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UTHSC - Chattanooga Pediatric Medical Students

Important Contact Information

Dr. Kathryn Hines Clerkship Director kathryn.hines@erlanger.org **CELL: 205-789-5954** **423-778-9304**	**Department of Pediatrics** Children's Hospital @ Erlanger UT Pediatric Admin. Hallway **Massoud Bldg. - 1st Floor** 910 Blackford Street
Tammy Elliott Pediatrics Coordinator tammy.elliott@erlanger.org **423-778-6696**	
Dr. Karen Rogers Assistant Dean for UME karen.rogers@erlanger.org **423-778-7442**	**UTCOM Chattanooga** **Whitehall Building** 930 E 3rd St Suite 100
Tiffany Nabors Medical Student Services Tiffany.Nabors@erlanger.org **423-778-7442**	
Eli Kwak Medical Student Specialist eli.kwak@erlanger.org **423-778-4886**	

Helpful Websites

Pediatric Clerkship - Chattanooga www.uthsc.edu/comc/medical-education/clerkships/pediatrics.php
UTHSC Main Clerkship Website www.uthsc.edu/pediatrics/clerkship/information.php
UTHSC-Chattanooga Pediatrics Residency Page https://www.uthsc.edu/comc/pediatrics/index.php
Chattanooga Clerkship Website www.uthsc.edu/comc/medical-education/clerkships/pediatrics.php
Medical Student Online Handbook for Information in Chattanooga https://uthsc.edu/comc/medical-education/resources/handbook.php
Medical Student Information-Memphis/OLSEN https://www.uthsc.edu/medicine/medical-education/olsen.php
COLSEN: "Chattanooga's Only Link Students Ever Need" https://uthsc.edu/comc/medical-education/colsen.php

Pediatric Faculty Advisors

Katy Hines, MD	kathryn.hines@erlanger.org
Karla Garcia, MD	karla.garcia@erlanger.org
Jason Zurawick, MD	jason.zurawick@erlanger.org
Avery Mixon, MD	benjamin.mixon@erlanger.org

Additional Study Materials

Aquifer Cases

"Calibrate" Feature on Aquifer
https://www.comsep.org/multimedia-teaching-resources/

Personal Objectives for this Rotation:

1
2
3

Pediatric Core Clerkship Objectives
PED1: Gather essential and accurate information about patients and their conditions through focused, family-centered history taking and physical examination of infants, children, and adolescents in acute, chronic, and preventive settings.
PED2: Utilize medical knowledge and available data, including laboratory and imaging results, to create and prioritize the differential diagnosis and formulate appropriate and cost-effective management plans, including recommendations for initial orders and prescriptions.
PED3: Document a clinical encounter in the written patient record that is accurate, organized, and displays clinical reasoning. Deliver an appropriately prioritized and audience-targeted oral presentation in a variety of clinical settings.
PED4: Communicate effectively with members of the health care team to deliver optimal patient care. Participate in patient care transitions and handover processes.
PED5: Demonstrate effective interpersonal and communication skills with patients and families across a broad range of socioeconomic and cultural backgrounds, including utilization of shared decision-making, education regarding normal growth and development, anticipatory guidance, as well as disease prevention and treatment.
PED P1: Make use of self-evaluation and feedback from others to manage uncertainty, adapt to change, and develop habits of continuous improvement.
PED P2: Demonstrate accountability to all patients and a commitment to carrying out professional responsibilities with integrity and compassion.
PED P3: Recognize the impact of patient care on personal wellbeing and identify strategies to mitigate negative effects.

Clinical Areas and Contacts

Inpatient Areas	Children's Hospital @ Erlanger 910 Blackford St

Clinical Area	Location	Point of Contact	Notes
Acute Care Unit	Children's 300/400	Dr. Katy Hines kathryn.hines@erlanger.org	"Aquarium" Door Code 7133
PICU	Children's 400	Dr. Claire Jones claire.jones@erlanger.org	
ED	CH 1st floor	Dr. Elise Brown elise.brown@erlanger.org	
Nursery	5th floor MBU	Dr. Andrea Goins andrea.goins@erlanger.org	
NICU	CH 5th floor	Dr. Brittnea Adcock brittnea.adcock@erlanger.org	

Outpatient Areas	Kennedy Outpatient Center 900 E 3rd St

Clinical Area	Location	Point of Contact	Notes
Adolescent Medicine	2nd floor	Dr. John Heise john.heise@erlanger.org	
Cardiology	3rd floor	Dr. James "Jeb" Raulston james.raulston@erlanger.org	
Endocrinology	2nd floor	Dr. Alexandra Martin alexandra.martin2@erlanger.org	
Genetics	3rd floor	Dr. Cathy Stevens cathy.stevens@erlanger.org	
GI	3rd floor	Dr. Jeffrey Lee jeffrey.lee@erlanger.org	
Hem/Onc	** Massoud Bldg. 5th Floor	Dr. Katye Taylor katye.taylor@erlanger.org	
Infectious Disease	** Massoud Bldg. 5th Floor	Dr. Ghussai Abd El Gadir ghussai.abdelgadir@erlanger.org	
Neurology	3rd floor	Dr. Coy Miller lewism.millerIII@erlanger.org	
Orthopedic Clinic	2nd floor	Dr. Merritt Adams Merritt.Adams@erlanger.org	
Pulmonology	3rd floor	Dr. Devon Greene devon.greene@erlanger.org	
UT Pediatrics Resident Gen	2nd floor	Dr. Vanessa Pigg vanessa.pigg@erlanger.org	

COMMUNITY PEDIATRIC CONTACTS

Signal Mountain Pediatrics	1303 Taft Hwy. Signal Mtn, TN 37377 423-886-7529	Dr. Elaine Hatch elaine.hatch@commonspirit.org	Renee Pilgrim Practice Manager renee.pilgrim@commonspirit.org
Promise Pediatrics	375 Boynton Drive Ringgold, GA 30736 706-937-3331	Dr. Henry Baughman	Christine Baughman Contact for Students cbaughman@promisepediatrics.com
Bright Pediatrics	*More Info. to Come*	Dr. Rami Azzouz ramiazzouz76@gmail.com	Jennifer Ward Administrator jward@bright-pediatrics.com

Pediatric Core Clerkship

College of Medicine
Chattanooga

CONFERENCES

ALL Conferences Are In-Person	Days/Times	Location
Board Review	**Mondays** **8:00 am**	**Massoud Building** Conf. Room #140
General Pediatrics Didactic	**Tuesdays** **8:00 am**	**Massoud Building** Conf. Room #140
Grand Rounds	**Wednesdays** **8:00 am**	**Pierce Conf. Room** Kennedy Outpatient Ctr. 1st Floor
Morning Report	**Thursdays** **8:00 am**	**Massoud Building** Conf. Room #140
Pediatrics Didactics for Medical Students	**Fridays** **Noon – 3:00 pm** *There may be slight changes to this schedule but will be notified*	**Overlook Conf. Room** Kennedy Outpatient Ctr. 3rd Floor
Conference Specific Titles for Fridays will be provided via email & Outlook Calendar invitations		
You are required to attend morning conferences when assigned to daytime "shift" (inpatient days, nursery, outpatient clinics). ***You are not expected to attend morning conferences when scheduled for inpatient night float or ED evening shifts.***		
You are expected to attend Friday afternoon didactics UNLESS you have an excused absence.		

Topics covered in Friday Didactics

Abdominal Pain
Advocacy
Altered Mental Status
Anemia
Cough
Fever and Rash
Neonatal Jaundice
Poor Weight Gain
Puberty
Vomiting

Grading Rubric

Students will receive grade of Honors (H), High Pass (HP), Pass (P), Fail (F) in each of 3 competencies:		
Inpatient Evaluation	**Nursery/Outpatient Eval**	**NBME Shelf Exam**
*must work with attending 3 days to get evaluation	*will include 2 evals (nursery and outpatient)	*completed on final day of rotation
*will have 1 or 2	*evals will be averaged	

	Inpatient Evaluation	*Outpatient Evaluation*	*Shelf Cutoffs*			
			Q1 (0-1)	*Q2 (2-3)*	*Q3 (4-5)*	*Q4 (6+)*
Honors (H)	>/= 94%	>/= 92%	82	82	83	84
High Pass (HP)	>/= 89%	>/= 88%	78	78	79	79
Pass (P)	>/= 70%	>/= 70%	62	63	63	64

Evaluation scaling		
# clerkships completed	Inpt eval - % points	Outpt eval - % points added
0	6	3
1	5	2.5
2	4	2
3	3	1.5
4	2	1
5	1	0.5
6	0	0

Residents can provide comments and feedback for evaluations via QR code (on your badge buddy)

Final grade of H	**H in all 3 domains**
Final grade of HP	**minimum of HP in all 3 domains**
Final grade of P	**minimum of P in all 3 domains**

INPATIENT Medical Student Responsibilities

Dress Code	Scrubs or business casual
Daily Patient Load	You will be assigned **2-3 patients** at the start of the rotation.
	You will admit **new patients** as assigned by the Senior Resident & assume responsibility for their care.
	Students should increase patient load to **4 patients** by **end of week 1** to maximize learning.
Daily Schedule	**For Day Shift:** Report to **Aquarium by 7:00 am** to receive patient assignments
	See your patients in the morning after Handoff & before the day's didactics
	Attending Rounds 9:15 - 12:00
	Check on your patients in afternoons, follow-up on labs/images/consults, admit new patients as assigned
Night Float	**For Night Shift:** Report to **Aquarium** for evening handover at **5:00 pm**
	Complete the "Scavenger Hunt" during any down time.
	Should stay until morning handover at **7:00 am**. **Do not leave early!**
Documentation	**Histories and Physicals** are to be written on ALL **new patient admissions**
	Write daily progress note on all patients to which you are assigned
	Use the following dot phrases to template your notes: **MEDSTUDHP/MEDSTUDSOAP**
	To use the dot phrase, must first load to your profile: My Tools --> "My smartphrases" --> search by user for Hines, Kathryn, select MEDSTUDHP and MEDSTUDSOAP, double click and "create copy"
	Students are not allowed to **"hide"** notes from patient/parent view.
	Ask for feedback on your documentation from Senior Resident or Attending.
Presentations	Be prepared to present your patients on Teaching Rounds.
	Watch a video on Family Centered Rounds prior to inpatient rotation. I like this one from Children's National (11 min) found on **YouTube:** https://www.youtube.com/watch?v=KebzZnL2Rvc
	Reference notes if needed but try to not read directly from a paper - know your patient and their plan!
	Tailor your presentation to the location (bedside or hallway). Recognize that different attendings may round differently.
Assignments	**Nighttime Evaluation** - to be completed by senior resident
	Nightfloat Scavenger Hunt - initialed by various people
	Observed H&P - to be completed by senior resident or attending
	Mid-Clerkship Feedback form - to be completed by **FIRST** hospitalist attending
	Case Logs and Time Logs
	Complete 5 Aquifer Cases
Feedback	If you are not receiving regular feedback from Attending/Resident, ask for it.
	Residents will have the opportunity to submit feedback on your performance to the Attendings who will be completing your final evaluation(s).
THINGS TO AVOID	Do not discuss care plans with the family without first discussing with Senior Resident or Attending.
	Do not "disappear" from the team. Let your resident know if you need time to work on Aquifer cases or read about patients.

OUTPATIENT Medical Student Responsibilities

Typical Outpatient SCHEDULE	**One (1) week** of assigned subspecialty or community pediatrics clinic
	Five (5) mornings in Nursery (5th) Floor
	Four (4) afternoons in resident general pediatric clinic (Kennedy Center) • **Monday & Thursday** - Continuity Clinic • **Tuesday & Wednesday** in walk-in clinic (usually for sick visits)
	Four (4) shifts in the Emergency Department
SUBSPECIALTY Clinics	**Dress Code**: Business Casual (unless directed otherwise by Attending). ***Have white coat available***
	Reference **Page 5** for 'Clinic Locations and Contacts'
	Expectations regarding documentation will vary from clinic to clinic.
	Morning Clinic begins at **9:00 a.m.** **Afternoon Clinic** begins at **1:00 p.m.** (unless otherwise specified)
Community Primary Care Clinics	You will receive clinic location and contact information prior to your start date.
	Dress Code: Business Casual (unless directed otherwise by Attending).
	You may be excused from morning conferences, depending on clinic location.
NEWBORN Nursery	**Five (5) mornings** in Nursery (5th) Floor
	Attend Board Review on **Monday of your scheduled Nursery week** *Find the nursery resident to exchange info and coordinate start times each day.
	Dress Code: Business Casual or scrubs
	Review - Newborn Exam, Ballard Exam, Hip Exam **prior to starting**: (http://med.stanford.edu/newborns/clinical-rotations/residents/residents-newborn-exam.html).
Emergency Dept.	**Four (4) shifts** in the Emergency Department **Dress Code**: Scrubs
Resident Gen Peds Clinic	**Two (2)** Afternoons Continuity Clinic **Two (2)** Afternoons Walk-In Clinic **Dress Code**: Business Casual
Assignments	**Skills Rubrics**: Developmental Assessment, Otoscopic Exam, Time/Case Logs, Complete (5) Aquifer Cases of your Choice
	1 Competency each for: • Newborn (0-1 month) • Infant (1-12 months) • Toddler (12-60 months) • School age (5-12 years) • Adolescent (13-19 years)

Assignments

Assignment	Page	Notes	√
Due date will be specified during Orientation			
"Book Club"	12-14	Participation requirement – read story and review reflection questions. Short story is "A Lovely Family"	
Advocacy Project	15-16	Group project. Products include 10 minute presentation, 1-pager or op-ed, letter to state representative.	
Due 2 days prior to Shelf Exam (last day of clinical duty)			
Initials on Schedule	Paper schedule	For outpatient areas only	
Observed H&P	17-18	Can be completed by resident or attending	
Mid-Month Clerkship Feedback	19-20	Must be completed by first inpatient attending	
Otoscopic Exam	21	Can be completed by resident or attending	
Developmental Assessment	22	Can use provided Kube card during assessment. Can be completed by resident or attending.	
Nightfloat Scavenger Hunt	23	Complete as many items as you can and have supervisor initial	
Resident Evaluation of Student on Nights	24	To be completed by supervising senior resident on nights	
Due midnight on last day of rotation			
Aquifer Cases	25	Complete 5 cases of your choosing	
Case logs	25		
Time logs	25		

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A Lovely Family…

Gitanjli Arora, MD, DTMH

A LOVELY FAMILY…

"What a lovely family!" we said in unison as we walked into the hallway. The social worker, the resident rotating with our pediatric palliative care team, and I all smiled at this shared sentiment. The family *was* lovely. We had just finished our initial consult with the mother, father, and 5-year-old patient—a previously healthy girl now diagnosed with a brain tumor with an extremely poor prognosis. Although it was our first-time meeting, her parents shared openly about their process of medical decision making, their hope that she could have some quality time at home with her siblings, and their worries that they would not be able to protect her from discomfort. The patient herself added lively and imaginative stories throughout our visit, smiled widely to reveal her dimples, and wiped her mother's tears as she kissed her on the cheek and reassured her that "everything would be ok."

What else could we have said when leaving the room? They were truly a lovely family and the words to describe their pain and loss were perhaps too daunting to wrap our hearts around just yet. However, weren't all the patients and families we had seen all day also lovely? Why hadn't I walked out of the 12 other patient rooms that day with the same reflection? Was there something about this family that resonated with me in a particular way? Was it that they were "palliative-minded," using many of the words we would have chosen to use to describe their hopes and worries about medical treatment? Was it the way they opened up to us so readily? Did their child remind me of my own? Or was it that this White English-speaking cis-gendered heterosexual family is my cognitive shortcut for what a lovely family looks like, even though my own family does not look like this. What would it mean that I had designated this family as lovely? Would I check-in on this patient and her family more often? Would I spend more time thinking about her symptom management and goals of care? Because I had determined that this family was "lovely," would they receive better care than all the other lovely families that I had seen that day where I had not recognized their loveliness?

I have learned that implicit bias, "the associations outside our awareness that affect our understandings, behaviors, and decisions" are pervasive, including among health care professionals. I have worked toward understanding how through my own associations, I am not able to hear the voices of my patients equally and, therefore, cannot provide healing and comfort equitably. Through global health work, I have been taught by patients and mentors that meaningful and ethical engagement across cultures requires cultural humility; the concept that emphasizes the limitations of our own cultural perspective and the inability to ever be fully competent in another person's culture or experience. And I am increasingly aware that the view through which we hear and advocate for patients and families is undoubtedly influenced by our own cultural construct, and perhaps further limited by the predominant cultural identification of our team as non-Hispanic White.

The incident with this family occurred two years ago. That same day, I had spent the morning facilitating communication between the medical team and the mother of a teenage boy with a relapsed and now terminal illness. The medical team shared that the mother had refused the recommended medical plan, was difficult to work with, and was angry. Before meeting her, because of the words used, I could also infer that she was Black. Although palliative care is often consulted to help when there are difficulties in communication between the medical teams and families, the descriptors "noncompliant," "aggressive," "difficult to engage," "not warm," and "taking advantage of the health care system" were stereotypes I had most often heard used when describing Black mothers in our hospital.

When our palliative care team met with the mother, she spoke effusively about her son's life: his accomplishments, his and her hopes that he would attend university, and eventually become a doctor. We watched a video of him

giving his commencement speech—we watched it twice. She shared her worries that the health system would not treat him fairly, that he would be given too much medication, or experimental treatment, or not enough treatment. Her mistrust of the health system may have been influenced by the long U.S. history of medical maltreatment of African American patients, and was being reinforced by the current inability to hear her. We understood from our colleagues that there was no treatment that would offer cure and yet we were describing her as noncompliant for refusing our medical recommendations. Regrettably, I had not left this patient's room remarking on the loveliness of his family. In the years since, and with the benefit of learning and continued reflection on my own biases, I have often recalled the way this mother's eyes lit up as she shared her son's accomplishments and how he delighted in her pride. Truly, a lovely family.

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"Book Club" Reflection Questions

1. Think of words (positive and negative) that you have used to describe patients/families in the past.
   Does using certain descriptors impact their medical care? How so?

2. Think of an instance when a patient/family was described to you by another member of the care team prior to your meeting the patient/family.
   How did hearing the description alter your approach to the patient/family?

3. How do you overcome bias or patient/family labels to deliver equitable care to everyone?

4. What tools can a physician use to see the "loveliness" in every family and how could the physician communicate this perceived "loveliness" to others on the health care team?

Advocacy Project Outline

Goal:

Medical students will establish a working knowledge of what it means to be a child advocate and how to use tools of the media, research, and government systems to champion a specific pediatric issue.

Objectives:

1. Identify important public health issues for the pediatric population.
2. Create a "one-pager" outlining an important pediatric health topic, why it matters, and what can be done about it.
3. Discuss obstacles in overcoming challenges in beginning advocacy initiatives.
4. Describe community, state, and/or federal resources available to support pediatric advocacy initiatives.
5. Identify your local, state, and national legislative representatives.

Instructions: (Goal is to evaluate all presentations in ~ 1 hour or 1 afternoon)

1. Students will be divided into pairs/groups at Orientation.
2. Students are to identify a specific advocacy topic (see list) and develop a 10-minute presentation and class discussion regarding their topic to be presented on their assigned case conference day.
    a. Students are to submit 3 learning goals that they want learners to take away from their presentation as "take away" points.
    b. The presentation should include: Background, Defining the problem, Why it matters, and a Call to action (how to join the collaboration).
    c. Students are to initiate a discussion with their classmates regarding barriers and solutions to the identified problem with emphasis on audience participation. Debate is welcome and is a tool for learning.
    d. Students are encouraged to use multi-media presentations, interviews, and non-medical contacts as sources. Think outside the box!
3. The students will also develop a "one-pager" or an "Op-Ed" to be distributed to the rest of the clerkship group.
4. Students will need to identify their State Senators (General Assembly) and State House Representatives and write a letter to one of them about their featured concern. This letter will be read aloud to the group. One of these letters will be voted on by the group to be sent to the state representative along with the 1-pager.

Summary of requirements to complete as a group and turn in on day of presentation:

-10-minute presentation to whole group with 3 "take aways" for the group
- 1-pager or Op-ed
- Letter to state representative about presentation topic

Suggested topics:

1. Gun violence/Gun-related deaths in children
2. Drowning
3. Safe Sleep/SIDS
4. Bike Helmets
5. Medicaid expansion/CHIP coverage
6. Drug use/Accidental Overdose
7. Child Abuse
8. Under immunization
9. Immigrant Health
10. Mental Health and Emotional Development
11. Human trafficking
12. Foster care
13. Online safety
14. E-Cigarettes and flavored tobacco products
15. Other (must be approved by clerkship director)

Grade:

This will be a completion grade based on the previously described criteria. If the CD feels that the presentation was inadequate or the presentation was not completed at the assigned time, the student(s) will receive an incomplete and will have to re-do the assignment(s) until it meets an adequate standard.

NOTES

Observed History and Physical Exam (EPA 1)			
Student:			
Evaluator (Print & Sign):			
Location:			
Date:			

Obtain a complete and accurate history in an organized fashion			
Gathers insufficient or overly exhaustive information	Gathers some information or occasionally too much information	Obtains an acceptable history in a mostly organized fashion.	Obtains a complete and accurate history in an organized fashion.
Comments:			

Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.			
Fails to recognize patient's central problem.	Recognizes patient's central problem but does not prioritize or filter information.	Is able to filter signs and symptoms into pertinent positives and negatives.	Consistently filters data into pertinent positives and negatives, and incorporates secondary data into medical reasoning.
Comments:			

Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit			
Incorrectly performs basic exam maneuvers or does not examine relevant areas of the patient for the presenting problem.	Performs basic maneuvers correctly but does not demonstrate organization or ability to prioritize portions of the exam.	Targets the exam to areas necessary for the encounter and performs exam correctly in a mostly organized manner.	Consistently performs an accurate complete or targeted exam in a logical and fluid sequence.
Comments:			

Identify, describe and document normal and abnormal physical exam findings.			
Misses key findings.	Identifies, describes, and documents normal findings.	Identifies, describes, and documents normal and abnormal findings.	Routinely identifies, describes, and documents normal and abnormal physical exam findings and is able to link to possible differential diagnoses.
Comments:			

Uses appropriate questioning to sort the differential to avoid premature decision making.			
May jump to conclusions without first asking probing questions	Questions reflect a narrow differential diagnosis.	Questions are purposefully used to clarify patient's issues.	Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning.
Comments:			

Demonstrate patient-centered interview skills (attentive to verbal and nonverbal cues, cultural competency, active listening).		
Is disrespectful, condescending, or arrogant in interactions with patients; disregards patient privacy and autonomy; or insensitive of cultural differences.	Communicates unidirectionally, may not respond to patient verbal and nonverbal cues, or has difficulty establishing rapport.	Relates well to most patients and families with few exceptions, demonstrates effective communication skills (silence, open-ended questions, body language, listening, and avoids jargon) that put families at ease, and appreciates cultural differences.
Comments:		

Summarize your impression of the student's current ability in performing an H&P (Indicate level of entrustment by checking the appropriate box)	
	Can perform only as coactivity with supervisor
	Can perform with coaching and supervisor ready to intervene
	Can perform without coaching but with ALL findings double-checked
	Can perform without coaching and only KEY findings double-checked

UTHSC Pediatrics Mid-Clerkship Formative Feedback

Student Name: _____ **Faculty Name:** _____

Today's Date: _____ **Dates worked with the student:** _____

Student Self-Assessment (TO BE COMPLETED PRIOR TO MEETING WITH FACULTY): comment on **1-2 strengths and 1-2 areas for improvement** for the remainder of your clerkship. Include **one individual learning or wellness GOAL** for the reminder of the rotation.

_____

_____

_____

_____

_____

_____

Faculty Assessment:

Skill	Concerns Noted	Approaching expectations	Meeting expectations	Exceeding expectations
Obtain an accurate, organized history and physical exam.				
Use clinical reasoning to develop and organize a differential diagnosis.				
Develop management plan including recommendation of appropriate labs, imaging, medications.				
Document clinical encounter that is accurate, organized, and timely.				
Deliver accurate, well-organized oral presentation that can be tailored according to audience and situation.				
Actively engage with and maintain professional interactions with the multidisciplinary team				
Effectively communicate with patients, families, and team members.				

Please comment on 1-2 strengths:

_____

_____

_____

_____

Please list 1-2 recommendations for improvement:

_____

_____

_____

_____

Verification of Case Logs – Please review, discuss with the student, and mark 2-3 of the following required diagnoses and attest that the student has been an active participant in the patient's care by signing this form.

- ☐ Parental Concern: Behavior & Development (sleep, colic, tantrums, developmental delay, ADHD, autism)
- ☐ Parental Concern: Growth & Nutrition (FTT, poor weight gain, short stature, obesity, poor feeding)
- ☐ Central Nervous System complaint (headache, meningitis, concussion, seizure, ataxia, etc)
- ☐ Chronic medical problem (e.g. asthma, TIDM, CP, SCD, CF)
- ☐ Dermatological complaint (eczema, SSSS, viral exanthem, urticaria, contact dermatitis, RMSF, seborrhea, etc)
- ☐ Emergent clinical problem (shock, DKA, encephalopathy, burn, abuse, trauma)
- ☐ Gastrointestinal complaint (gastroenteritis, pyloric stenosis, appendicitis, intussusception, HSP, GERD)
- ☐ Musculoskeletal complaint (trauma, infection, inflammation, overuse)
- ☐ Respiratory complaint (upper or lower respiratory tract)
- ☐ Unique condition (neonatal jaundice, fever without a source, autoimmune disease, UTI, systemic viral illness)

Observed H&P: (Circle One)	Completed	Not yet completed
Clinical Skills Rubrics:		
Developmental Assessment (Circle One)	Completed	Not yet completed
Otoscopic Examination (Circle One)	Completed	Not yet completed

Student Signature _____ **Faculty Signature** _____

Clinical Skills Rubric 1 – Otoscopic Exam

- Can be assessed on inpatient or outpatient
- Can be assessed by faculty or senior resident (PGY2 or PGY3)
- View online module prior to assessment:
  Acute Otitis Media by A. Ruan, J. Cheng OPENPediatrics (on You Tube)

Pediatrics Clerkship Otoscopic Exam Checklist

Student Name: _____

Date: _____

Skill to be assessed	Unable to perform	Able to perform with prompting	Able to perform independently
1. Describes and performs proper positioning of the child prior to the otoscopic exam.			
2. Describes the technique, including positioning of the pinna for different ages, and accurately performs the otoscopic exam.			
3. Describes the TM including color, position, translucency, and other conditions.			
4. Accurately describes the findings of the TM (confirmed by preceptor).			
5. Accurately describes criteria for diagnosis of AOM.			

Attending/Supervising Resident Name: _____

Attending/Supervising Resident Signature: _____

Clinical Skills Rubric 2 – Developmental Assessment

- Can be assessed inpatient or outpatient
- Can be assessed by faculty or senior resident (PGY2 or PGY3)
- Recommend reading the following short chapter prior to assessment: Caplin, D., Cooper, M. "Child Development for Inpatient Medicine", *Comprehensive Pediatric Hospital Medicine*. 2007: 1285 – 1292. This can be accessed through UTHSC Library website.
- You can use your Kube card during the assessment if desired.

Pediatrics Clerkship Developmental Assessment Checklist

Student Name: _____

Date: _____

Skill to be assessed	Unable to perform	Able to perform with prompting	Able to perform independently
1. Gains rapport with patient and caregiver.			
2. Developmental assessment is age-appropriate.			
3. Assesses whether earlier milestones were achieved on time.			
4. Describes "red flags" for a given age.			
5. Synthesizes an overall assessment for the child's development (delayed versus normal).			
6. Able to describe one or more issues that may impact on validity of screening exam.			

Attending/Supervising Resident Name: _____

Attending/Supervising Resident Signature: _____

Pediatric Clerkship – Expectations for students on Night Float

Student Name: _____ **Block:** _____

1. Your shift begins at evening handover (5:00 p.m.) and you are expected to stay the full night, until morning handover (6:15 a.m.)
2. Be proactive in seeing admissions overnight.
3. Write H&Ps on all patients you see on admission.
4. Ask the night residents for feedback on your history-taking and physical exam skills, as well as your presentations and documentation. Have the night senior resident complete the "Resident Evaluation of Student on Nights" form.
5. Complete the "Night Float Scavenger Hunt" of experiences below over the course of your week.
6. If you find yourself with downtime, work on the scavenger hunt, complete aquifer cases, catch up on time/case logs, study for the shelf, or ask the residents to teach you something.

Night Float Scavenger Hunt

Experience	*Initials*
1. Find overnight respiratory therapist (RT) and watch them set up a circuit for a nebulized breathing treatment.	
2. Watch nurse or RT perform nasopharyngeal suctioning (with wall suction).	
3. Watch RT deliver albuterol MDI treatment to patient.	
4. Find Child Life Specialist (in ED overnight) and shadow them as they prep a patient for procedure.	
5. Interpret an EKG – discuss with overnight resident.	
6. Interpret a chest X-ray or abdominal film – compare your interpretation to that of radiologist or your overnight resident.	
7. Watch nurse place nasogastric tube.	
8. Watch a nurse start a tube feed (NG/NJ/GT/GJ)	
9. Watch nurse start peripheral IV.	
10. Help nurse bathe, weigh, or reposition a medically complex patient.	
11. Swaddle an infant.	
12. Change a diaper.	

RESIDENT EVALUATION OF MEDICAL STUDENT PERFORMANCE ON NIGHTS

Name of Student being evaluated _____

Dates of Night Shifts _____

1. Please comment on this student's ability to perform a history and physical and to keep appropriate records on patients. _____

   _____

2. Is the student well integrated into the team? (participates on rounds, patient follow-up, etc.)

   _____

   _____

3. Please comment about the student's performance when on call. _____

   _____

4. Please assess the student's professionalism (being prompt, interacting in a professional manner with the health care team and with families). _____

   _____

5. Is this student's knowledge base appropriate for level of training? _____

   _____

6. Other Comments _____

   _____

   _____

   _____

Name of Resident completing this evaluation: _____

Signature of Resident completing this evaluation: _____

****KINDLY GIVE TO SUPERVISING RESIDENT ON NIGHTS TO COMPLETE****

AQUIFER CASE REVIEWS

https://aquifer.org/	Sign in or register if new user. Hover over "courses" and choose Pediatrics/CLIPP
Complete 5 cases of your choosing.	
DUE DATE: Case Reviews are Due **no later than midnight the last day of your rotation**, Which is also your Shelf Exam Date.	
You will receive credit based on completion on time.	

TIME & CASE LOGS

Time and Case Logs should be entered daily, however, weekly at a minimum

Link to "eMedley" INSTRUCTIONS HOW TO: Enter Case Logs		https://he.emedley.com/uthsccom
Link to "OLSEN" INSTRUCTIONS HOW TO: Enter Time/Case Logs		https://uthsc.edu/medicine/medical-education/clerkships/logging.php
Select	**Description**	**Details**
Level of Participation as:	Active Participant	
	Alternative Experience	*Standardized Patient*
	Alternative Experience	*Online Case*
Competency (Diagnosis)	Students may use the same patient for multiple competencies but **must include** separate entries for each competency	
Describe Encounter	by including: **one paragraph** for **each** competency	Using approx. 1 sentence for EACH of the following: • Presenting signs/symptoms of patient • Pertinent exam/labs/studies • Final diagnosis/treatment plan • One thing you learned from this patient/diagnosis
***Cases must include 4 items listed above for each competency.** **If not, case log will be denied & you will be asked to revise & resubmit**		
Be **very descriptive** about your patient encounters		
Start Early!	**Don't wait until end of rotation to begin logging encounters**	
BOTH Case & Time	**DUE - Last Day of Rotation (no later than MIDNIGHT)** Same Day as Shelf Exam	

Required Diagnoses (Case Logs) for Pediatrics Clerkship

1. Health Maintenance – Well Child Care: Newborn (0-1 month)
2. Health Maintenance – Well Child Care: Infant (1-12 months)
3. Health Maintenance – Well Child Care: Toddler (12-60 months)
4. Health Maintenance – Well Child Care: School-aged (5-12 years)
5. Health Maintenance – Well Child Care: Adolescent (13-19 years)
6. Parental Concern: Growth & Nutrition (FTT, poor weight gain, short stature, obesity, poor feeding)
7. Parental Concern: Behavior & Development (sleep, colic, tantrums, developmental delay, ADHD, autism)
8. Respiratory complaint (upper or lower respiratory tract)
9. Gastrointestinal complaint (gastroenteritis, pyloric stenosis, appendicitis, intussusception, HSP, GERD)
10. Dermatological complaint (eczema, SSSS, viral exanthem, urticaria, contact dermatitis, RMSF, seborrhea, etc)
11. Central Nervous System complaint (headache, meningitis, concussion, seizure, ataxia, etc)
12. Emergent clinical problem (shock, DKA, encephalopathy, burn, abuse, trauma)
13. Chronic medical problem (e.g. asthma, TIDM, CP, SCD, CF)
14. Unique condition (neonatal jaundice, fever without a source, autoimmune disease, UTI, systemic viral illness)
15. Musculoskeletal complaint (trauma, infection, inflammation, overuse)

New Academic Year Begins: 07/01/25
This Handbook will be updated at that time

2024 - 2025
Pediatrics Residents

1st Year Residents

Eric
Beveridge, DO
949-378-8773

Eli
Brown, DO
615-545-2620

Allie
Emmert, MD
270-670-6661

Haley
Felts, MD
276-617-8332

Mattea
Griffus, DO
865-266-9682

Kaitlyn
Haritatos, MD
770-639-2798

Taylor
Humbert, MD
731-343-4288

Cassie
Inglish, MD
423-827-4823

Adi
Purohith, DO
509-319-9414

Madison
Wall, MD
304-610-2717

2nd Year Residents

		
Faith Blackmon, DO 931-644-4392	**Austin Clark, MD** 228-366-0489	**Brooke Daughrity, MD** 270-556-2246
		
Blaine Eggemeyer, DO 636-232-3229	**Kerigan Green, MD** 225-573-6309	**Kruthika Gurukkal, MD** 205-218-5155
		
Camara Prichard, DO 423-260-1359	**Rachel Underwood, MD** 530-304-1715	**Katelyn Ward, MD** 606-616-2561

3rd Year Residents

		
Abdelrahman Amro, MD 901-550-5221	Victoria Cox, DO 865-805-9046	Lauren Edmond, DO 469-512-5898
		
Kaitlyn Ellington, MD 770-876-0327	Matthew Holland, DO 865-307-0473	Jennifer Justice, DO 731-438-5033
		
Jennifer Lee, MD 865-806-4303	Jae Maeng, MD 615-686-5658	Alexandra Stedke, DO 901-827-6535

SAMPLE EVALUATION FOR YOUR REFERENCE

2025-26 Student Core Clerkship Evaluation - Pediatrics
How You Are Graded – Final Evaluation

4/25/24, 11:26 PM ~~2024-25~~ Student Core Clerkship Evaluation: Pediatrics

Leave the following blank if you are the evaluator.

I am submitting this evaluation on behalf of:

It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship).

Yes No

Please choose **the option that best describes this student.**

Complete Evaluation for Rubric "~~2024-25~~ EPA 01: History & Physical"

Obtain a complete and accurate history in an organized fashion.	○ Gathers insufficient or overly exhaustive information	○	○ Gathers some information or occasionally too much information	○	○ Obtains an acceptable history in a mostly organized fashion.	○	○ Obtains a complete and accurate history in an organized fashion.
Identify, describe, and document normal and abnormal physical exam or mental status exam findings.	○ Misses key findings.	○	○ Identifies, describes, and documents normal findings.	○	○ Identifies, describes, and documents normal and abnormal physical exam or mental status exam findings.	○	○ Routinely identifies, describes, and documents normal and abnormal findings and uses the exam to help prioritize the working differential diagnoses.

Complete Evaluation for Rubric "~~2024-25~~ EPA 02: Differential Diagnosis"

Organizing a Differential Diagnosis	○ Unable to formulate a Differential Diagnosis despite coaching	○	○ Can construct a basic differential diagnosis with coaching	○	○ Constructs a basic differential diagnosis for common presentations independently	○	○ Independently constructs and prioritizes differential diagnosis for common presentations
Clinical Reasoning	○ Unable to articulate a clinical impression	○	○ Inconsistently able to articulate a clinical impression	○	○ Consistently able to articulate a reasonable clinical impression but has difficulty integrating new information as it emerges.	○	○ Consistently able to articulate a reasonable clinical impression and update accordingly as new information emerges.

Complete Evaluation for Rubric "2024-25 EPA 03: Recommend & interpret tests"

Provide rationale for decision to order tests, taking into account available evidence-based practices and patient preference	○ Unable to justify or recognize use of testing	○	○ Inappropriately recommends tests	○	○ Recommends mostly appropriate and patient-centered testing	○	○ Recommends consistent evidence-based and patient-centered testing
Interpret results of basic studies	○ Cannot explain clinical importance of results	○	○ Fails to recognize or react to abnormal results	○	○ Interprets and reports clinically relevant results	○	○ Distinguishes common, insignificant abnormalities from clinically important ones

Complete Evaluation for Rubric "2024-25 EPA 04: Orders & prescriptions"

Demonstrate an understanding of common orders and prescriptions	○ Lacks basic knowledge needed to propose orders or prescriptions	○	○ Unable to articulate rationale behind orders and prescriptions	○	○ Articulates rationale behind orders or prescriptions	○	○ Articulates how an order or prescription will change management

Complete Evaluation for Rubric "2024-25 EPA 05: Document clinical encounter"

Prioritize and synthesize information	○ Significant deficit(s) in content or organization	○	○ Misses some key information or contains multiple errors OR disorganized content	○	○ Contains key information in an organized fashion but includes unnecessary details or redundancies	○	○ Provides organized, accurate narrative that illustrates clinical reasoning
Professional expectations for documentation	○ Excessive and inappropriate use of copy/paste function OR copies information directly from resident/attending notes OR unable to complete notes in a reasonable time.	○	○ Includes copy/paste without revision and/or has difficulty meeting expectations for note turnaround times	○	○ Notes are accurate, timely, and updated with appropriate use of templates	○	○ Notes are accurate, timely, and appropriately updated; goes beyond basic template by incorporating multidisciplinary perspectives in notes

Complete Evaluation for Rubric "2024-25 EPA 06: Oral presentation of clinical encounter"

Data organization and presentation skills	○ Presentation is disorganized, or is often not prepared to present.	○	○ Presentation is somewhat organized, but key elements are incompletely or exhaustively addressed.	○	○ Presentation is organized and succinct but the assessment and/or plan are underdeveloped.	○	○ Presentations are consistently organized, succinct, and prioritized with a well-reasoned assessment and plan
Ability to adjust the oral presentation to the situation or the audience	○ Does not make appropriate adjustments.	○	○ Makes some appropriate adjustments, but key elements are mishandled.	○	○ Makes appropriate adjustments to length or complexity with prompting.	○	○ Consistently makes appropriate adjustments to the length and complexity depending on the clinical situation and audience.

Complete Evaluation for Rubric "2024-25 EPA 09: Interprofessionalism"

Multidisciplinary team communication and respect	○ Dismisses input from nonphysician members of team	○	○ Exhibits limited participation with or does not consistently incorporate input from other team members	○	○ Engages actively with other members of the team and incorporates their input	○	○ Discusses recommendations and collaborates with interprofessional team members when appropriate

Complete Evaluation for Rubric "2024-25 CC Professionalism"

Identifies limitations and gaps in knowledge, skill and experience **Seeks and incorporates feedback to improve**	○ May demonstrate overconfidence by not seeking help or lacks awareness of limitations May become defensive	○	○ Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience	○	○ Open and accepting of feedback and makes an effort to improve	○	○ Initiates help-seeking behaviors and seeks feedback often; recognizes limitations and integrates input from others to improve
Professional attributes and responsibilities	○ Frequently inappropriate behavior (unavailable, not reliable, inappropriate attire, erratic attendance, or socially aggressive)	○	○ Occasional lapses in professional behavior (poor confidentiality, poor choice of language, occasionally late, poor communication)	○	○ Meets expected standards for professionalism (punctual, demonstrates mutual respect with patients and team members)	○	○ Exceeds high professional standards (follows through on tasks, punctual, behaves ethically, maintains poise under pressure, admits mistakes and changes behavior).
Demonstrates duty and accountability to patients, the healthcare team, and the profession of medicine	○ Does not fulfill obligations of seeing and reporting on assigned patients Insensitive, disrespectful, or arrogant	○	○ Fulfills basic requirements of seeing patients May have difficulty establishing rapport with patients, families, or team members	○	○ Is an active member of team going beyond basic requirements for patient care Relates well to most patients, families, and team members	○	○ Assumes true ownership of his/her patients and anticipates patient and team needs Easily establishes rapport with patients, families, and team members

Overall Narrative Feedback

Summative Narrative Comment (not automatically included on the MSPE/Dean's letter): Please include at least 4 sentences with specific examples when possible. Please include discussion of at least 1-2 strengths and 1-2 areas for improvement. Please include a comment for any EPA marked below average.

I have provided the student verbal and/or written feedback.

Yes No

NOTES

SAMPLE EVALUATION FOR YOUR REFERENCE

Pediatrics Outpatient and Newborn Evaluation
2025-2026

I am completing this evaluation on behalf of: (if applicable) _____

Data Gathering Skills				
History Taking	Gathers completely insufficient information	Gathers some information or occasionally too much information. History may be poorly organized.	Obtains an appropriate history in an organized fashion. History is structured and learner cannot alter based on patient responses.	Obtains a complete history in an organized fashion. Learner is able to pivot structure of interview and ask appropriate follow up questions based on patient responses.
Physical Exam	Unable to complete pediatric physical exam or cannot identify normal vs. abnormal.	Identifies and describes normal exam findings	Identifies and describes normal and abnormal findings. Exam is structured and learner cannot adjust based on situation.	Routinely Identifies and describes normal and abnormal exam findings and adjusts the order of exam/ technique based on situation.
Knowledge Application and Analytical Skills				
Organizing differential diagnosis	Unable to formulate a differential diagnosis despite coaching.	Can construct a basic differential diagnosis with coaching.	Constructs a basic differential diagnosis for common presentations independently.	Independently constructs and prioritizes differential diagnosis for common presentations.
Clinical Reasoning	Unable to articulate a clinical impression.	Inconsistently able to articulate a clinical impression	Consistently able to articulate a reasonable clinical impression but has difficulty integrating new information as it emerges.	Consistently able to articulate a reasonable clinical impression and update accordingly as new information emerges.

Rationale for ordering tests	Unable to justify or recognize use of testing.	Inappropriately recommends tests.	Recommends mostly appropriate and patient-centered testing.	Recommends consistent evidence-based and patient-centered testing.
Presentation and/or Documentation skills	Presents and/or documents in a disorganized fashion, no chronology to history, often not prepared to present	Presents and/or documents acceptable delineation of primary problems with occasional "holes" in characterization, chronology, and diagnostic information	Presents and/or documents history in organized chronological fashion, but has an underdeveloped assessment and plan	Consistently filters, synthesizes, and prioritizes information into a well-organized presentation/ documentation with a well-reasoned assessment and plan
Interpersonal and Communication Skills				
Compassionate relationships with patients/families	Insensitive, disrespectful, or arrogant. Unable to establish rapport with patients/ families.	May have difficulty establishing rapport with patients/ families OR is able to establish superficial rapport but is not viewed by family as true member of care team.	Relates well to most patients and families. Viewed as trusted member of care team.	Easily establishes rapport with patients and families, even amidst complex circumstances.
Professional relationships with colleagues	Does not take initiative to interact with interprofessional team members OR unable to establish rapport with colleagues	Exhibits limited OR sometimes negative interactions with interprofessional team members	Generally positive interactions with interprofessional team members; seeks input from non-physician team members	Consistently positive interactions with interprofessional team members AND consistently acknowledges/ incorporates their input in patient care

Professionalism				
Demonstrates commitment to self-learning, seeking feedback, and knowing limitations	May demonstrate overconfidence by not seeking help or lacks awareness of limitations and gaps in own personal knowledge	Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience; tries to change with feedback but may not be successful	Open and accepting of feedback to improve knowledge, skill, and experience	Initiates help-seeking behavior and seeks feedback; recognizes limitations and integrates input from others to improve
Appropriate attendance, punctual, and accepts responsibility	Frequently inappropriate behavior (unavailable, not reliable, inappropriate attire, erratic attendance, or socially aggressive) OR a major lapse in professionalism	Occasional inappropriate behavior (poor confidentiality, poor choice of language, occasionally late)	Meets expected standards for professionalism (punctual, demonstrates mutual respect with patients and team members)	Consistently meets high professional standards (follows through on tasks, punctual, behaves ethically, maintains poise under pressure, admits mistakes and changes behavior).

Narrative Comments: Please include at least 4 sentences with specific examples where possible:

_____

_____

_____

_____

_____

Pediatric Reference Material

I. Vital Signs

- Fever =38ºC (100.4ºF) and above
- Normal SpO2 > 92% (but will allow down to 88/90% when admitted with bronchiolitis).

Age	HR (awake)	HR (asleep)	RR	Systolic BP	Diastolic BP
< 28 days	100-205	90-160	30-60	67-84	35-53
29d – 1 y	100-190	90-160	30-53	72-104	37-56
1-2y	98-140	80-120	22-37	86-106	42-63
3-5y	80-120	65-100	20-28	89-112	46-72
6-9y	75-118	58-90	18-25	97-115	57-76
10-11y	75-118	58-90	18-25	102-120	61-80
12-15y	60-100	50-90	12-20	110-131	64-83

II. Growth

Weight: • Newborns regain BW by 2 weeks • Double weight by 6 mo • Triple weight by 12 mo	Normal weight gain: • 1-3 mo: 25-35 g/d • 3-6 mo: 15-20 g/d • 6-12 mo: 10-15 g/d • 1-6 y: 5-8 g/d • 7-10 y: 5-11 g/d
Normal height increase: • 0-12 mo: 25 cm/yr • 13-24 mo: 12.5 cm/yr • 2y – puberty: 6.25 cm/yr	HC growth: • 0-3 mo: 2 cm/mo • 4-6 mo: 1 cm/mo • 7-12 mo: 0.5 cm/mo

DEVELOPMENTAL SCREENING FORM

Name:
Birth date:
Evaluation Date:
Chronological Age (in months):

What age does the child act like?
Are you concerned about his/her development?
Are there any speech problems?
Are there any behavioral problems?

Age	Gross Motor	Visual Motor	Language	Social	Red Flags
1 mo	Raises head from prone Lifts chin up	Has tight grasp Visually fixes Follows to midline	Alerts to sound (e.g. by blinking, moving, startling) Soothes when picked up	Regards face	Failure to alert Irritability
2 mos	Holds head in midline Lifts chest off table	Diminished grasp reflex Follows objects past midline	Smiles after being stroked or talked to (social smile)	Recognizes parent	Rolling before 3 months (possible hypertonia)
3 mos	Supports on forearms in prone Holds head up steadily	Holds hands open at rest Follows objects in circular fashion	Coos (produces long vowel sounds in musical fashion)	Reaches for familiar people or objects Anticipates feeding	No social smile
4-5 mos	Rolls front to back, back to front Sits well when propped Supports on wrists Anterior protection	Moves arms in unison to grasp Manipulates fingers Shakes rattle Has visual threat	4 mos -orients to voice 5 mos -orients to bell/keys (localizes laterally) Says "ah-goo", razzes	Enjoys look around environment	Poor head control at 5 months No laughing No visual threat
6 mos	Sits well unsupported Puts feet in mouth in supine position 7 mos -lateral protection	Reaches with either hand Transfers Uses raking grasp	Babbles ("gaga, baba") 7 mos -orients to bell/keys (indirectly) 8 mos -"dada/mama" indiscriminately	Recognizes strangers	Not rolling Head lag
9 mos	Creeps, crawls Pulls to stand Pivots when sitting Posterior protection Cruises Parachute reflex	Uses pincer grasp. Probes with forefinger Holds bottle Finger feeds Looks to floor when toy is dropped (object permanence)	Understands "no". Waves "bye-bye". 10 mos -"dada/mama" discriminately Orients to bell/keys directly	Starts to explore environment Plays pat-a-cake Plays peek-a-boo	W-sitting (hypotonia) Scissoring (hypertonia) Persistent primitive reflexes (moro, fencer, log roll, positive support) Absent babbling
12 mos	Walks alone	Throws objects Voluntary release Uses mature pincer grasp	11 mos -one word other than "dada/mama" Follows one-step command with gesture 14 mos -immature jargoning	Imitates actions Comes when called Cooperates with dressing	No protective reactions (absent propping or parachute) Inability to localize sound (possible hearing loss)
15 mos	Creeps up stairs Walks backwards	Builds tower of two blocks Scribbles in imitation	15 mos -uses 4-6 words. 16 mos -follows one step command without gesture. 17 mos -knows 7-20 words. Points to five body parts Uses mature jargoning (includes intelligible words in jargoning)	Solitary play Drinks from a cup	No single words Persistent toe walking (possible hypertonia)
18 mos	Runs Throws ball from standing Push/pulls large object	Turns 2-3 pages at a time Fills spoon and feeds self Scribbles spontaneously	Names one picture on command Says "Thank you", "Stop it", "Let's go"	Copies parent in tasks (e.g., sweeping, dusting)	Hand dominance before 18 months (possible contralateral weakness)

21 mos	Squats in play Goes up steps with hand held	Builds tower of 5 blocks Drinks well from cup	Uses novel two-word combinations Uses 50 words	Asks to have food Asks to use toilet	Lack of social interaction (possible autism) Poor joint attention (possible autism)
24 mos	Walks up and down steps without help Jumps in place Kicks ball	Turns pages one at a time Removes shoes, pants, etc. Imitates pencil stroke	Uses pronouns (I, me, you) inappropriately Follows 2 step commands Uses 50+ words (rapid vocabulary expansion)	Parallel play Tolerates separation	Persistent poor transitions (may indicate possible autism) Family does not understand speech
30 mos	Jumps with both feet off floor Throws ball overhand	Unbuttons clothes Holds pencil in mature fashion	Uses pronouns appropriately Repeats two digits forward Understands the concept of "one"	Gives first and last name Gets drink without help	
3 yrs	Pedals tricycle Can alternate feet when going up steps	Dresses and undresses partially Dries hands if reminded Copies a circle	Uses three-word sentences Uses plurals Minimum 250 words Repeats three digits forward	Group play (shares toys, takes turns) Plays well with others Knows full name, age, and sex	Extended family does not understand speech Persistent echolalic phrases (possible autism)
4 yrs	Hops Alternates feet going down stairs	Buttons clothing fully Catches ball Copies a square	Knows colors Says song or poem from memory Asks questions	Tells "tall tales" Plays cooperatively with a group of children	
5 yrs	Skips alternating feet Jumps over low obstacles	Ties shoes Spreads with a knife Copies a triangle	Prints first name Asks what a word means Uses adult sentence structure	Plays competitive games Abides by rules Likes to help in household tasks	Non-family members do not understand speech
School Age	Is the child having problems with: reading _____, writing _____, math _____, school behavior _____?			Yes to any question requires further evaluation.	

Developed by David A. Kube, M.D.
Adapted from: Capute AJ, Accardo PJ. Clin Pediatr 1978; 17:847; Capute AJ, et al. Am J Dis Child 1986, Capute AJ, et al. Devel Med Child Neurol 1986; 28:762. Rounded norms adapted from Capute et al. Devel Med Child Neurol 1986; 28:762. Johnson CP, Blasco PA. Pediatrics in Review 1997; 18:219.
DQ= Developmental Age/Chronological Age x 100
DQ > 85 Routine developmental screening
DQ 75-85 Close developmental follow-up

IV. Nutrition

- Nutritional Requirements

Age	Calories (kcal/kg/day)
0-2 months	100 (term); 120 (preterm)
3-12 months	80-90
1-7 years	75-90
7-12 years	60-75
12-18 years	30-60

- Formula Comparison

Type	Indication	Carb Source	Protein Source	Caloric Content (kcal/oz.)
Human Breastmilk	Almost all infants	Lactose	Casein and whey	19-20
Cow-milk based (standard) formula	Most term infants	Lactose	Casein	19-20
Soy formula	Galactosemia, congenital lactase deficiency	Corn-based	Soy	20
Protein hydrolysate (hypoallergenic formula)	Milk protein allergy	Corn or sucrose	Extensively hydrolyzed casein or whey	20
Elemental (nonallergenic formula)	Milk protein allergy not responsive to hydrolyzed formula; short bowel syndrome	Corn or sucrose	Amino acids	20
Enriched formula	Preterm 34-36 wks.	Lactose	Cow's milk	22
Premature formula	Preterm < 34 wks.	Lactose	Cow's milk	24
Pediatric formula	Children > 12mos. with feeding tubes	Varies	Varies	30

Please Return to Pediatrics
Clerkship Coordinator
Tammy Elliott 423-778-6696

STUDENT EVALUATION OF RESIDENT

Name of Resident you are evaluating _____

End Date of Rotation: _____

1. Did this resident demonstrate an interest in teaching? Yes ☐ No ☐

   Comments: _____

2. Did the resident make an effort to include you in the evaluation and management of your shared patients? Yes ☐ No ☐

   Comments: _____

3. Did the resident make you feel included in the team? Yes ☐ No ☐

   Comments: _____

4. Did the resident demonstrate professionalism in his/her interactions with patients, families, and members of the health care team? ☐ Yes ☐ No

   Comments: _____

5. Did you experience any mistreatment during the rotation? Yes ☐ No ☐

   If so, please explain: _____

   _____

   _____

   _____

   Miscellaneous Comments:

   _____

   _____

   _____

Please Return to Pediatrics
Clerkship Coordinator
Tammy Elliott 423-778-6696

STUDENT EVALUATION OF RESIDENT

Name of Resident you are evaluating _____

End Date of Rotation: _____

1. Did this resident demonstrate an interest in teaching? Yes ☐ No ☐

   Comments: _____

2. Did the resident make an effort to include you in the evaluation and management of your shared patients? Yes ☐ No ☐

   Comments: _____

3. Did the resident make you feel included in the team? Yes ☐ No ☐

   Comments: _____

4. Did the resident demonstrate professionalism in his/her interactions with patients, families, and members of the health care team? ☐ Yes ☐ No

   Comments: _____

5. Did you experience any mistreatment during the rotation? Yes ☐ No ☐

   If so, please explain: _____

   _____

   _____

   _____

   Miscellaneous Comments:

   _____

   _____

   _____

PEDIATRICS: SCRUBS ARE WORN DURING "NIGHT FLOAT" & "ED" ONLY

GME Policy #245 **SCRUBEX SYSTEM USE**

IT IS AN INFECTION PREVENTION VIOLATION FOR ANYONE TO ARRIVE -OR- LEAVE THE HOSPITAL IN "Erlanger" Scrubs

UNDER NO CIRCUMSTANCES SHOULD STUDENTS OR RESIDENTS ARRIVE OR LEAVE ERLANGER'S CAMPUS IN "Erlanger" scrubs

Medical Students may use their own Scrubs from home.
Students may also obtain scrubs from Erlanger's SCRUBEX Vending Machines, by using their PIN Code Listed on the logins/codes information provided to you in your Medical Student *packet*.

The **SCRUBEX** machines post detailed instructions for use

- **2 sets of scrubs** may be obtained at one time from the machines by each user
- **Soiled Scrubs** must be deposited to receive a clean set of Scrubs & to receive credit in the system.
- The **SCRUBEX machines** are utilized by using your special 'SCRUBEX' PIN #.

GUIDELINES & VIOLATIONS – When using Erlanger's Scrubs:

1. Both Residents and Medical Students **MUST** arrive at the hospital in their street clothes **AND** change back into personal clothes before leaving the hospital.
2. Scrubs obtained from Erlanger are the property of the hospital and will be treated as such.

LOCATIONS OF MACHINES:

We have been advised that the SCRUBEX Machines are located as follows:
Surgical Services Hallway on the 2nd Floor: Elevator "L"

- When exiting the "L" elevator, turn right, enter double doors & turn left down the hallway
- The **First** ScrubEx Machine on the right will be the one **to obtain new scrubs**
- The **Second** machine on the right will be **to deposit used scrubs**

TRACKING & CHARGES:

- The SCRUBEX machines keep record the number of Scrubs received & of Scrubs deposited by each user.
- At the end or completion of a Medical Student Rotation, if all Scrubs have not been returned, the user will be required to pay for any Scrubs that are outstanding.
- The UTCOM GME office has the ability to check the system to verify of each user's status.

The charge for each set of Scrubs is **$20.00 per set.
The hospital only accepts Checks or Money Orders made payable to: **Xanitos**

BEFORE DEPARTING:

UT COM GME is authorized to **HOLD any grades**, Certificates or pay checks, if ALL Scrubs are not turned in or if payment is not received for Scrubs that are not returned or are missing.
Erlanger is very strict about the Scrub System in place and we are required to comply with their procedures.

PROBLEMS WHEN USING SCRUBEX MACHINES:

***If there are any problems with the machines, it is helpful to be in front of a machine when calling:**		
LeKisha White (Xanitos) 423-994-0355 LWhite@xanitos.com	Amy Morgan (Erlanger Security Admin) 423-778-8032 Amy.Morgan@erlanger.org	John Doub (Erlanger Material Services Director) 423-778-6439 John.Doub@erlanger.org
Debbie Butcher 423-838-1563 dbutcher@xanitos.com	If all else fails, call the department coordinator for assistance.	

If you continue to experience problems with the SCRUBEX machines (after exhausting the instructions), Please call the UT COM GME Office: 423-778-7442

Departing Information – After Completing Rotation in Pediatrics

Instructions: You will receive Departing Information from the UME office.

INSTRUCTIONS FOR CLEARANCE FORM

STUDENTS COMPLETE the **BLUE** Highlighted sections on LEFT SIDE of Page

**Required Forms & Items Cannot Be Turned in Until the LAST DAY of rotation is completed.*

STUDENT COMPLETES THIS THIS SECTION

MEDICAL STUDENT CLEARANCE FORM

YOU MUST CHECK OUT W/YOUR DEPT. FIRST
HAVE THEM COMPLETE STEPS 1-6

The completion of this form is required prior to your departure. Any final mail will be forwarded as stipulated by you under CONTACT INFORMATION.

NAME: _____ BLOCK/YEAR: _____
Rotation: _____

DEPARTMENT COORDINATORS:

This MUST BE signed by Dr. Hines or myself

Prior to departing our campus

1. **ROTATION COMPLETION:** The student's last date in the rotation is: _____ (Date)
The student has met all the rotation's requirements: Yes _____ No _____
DEPT. CD/CC SIGNATURE: _____ DATE: _____

Student MUST return items checked out of Medical Library

2. **MEDICAL LIBRARY:** This student **has** ____ **has not** ____ cleared matters in this department.
(Please verify student has returned any items checked out from Library Staff.)

If Students obtain a Post Office Box They MUST affirm they Returned a Post Office Box Key

3. **POST OFFICE:** This student **has** **has not** returned his/her mailbox key and left their forwarding address.
(Please verify student has closed out their P.O. box and returned key to Erlanger Postmaster)

Students MUST affirm they Returned ALL Scrubs Otherwise, they will be charged For missing Scrubs.

Prior to departing our campus

4. **SCRUBS: IF SCRUBS ARE NOT RETURNED, STUDENT WILL BE CHARGED $20.00 PER SET**
(Please verify student has returned their scrubs to the ScrubEx Machine)
_____Student has returned all Scrubs to Erlanger
_____Student has paid $_____ for _____ sets of Scrubs that were **NOT** returned.
*We accept Checks or Money Orders **ONLY**. Make checks payable to: **Xanitos**

Students MUST return these items

Prior to departing our campus

5. **ITEM RETURN:** **ID Badge:** ____ **Meal Card:** ____ **BBF Badge Buddy:** ____ **Parking Hang Tag:** ____
DEPT CD/CC Signature: _____ Date: _____
GME Signature of Receipt: _____ Date: _____

If Students are checking-out of the Medical Student Apts.

Please complete this section

ADDITIONALLY, Please SUBMIT The Apartment Check-Out Review form

6. **HAYDEN PLACE APARTMENTS:**
Apt. # _____
Form _____
N/A
If the Apt. Leasing Office is not open when you check out, please put your key in an Envelope w/your Name & Apt. # on the outside.
Place Envelope in Mail Drop Box located near the Leasing Office Front Door.
(Please verify student has returned the signed Apt. Check-out Review Form if applicable.)
The Apt. Leasing Office will verify your check-out to the GME office.

ALL STUDENTS MUST complete this section

Prior to departing our campus

STUDENT:

7. **STUDENT CONTACT INFORMATION**
In the event that we need to reach you after you leave Chattanooga, **please** List a forwarding mailing address, phone & email address:
Address: _____ Phone: _____
_____ Email: _____

MEDICAL STUDENT CLEARANCE FORM

YOU MUST CHECK OUT W/YOUR DEPT. FIRST
HAVE THEM COMPLETE STEPS 1-6

The completion of this form is required prior to your departure. Any final mail will be forwarded as stipulated by you under CONTACT INFORMATION.

NAME: _____ **BLOCK/YEAR:** _____
Rotation: _____

DEPARTMENT COORDINATORS:

1. **ROTATION COMPLETION:** The student's last date in the rotation is: _____ (Date)

   The student has met all the rotation's requirements: Yes _____ No _____

   Rotation Evaluation Form: Completed online and submitted Yes _____ No _____

   DEPT. CD/CC SIGNATURE: _____ DATE: _____

2. **MEDICAL LIBRARY:** This student **has** _____ **has not** _____ cleared matters in this department.
   (Please verify student has returned any items checked out from Library Staff.)

3. **POST OFFICE:** This student **has** _____ **has not** _____ returned his/her mailbox key and left their forwarding address.
   (Please verify student has closed out their P.O. box and returned key to Erlanger Postmaster)

4. **SCRUBS: IF SCRUBS ARE NOT RETURNED, STUDENT WILL BE CHARGED $20.00 PER SET**
   (Please verify student has returned their scrubs to the ScrubEx Machine)
   _____Student has returned all Scrubs to Erlanger
   _____Student has paid $_____ for _____ sets of Scrubs that were **NOT** returned.
   *We accept Checks or Money Orders **ONLY**. Make checks payable to: **Xanitos**

5. **ITEM RETURN:** **ID Badge:** _____ **BBF Badge Buddy:** _____
   Meal Card: _____ **Parking Hang Tag:** _____

   DEPT CD/CC Signature: _____ Date: _____

   GME Signature of Receipt: _____ Date: _____

6. **HAYDEN PLACE APARTMENTS:** If the Apt. Leasing Office is not open when you check out, please put your key in an Envelope w/your Name & Apt. # on the outside.
   Apt. # _____ Place Envelope in Mail Drop Box located near the Leasing Office Front Door.
   Form _____ **(Please verify student has returned the signed Apt. Check-out Review Form if applicable.)**
   N/A _____
   The Apt. Leasing Office will verify your check-out to the GME office.

STUDENT:

7. **STUDENT CONTACT INFORMATION** In the event that we need to reach you after you leave Chattanooga, **please** List a forwarding mailing address, phone & email address:

   Address: _____ Phone: _____

   _____ Email: _____

***ONLY for Students staying in UT Student Housing**

THE UNIVERSITY of TENNESSEE COLLEGE of MEDICINE CHATTANOOGA

Apartment Check-Out Review

Date of Check-Out:_____ **Apartment Number:** _____

NAME OF MEDICAL STUDENT: _____

I certify that when I check out:

- All trash will be removed
- All perishable items will be removed
- Bathrooms will be cleaned
- All countertops and surfaces will be wiped down
- Stove, microwave, oven, & fridge will have been wiped
- Curtain liner and rings will be removed
- No personal items will be left behind

By signing this document, I also certify there have been no damages to the apartment while I have been a resident. I agree to be out of the apartment on **Saturday, by 10:15 am**.

Signature: _____ **Date:** _____

*ONLY for UTHSC Students

Excused Absence & Wellness Day Limited Leave Request
College of Medicine

For anticipated events, this form must be submitted for approval no later than 30 days prior to the start of the class or rotation. For emergent events (acute illness or emergency wellness day), submit the form within 24 hours after returning. For details, please refer to the COM Policy-106 Excused Absences and Wellness Days.

Affected Class/Rotation Title and Code:_____
Affected Class/Rotation Location_____**Date(s) Taken or Requested Off:** _____

Reason:

- ☐ Funeral
- ☐ Acute illness/urgent medical care appointment (Documentation required if absent more than 2 days)
- ☐ Preventative or routine health care appointment (Include documentation of visit)
- ☐ Religious observance/Holy Day
- ☐ Jury duty or other legal obligation (Include documentation)
- ☐ Step 2CK/CS*
- ☐ Residency Interview* (Include a copy of the interview invitation)
- ☐ Attendance at professional meeting (Include title and authors if presenting, or meeting name if a COM delegate)
- ☐ Wellness Day (Link to anonymous MSEC survey: https://goo.gl/forms/ZEEn3UlBsq7RSJek1)
- ☐ Other (briefly describe)

*Taking CK is not allowed during required M3 clerkships or Junior Internships (JI). CS may be taken during M3 clerkships or JIs if scheduled for a Monday but must not be scheduled during clerkship orientations or shelf exams.

Optional: Additional information regarding absence (e.g., name of religious holiday; relationship to person gettingmarried, or for funeral; location where Step 2CS is being taken; etc.)

Student Name:_____**Signature & Date:** _____

Clerkship/Course Director: (Required prior to Excused Absence Approval by Supervisor)

Name:_____**Signature & Date:** _____

Supervising Attending:

Name:_____**Signature & Date:** _____

For clinical rotations, if approved by the Clerkship Director, Course Director or Instructor or Record, but not signed by the Supervising Attending; the Clerkship Director, Course Director/Instructor or Record assumes responsibility for communicating approved leave requests to the Attending and other team members.

Send approved forms to Ke'Nosha Anderson: kande110@uthsc.edu

Received in Office of Medical Education (Signature & Date): _____

Approved by CUME: 02/18/2019, Revised 10/21/2019

Pediatrics

M-3

Medical Student Handbook
2025 - 2026

If Found, Please Call: 423-778-6696

Revised 04/25/2025