluids for a patient with dehydration from 1) gastroenteritis, or 2) diabetic ketoacidosis.
- Explain the clinical consequences of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and hypokalemia, and discuss the effect of pH on the serum potassium level.
- Explain to parents how to use oral rehydration therapy for mild /moderate dehydration.

**Poisoning/Prevention and Treatment (MK.01, MK.02, ICS.02, ICS.04, ICS.05, SBP.01)**

- Provide anticipatory guidance regarding home safety and appropriate techniques to prevent accidental ingestions.
- Demonstrate knowledge about the use of the poison control center and other information resources in the management of the patient with an ingestion.
- Describe the general principles of poison management to include obtaining essential information on the telephone.

**Pediatric Emergencies (MK.01, MK.02, PC.01, PC.02)**

- Recognize how the signs of shock in a child differ from those of an adult.
- Provide presentation and initial diagnostic assessment/management for the following: Shock, Ataxia, Seizure, Mental status changes, Respiratory Distress, Apnea

**Child Abuse (MK.01, MK.02, PC.01, SBP.04, SBP.09)**

- Know the types of questions to ask in assessment of a child for non-accidental injuries and child abuse.
- Summarize the ethical responsibilities to identify and report child abuse and the obligation placed on reporters by community or state.

**Child Advocacy (MK.01, ICS.03, SBP.02, SBP.05, SBP.09)**

- Describe behaviors preventing children from access to health care
- Identify the ways that practicing physicians can advocate for children.
- Describe the types of problems that benefit more from a community approach rather than an individual patient approach.

**Common Pediatric Illnesses (MK.02, PC.01, PC.02, PC.03, SBP.04, SBP.08)**

- Develop a diagnostic approach to any of the following clinical problems: Cough, Diarrhea (+/-) Vomiting, Fever, Dermatitis/Rash, Respiratory Infection, Sore Throat, Lymphadenopathy, Wheezing/Stridor, Otitis/Ear Pain, Eye Trauma, Joint/Limb Problems, Erythema/Swelling, CNS Problems, Abdominal Pain, Muscle Weakness, Rectal bleeding
- Discuss the characteristics of the patient and of the illness that must be considered when making the decision to manage the patient in the outpatient setting or to admit to hospital.
- Explain how the physical manifestations and the evaluation and management of many pediatric illnesses vary with the age of the patient. Give specific examples.
- Discuss in some detail the appropriate uses of these diagnostic tests: chest x-ray, lumbar puncture and CSF examination, EEG, radiologic imaging, echocardiogram.
- Perform common pediatric procedures necessary in the care of common pediatric illnesses: lumbar puncture, Intramuscular injection, capillary (fingerstick) blood draws.
- Develop a diagnostic approach to any of the clinical signs listed below: Heart Murmur, Lymphadenopathy, Splenomegaly, Hepatomegaly, Abdominal Mass, Impaired Vision, White Pupillary Reflex, Impaired Hearing, Pallor/Anemia, Bleeding (Superficial), Bleeding (deep tissue), Hematuria, Proteinuria



# Clerkship Organization

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## *Administration*

### **Department Chair:**

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[rsavani@ufl.edu](mailto:rsavani@ufl.edu)

### **Clerkship Directors:**

Thao Vu, M.D.

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Frank Genuardi, M.D. (Jax Clerkship)

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### **Assistant Clerkship Director:**

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### **Clerkship Administrators:**

Melissa Watson

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Ashley Volz (JAX Clerkship)

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### **Chief Residents**

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Mohammad Adawi:

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# Clerkship Locations

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## *Gainesville Pediatric Locations*

### *Inpatient*

#### **Shands Children's Hospital**

1600 SW Archer Road

**Emergency Department: 1<sup>st</sup> Floor, East Entrance**

Gainesville, FL 32610

**Pediatric Wards (Green, Orange, Blue) 4<sup>th</sup> Floor, 4200, 4500, 4400 wings**

(800) 749-7424

**Newborn Nursery: 3<sup>rd</sup> Floor**

(352) 265-8000

### *Outpatient*

#### **UF Health at Children's Medical Services (CMS) Clinic**

1701 SW 16<sup>th</sup> Avenue -Gainesville, FL 32608

(352) 334-0206 – Medical Director Dr. Zac Gohsman [zgohsman@ufl.edu](mailto:zgohsman@ufl.edu)

**Endocrine Clinic** at either CMS or Med Plaza, 2<sup>nd</sup> Floor Pediatric Specialty Clinics - 2000 SW Archer Road

**Allergy Clinic** at Med Plaza, 2<sup>nd</sup> Floor Pediatric Specialty Clinic – 2000 SW Archer Rd

#### **UF Health at Tower Square (TS) Clinic**

7046 Archer Road - Gainesville, FL 32607

(352) 373-1770 – Medical Director Dr. Carolyn Carter [cartcg@shands.ufl.edu](mailto:cartcg@shands.ufl.edu)

#### **UF Health at Magnolia Park Clinic**

4740 NW 39<sup>th</sup> Place, Suite B - Gainesville, FL 32606

(352) 594-7337 – Medical Director Dr. Maureen Novak – [novakmn@ufl.edu](mailto:novakmn@ufl.edu)

#### **UF Health at Tioga Town Center**

133 SW 130<sup>th</sup> Way, Suite C – Newberry, FL 32669

(352) 733-7337 – Medical Director Dr. Molly Posa [mollyposa@peds.ufl.edu](mailto:mollyposa@peds.ufl.edu)

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# Pediatric Experience

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## *70% Core Competencies*

While experiencing the variety of settings that combine to create the field of pediatrics, you will be assessed by the faculty, staff, and some patients that you encounter. These assessments are based on six ACGME Core Competencies: Professionalism, Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal & Communication, and System-Based Practice. Pediatric areas you may experience are:

- Inpatient Experience
  - Blue Team or Orange Team (2 Weeks): General and subspecialty patients
  - Hematology/Oncology, Endocrinology, Cardiology, Rheumatology, or Neurology (2 Weeks)
- Outpatient Clinical Experience (2 Weeks)
  - General Pediatrics – Primary, Acute, Adolescent Care (2 weeks)
  - Newborn Nursery (1 week)
  - Pediatric Emergency Department (1 week)

## *20% Medical Knowledge*

Your efforts on the NBME shelf exam, given the last day of rotation, comprise 20% of your total Pediatric Clerkship score. There are plenty of resources to help you prepare including the online Aquifer cases, practice Aquifer (formerly CLIPP) exam and daily PREP questions on Canvas, books available for check-out in the Pediatric Medical Education Office (HD-513), and a Shelf Review conducted with the Clerkship Director. We want you to excel in this area so if you are feeling underprepared or overwhelmed, let us know! We are here to help.

## *10% Portfolio Compilation*

The intent of the portfolio is to ensure a well-rounded education experience during the Pediatric Clerkship. The following required items are intended to assist in the development of your medical skills by providing opportunities to practice newly acquired skills and attain feedback on your progress. There is a total of ten points for portfolio completion and it is 10% of your final grade.

1. Ethics Conference: During your time in Gainesville, you will participate in a conference where you bring forth an ethical issue encountered during your time within inpatient wards. A short write-up is required for the conference and must be submitted to Canvas by Monday at 8 am the week of the conference. **(1 point)**

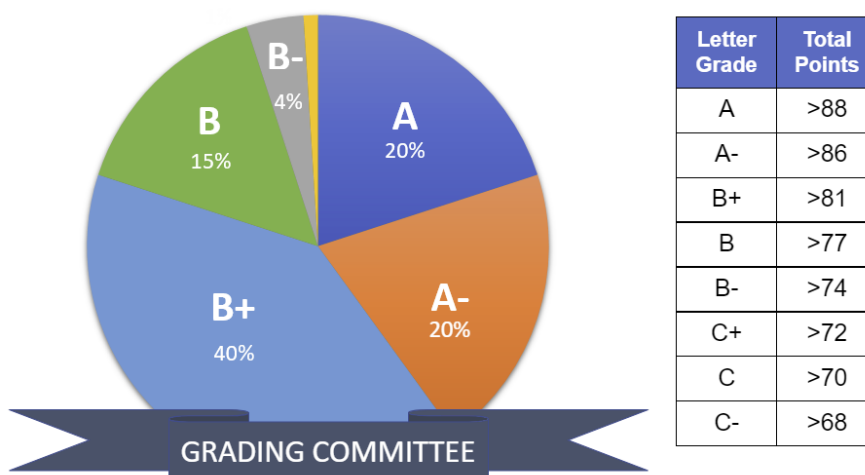
2. Safety Presentation: During your time in Gainesville, you will participate in a conference where you will present a safety issue encountered during your time within inpatient wards. You will receive formative feedback on your team's presentation. **(1 point)**
3. Mini-CEX Clinical Observation Form: At least one time during the outpatient portion of your clerkship and one time during the inpatient portion (two total), you will have a faculty or resident observe you perform a full H+P utilizing the Mini-CEX form. Afterwards, review with the faculty or resident for feedback. Submit the paper forms to Canvas **or** use the New Innovations app. **(1 point)**
4. Tobacco Quiz: You will review the Tobacco Education Curriculum on Canvas. Once finished, and with the use of additional resources (of your discretion), completely answer questions regarding the four cases. These completed cases are due for submission in Canvas at 11:59 Monday of week two of your Pediatric outpatient experience. **(1 point - graded)**
5. Pediatric Competencies Checklist: Date and initial each category as you complete. Submit to Canvas by Friday 11:59pm week eight. **(1 point)** *Although the required content has been made to align, this is a simple checklist required for the clerkship BUT you will ALSO need to complete UF COM patient log required in New Innovations to meet graduation requirements, which the clerkship does not track.*
6. Self-Assessment of Core Competencies: Complete a self-assessment of your performance. A self-evaluation will be assigned to you for completion by Monday at 11:59pm week three of the clerkship. You will receive a mid-rotation feedback and self-assessment report week five to compare your self-evaluations to those of clinical faculty and residents. **(1 point)**
7. Aquifer Pediatrics Cases (<http://www.aquifer.org>): Of the thirty-two cases available online, eight must be completed by the end of the clerkship. Cases typically take 30-45 minutes to complete – a good goal is 1 a week, and can be paired with lecture topics, competencies you have not seen or need more work on or to prepare for a new clinical environment. To access these cases, go to the home page and click 'courses' then 'Aquifer Pediatrics.' Login with your Gatorlink username and you will be prompted to create a password and will then be able to access the cases. **(2 points)**
8. Hand Off Quiz: During week one of your pediatric inpatient experience, you will review a PowerPoint on patient hand offs titled "Patient Hand offs" on Canvas. You will then complete a graded quiz on the material due for submission in Canvas at 11:59 Monday of week two of your pediatric inpatient experience. **(1 point - graded)**
9. Evaluations: You are required to complete thirty evaluations by the end of Week 8. These evaluations include an aggregate of seven lectures, seven faculty, seven residents and one clerkship evaluation. All evaluations are in New Innovations. **(1 point)**

## FINAL GRADE DETERMINATION

The final grade of the Pediatric Clerkship Program is determined by the outcomes of these three sections: Core Competencies, Portfolio Compilation, and Medical Knowledge.

Pediatric Clerkship Clinical Evaluation Competency Weight												
Professionalism				Patient Care			Medical Knowledge	Interpersonal and Communication Skills			Practiced-Based Learning and Improvement	Systems-Based Practice
Respectful	Work Ethic/ Dependability	Honesty	Motivation and Excellence	History Taking	Physical Exam	Preventative Care and Health Maintenance	Medical Decision Making	with Patient and Family	Oral Presentations	Written Medical Record		
S/U	S/U	S/U	S/U	15%	15%	5%	15%	10.00%	10.00%	10.00%	10%	10%
S/U				35%			15%	30%			10%	10%

### What is the general grade distribution? AY: 2023-2024



**NOTE Per UFCOM: "In response to student feedback, the clinical evaluation form was revised and standardized across clerkships, ensuring greater consistency across clerkships. Thus grade cutoffs from prior years are not appropriate during this transition. The grade cutoffs in this syllabus are approximations as we transition. To address this, we will employ a statistical approach to establish grade cutoffs for each rotation. As a result, you might see slight variations in grade cutoffs as the year progresses. Final grade distributions will continue to be reviewed at the end of the year and some grades may be adjusted up at that point. No grades will be adjusted downward\*."**

**\*This does not apply if a clerical error occurred when entering the grade."**

Students must satisfactorily complete all required components of each clerkship. Students who do not do so will receive an incomplete grade (H) for the clerkship until all components are satisfactorily completed. Students with an unsatisfactory performance in any area should discuss the process and timing of remediation with the clerkship director. Failure to satisfy a clinical or professionalism component is remediated by the satisfactory completion of an individualized plan of remediation. This remediation should be proposed by the clerkship director and approved by the Academic Status Committee.

Please remember that the Department of Pediatrics works hard to be compliant with the recommended UF COM grading policy for clerkship grade distribution (20% A, 20% A-, 40% B+, 10-20% B, <10% B- and lower). The numerical cutoffs that create the grade distribution is determined by the performance of pediatric clerkship students from the last academic year and not from each rotation group. The Department of Pediatrics utilizes a **Grade Committee** comprised of clerkship directors (3), nominated faculty in educational roles (3), and chief residents (2) that represent both Gainesville and Jacksonville campuses. This grade committee determines your final grade based on clinical evaluations, examination scores, and required assignments as outlined in the grade explanation.

- “Coaching up” faculty (telling them that certain numeric scores on their evaluation correlate to the grade) is misleading, unfair to the majority of students who do not do this and is considered unprofessional behavior. Engaging in this behavior will result in a lower professionalism evaluation and could affect your grade and the comments submitted for the MSPE.

## Rotation Schedules

There are several types of schedules you will be utilizing while in Pediatrics. We have made every attempt to keep them as simple as possible. There are two types of schedules: academic schedules and clinical schedules.

### *Learning Sessions, Ethics Conferences, Safety Presentations, and Other Responsibilities*

This schedule is used primarily for relaying the dates, times, Zoom address or locations, and subject matter for all Learning Sessions and other Pediatric Clerkship activities. If you are in Gainesville, your attendance is required at these weekly Tuesday sessions. Supplemental cases are provided on Canvas. Note there are both **required** and supplemental (optional) materials for these sessions, and it is important that you that you come prepared. An example of this schedule is below.

Tue Jan 12, 2021	Health Supervision Learning Session - Dr. Parker - *Zoom - attend*	due by 12:15pm
	Case Conference - Dr. Kelly + Gabrielle Young *Zoom - attend*	due by 1:30pm
	Common Infections Learning Session - Dr. Ryan - *Zoom - attend*	due by 2:45pm

\*Physician schedules change constantly and therefore this schedule is subject to change to accommodate their schedules. Please ensure preparedness by checking your Canvas calendar frequently.

### *Inpatient/Outpatient Rotation Schedule*

Your clinical assignments are provided in the Inpatient/Outpatient Rotation Schedule. This schedule is divided into two parts, the general overview of all eight weeks and then sub-schedules for each rotation. The rotations and their corresponding sub-schedule are color-coded to help with interpretation. Reporting instructions are included on your Canvas calendar at the date/time that you are first scheduled to report to a new clinical location. If ever there is a question about your Gainesville schedule, contact Melissa at 352-273-8594 or by email at [clerkship@peds.ufl.edu](mailto:clerkship@peds.ufl.edu). Your concern will be addressed promptly.

An example of how to read this schedule is below:

STUDENT NAME	WEEK 1*	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8**
	1/4-1/8	1/11-1/15	1/18-1/22	1/25-1/29	2/1-2/5	2/8-2/12	2/15-2/19	2/22-2/26
Lopez, Miguel					Jax Outpatient			

Miguel has been assigned to Blue- Gen Peds Team (Weeks 1 & 2), Green -Heme/Onc Team (Weeks 3 & 4)  
Below this are the schedules for all rotations. Tom simply must identify the appropriate ones based on the color-coding.

Two Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Blue Ward	6A-5P	A-12P/Learning Session	6A-5P	6A-5P	6A-5P	OFF	OFF
Heme/Onc Ward	6A-5P	A-12P/Learning Session	6A-5P	6A-5P	6A-5P	OFF	OFF

During weeks 5-8, he will be in Jacksonville and will receive that schedule from Jacksonville in Week 4.

## Attendance & Absences

Daily attendance is required at all pediatric clerkship activities. We consider you an integral member of the team with patient care responsibilities. Thus, when you are absent, someone else covers these responsibilities and you cannot "make-up" most assignments. For this reason, on this clerkship, planned absences are strongly discouraged and should be reserved for emergency situations.

### *Medical Absences*

Students are encouraged to maintain their own personal health throughout medical school. This includes their dental, mental and/or physical health. Ideally, students will make every effort to schedule these appointments at dates/times that do not conflict with required education activities. When this is not possible, students must submit their request for an excused absence to the relevant clerkship director and administrator. Upon approval, the director will notify the student of makeup requirements and due date, if appropriate. Students will not be penalized for absence from class or other scheduled academic activities for medical reasons. This applies to absences for acute illnesses as well as to absences due to regularly scheduled ongoing treatment for dental, mental, or physical health. For any questions and/or concerns regarding this policy, students are to consult the Associate Dean for Medical Education or Student Affairs.

### *Unplanned Absences*

In the case of an unexpected absence, the student MUST notify the responsible faculty/mentor or senior resident (when on a clinical service), the Course/Clerkship Administrator and Director as soon as possible. The course or clerkship director will determine if the absence is excused or unexcused. All absences MUST be logged by the student into the absence monitoring system found on the Phase Canvas pages and at this link, [https://ufl.qualtrics.com/jfe/form/SV\\_6Dqr06IM4QtHmES](https://ufl.qualtrics.com/jfe/form/SV_6Dqr06IM4QtHmES). If the absence is longer than **three days**, the staff in the Office of Student Affairs and Registration (352-273-7971) MUST also be notified. Failure to communicate unexpected absences promptly is a professionalism concern that can affect your final grade and, if a pattern of behavior is identified, necessitate review by the Academic Status Committee.

In the event of an unplanned absence, you will be required to make-up the time missed to ensure adequate clinical experience. This may require an extra call or weekend experience. Failure to adhere to these policies and procedures will result in a lowered professionalism competency score.

- At clerkship director discretion, up to ten pediatric clerkship days can be made up by completing a virtual pediatric experience. Clerkship leadership will assign Aquifer cases based on the student's



assignment during missed clinical experience. The student is responsible for completing at least three additional Aquifer cases for each day missed.

- Students are expected to participate in all virtual teaching sessions.
- If a student is unable to meet basic clinical clerkship requirements, receives inadequate pediatric clinical exposure and/or suboptimal evaluations from all four clinical pediatric locations (ED, Newborn, Outpatient, Inpatient), clerkship leadership will work with the student to schedule make-up clinical experiences as soon as is feasible with the clerkship and the student's schedule.

Any make-up work that needs to be completed after the clerkship, will result in a hold grade of "Incomplete" until the clerkship requirements are completed, and the student is able to receive their final letter grade.

Jacksonville: In the event of any unexpected absence due to illness or an unexpected absence lasting more than one day, the Pediatric Medical Education office (352-273-8594, [clerkship@peds.ufl.edu](mailto:clerkship@peds.ufl.edu)) and Jacksonville Clerkship office (904-633-4176, [ashley.clark@jax.ufl.edu](mailto:ashley.clark@jax.ufl.edu); [fgenuard@ufl.edu](mailto:fgenuard@ufl.edu)) must each be notified immediately.

### *Planned Absences*

In the case of planned absences to attend meetings or family events such as a wedding or funeral, the student must contact the Course/Clerkship Administrator as far in advance as possible (more than 4 weeks) to discuss the requests and obtain the permission of the Course/Clerkship Director to be absent from assigned responsibilities. If permission is obtained for the planned absence, the student must notify the Office of Medical Education ([UFMedEd@ahc.ufl.edu](mailto:UFMedEd@ahc.ufl.edu)) of the approved dates for the absence and log the absence in the absence monitoring system which is found on the Phase Canvas pages or at this link [https://ufl.qualtrics.com/jfe/form/SV\\_6Dqr06IM4QtHmES](https://ufl.qualtrics.com/jfe/form/SV_6Dqr06IM4QtHmES)

### *Holidays*

Students are allotted the following holidays: Thanksgiving, Summer Break, and Winter Break. Thanksgiving is defined as beginning 7pm Wednesday and ending 5am Monday. Summer and Winter Break are determined by the UF COM Academic Calendar. The COM recognizes other holidays, both religious and secular, which are of importance to individuals and groups. Students wishing to observe these holidays must inform the Pediatric Medical Education office before the Clerkship begins. In the event of such request, an alternate assignment or arrangement may be provided to ensure adequate clinical experience. The timing of this make-up work is at the discretion of the Clerkship Director and may fall during other holiday periods when appropriate. Missed days which cannot be completed before clerkship end date results in a grade of "Incomplete."

# Clinical Setting Responsibilities

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## *Inpatient Ward Services (4 Weeks Total)*

Services include Orange Team, Blue Team, Heme/Onc, Cardiology, Rheumatology, Endocrinology, and Neurology.

### *Expectations*

- Attend expected work hours of 6:00 am-5 pm, including morning reports, morning rounds, chief and chairperson rounds, grand rounds, and any other lecture that is advantageous to understanding the ward experience.
- Complete the Handoff Quiz in Canvas by Monday of week two of your inpatient block.
- Complete a Self-Assessment of Competencies by Monday of week three in New Innovations (during first four weeks only).
- Determine team Safety Presentation topic and be prepared to present.

### *Roles and Responsibilities*

- Week's 1-4 students begin inpatient responsibilities immediately following orientation. Weeks 5-8 students stay in 4433 at 8:30 am the Monday of Week 5 for a welcome and debriefing by the Chief Residents after morning report.
- It is your responsibility to review and adhere to the standards outlined in the handouts provided by hospitalists on the first Monday of inpatient service.
- Observe a physician (senior resident or attending) perform a pediatric history and physical during Week one (or Week five) and demonstrate a history and physical with a physician present before the end of the rotation.
- Participate fully in a team's activities including patient admission workups, rounding, and attending team and ward conferences. Morning report begins promptly at 8 am in 4433 and is immediately followed by work rounds. General Attending-taught rounds are scheduled by the individual attending and are held 2-3 times per week.
- Each student is to write progress notes on his/her patients DAILY before rounds. The students should discuss the written progress note daily with his/her intern.
- Follow three to five patients concurrently, including both general and sub-specialty patients within your ward team.
- Participate fully in the care of pediatric patients. Assist in performing procedures under the supervision of pediatric house staff or attendings.

## *Newborn Nursery (1 Week)*

### *Expectations*

- Attend expected work hours of 7:30am-5 pm, including morning reports, morning rounds, grand rounds, and any other lecture that is advantageous to understanding the Newborn Nursery experience.
- Attend one assigned NICU day for labor and delivery. If an attended delivery is admitted to the NICU, follow that infant to the NICU and witness complete stabilization of that infant under the supervision of the pediatric residents and/or ARNPs.

### *Roles and Responsibilities*

- Report at 7:30 am for orientation on your first day within Newborn.
- Review the PowerPoint module entitled, “An Introduction to the Nursery” prior to day one of service. This will be emailed the week prior to starting Newborn Nursery and is also available online in Canvas.

## *Emergency Department (1 Week)*

### *Expectations*

- Attend expected work hours that vary from 7 am-11 pm, including morning reports, morning rounds, grand rounds, and any other lecture that is advantageous to understanding the Emergency Department experience.

### *Roles and Responsibilities*

- Report as scheduled for orientation on your first shift within the ED
- When you rotate in the Emergency Department, you will be under the supervision of your assigned pediatric resident and the ED attending.
- You are expected to complete daily evaluation sheets on yourself and discuss with the ED attending at least thirty minutes prior to shift ending. This form will be emailed to you and is available on Canvas. Forms should be left with the attending to turn in on your behalf.
- You will evaluate and treat all patients felt to be appropriate. Please be sure that all patients are examined by and discussed with your supervisors before discharging them from the ED. At the beginning of the week, introduce yourself to the residents. At each shift change, introduce yourself to the ED or pediatric attending, or pediatric resident.

## *Ambulatory Clinic (2 Weeks)*

### *Expectations*

- Attend expected work hours of 8 am-6 pm at the location and under supervision of the attending assigned to you by the schedule.
- Experience a variety of clinical settings and participate actively in patient care.
- Complete a self-assessment evaluation of competencies by Monday of week three in New Innovations (during first four weeks only).

### *Roles and Responsibilities*

- Report at 8 am for orientation at your specified location on your first day within the ambulatory clinic. Most clinics run from 8 am-noon and 1 pm-5 pm. On your first day, introduce yourself to the front office staff. Acquaint yourself with the clinic system.

- Rotate as scheduled to one or more pediatric outpatient care sites staffed by a pediatrician, pediatric specialist and/or pediatric house staff.
- See patients and present them to the attending.
- Write brief clinic notes on patient encounters within the EPIC system. Ask your attending how they would like to provide feedback on your notes.

#### *Roles and Responsibilities of the General Attending*

- The General Attending will distribute their goals and expectations on the first day of the rotation.
- The General Attending shall meet with the students at least two times per week for teaching sessions. These can be formal or informal in nature.
- The General Attending will review all history and physical write-ups submitted to them for review and provide feedback.

#### *Roles and Responsibilities of the Chief Residents*

- The Chief Residents will provide the students with an initial orientation on the first day of the rotation.
- The Chief Residents will meet with the students weekly to discuss teaching cases, interesting patients and/or physical findings of interest during chief rounds.

## Disaster Guidelines/Emergency Preparedness

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**During emergency conditions student safety is a priority.**

- College of Medicine educational programs follow the University of Florida policies and procedures regarding the scheduling/cancelling of classes and operations. Adjustments in curriculum delivery are made depending on the nature and extent of the emergency.
- Students on clinical rotations will be contacted by the clerkship directors regarding clinical operations. If clinical operations are open, students are expected to contact their faculty supervisor to confirm their attendance on inpatient clinical services and outpatient clinics to support patient care.

Students should check e-mail for safety announcement updates from the College of Medicine and University of Florida.

Additional information regarding UF emergency preparedness can be found at the following link: <https://emergency.ufl.edu/emergency-management-plans/>

# Student Services

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*College of Medicine Policies and Procedures Handbook*

<https://osa.med.ufl.edu/policies-procedures/>

## *Disability Services*

The University of Florida is committed to providing academic accommodations for students with disabilities. Students requesting accommodations must first register with the Disability Resource Center (DRC) (352-392-8565, <https://drc.dso.ufl.edu>) by providing appropriate documentation. Once registered, students should present their accommodation letter to the College of Medicine's ADA Representative, Mr. Jim Gorske ([jgorske@ufl.edu](mailto:jgorske@ufl.edu)), who will distribute the accommodation letter to appropriate course and/or clerkship directors, as needed, as well as the testing center. The University encourages students to register with the DRC as soon as they begin medical school or upon the verification of a disability.

## *Medical Student Mistreatment Policy*

Mistreatment is any decision, act, or condition affecting a student that is determined to be illegal or unjust or that has created unnecessary hardship. Mistreatment may take the form of verbal or physical abuse, discrimination for any reason, or a requirement for individual service activity that is independent of requirements for other team members. When such an incident occurs, the student should take steps to address it. The student may first discuss the problem with the individual responsible for the negative action or with the Associate Dean for Medical Education, Associate Dean for Student Affairs, or the Associate or Assistant Dean for Diversity and Health Equity. The dean contacted by the student will then address the concern with the appropriate Course Director or Clinical Clerkship Director who is responsible for the educational activity in which the incident occurred. If the negative action occurred on the Jacksonville Campus, students may also discuss the matter with the Associate Dean for Students Affairs-Jacksonville, who will follow the same plan outlined above. A written record of incidents reported to one of the Associate or Assistant Deans will be maintained by the Associate Dean for Medical Education. Once the allegation of mistreatment is elevated beyond the level of the individual responsible for the incident, the reviewing authority should provide a written response to the student within ten business days of being notified of the incident. If the student is not satisfied with the response of the reviewing official, he/she may appeal first to the Senior Associate Dean for Educational Affairs and, subsequently, to the Dean of the College of Medicine. At any point in the process outlined above, the student also may address his/her concern about mistreatment with the Director for Student Counseling and Development. This official may provide counseling to the student

but is not responsible for attempting to redress the grievance. Students can report concerns in person, phone, email or through an online submission link: <https://students.med.ufl.edu/about/student-mistreatment-report/>