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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
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

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. Heather Gilliam heather.gilliam@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 Peds Clinic	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 (thru May)	**Mondays** **8:00 am**	**Massoud Building** Conf. Room #140
General Pediatrics Didactic (thru 2nd week June)	**Tuesdays** **8:00 am**	**Massoud Building** Conf. Room #140
Grand Rounds (thru May)	**Wednesdays** **8:00 am**	**Pierce Conf. Room** Kennedy Outpatient Ctr. 1st Floor
Morning Report (thru 2nd week of June)	**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) on the main campus. You are not expected to attend morning conferences when scheduled on nights, ED evening shifts, or off campus.		
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 receive grade of Honors (H), High Pass (HP), Pass (P), or Fail (F) in each of 3 domains: Clinical Evaluation, Advocacy Project, Shelf Exam

1. Clinical Evaluation

All students will receive 5 clinical evaluations: 2 hospitalist attendings, 1 nursery attending, 1 outpatient preceptor, 1 night senior resident.

Clinical evaluation score is an average of all 5 evaluations.

	Clinical Evaluation
Honors (H)	>/= 94%
High Pass (HP)	>/= 89%
Pass (P)	>/= 70%

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

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

2. Advocacy Project

	Advocacy Project
Honors (H)	>/= 90%
High Pass (HP)	>/= 80%
Pass (P)	>/= 70%

*See pages 13-19 for details and grading rubric.

3. Shelf Exam

	Q1 (0-1)	Q2 (2-3)	Q3 (4-5)	Q4 (6-7)
Honors (H)	82	82	83	84
High Pass (HP)	78	78	79	79
Pass (P)	62	63	63	64

Pediatrics Clerkship Study Resources

Question-Based	
NBME Self Assessment Exams	
Uworld	• In addition to completing questions, review all missed questions to understand *why* you got it wrong
Amboss	• 3,800+ NBME-style Qbank and dedicated study plans for each Shelf exam
Aquifer	• Additional cases for learning (beyond the 5 required) • Calibrate is a formative assessment designed to drive self-directed learning. Students answer multiple choice questions with a certainty rating to assess areas of strength and areas with room for improvement. You can then "build" a study plan with Aquifer cases and questions.

Podcasts & Videos	
Divine Intervention Podcast	• On Spotify, Apple, and he has a website • Dedicated podcasts for each shelf exam • Good to listen to on commutes or while working out for some quick facts and high yield content • Provides vignettes and then explains a detailed answer about that concept and how it relates to the vignette
Peds in a Pod	• Podcast for board review • Brief topic based sessions
OPEN Pediatrics	• On YouTube • Short, animated, peer-reviewed videos

Multi-Modal Web Based Platforms	
pedscases.com	• Podcasts, videos, cases with questions • Can navigate by clinical presentation or specialty area • Free

Boards and Beyond	• On-demand video libraries and question bank • Costs $
Online MedEd	• 100 MCQs of high yield topics • Assessments reflect content outlines for NBME Clinical Shelf Exams • Data insights to identify subjects or concepts to remediate efficiently before sitting for high-stakes exams • Study plan assistance • Costs $
MedBullets	• Cases, high yield topics, Qbank, etc • Some is free, some costs $
PediatricEducation.org	• Cases • Can navigate by disease, symptom, specialty, age • Free

Books	
BRS Pediatrics	• Review book, with questions
Blueprints Pediatrics	• Review book, with questions
Pediatrics Pretest	• Review book, with questions
First Aid for the Pediatrics Clerkship	• Review book, with questions

Quick Reviews	
Anki	• Lets you make your own flashcards • Also there are set flashcards that students will often use
Cards.ucalgary.ca	• Virtual card deck with brief varying patient presentations asking for diagnosis and management • Create a free account

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 (4th floor, door code 7133) by 7:00 am**
	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 Feedback** - 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, MBU)
	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 MBU)
	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
	Complete (5) Aquifer Cases of your Choice
	Time logs, case logs
	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			
Advocacy Project	**13-19**	Projects include: • 10-minute presentation • 1-pager or op-ed, **and** • letter to legislator	
Due 2 days prior to Shelf Exam (last day of clinical duty)			
Observed H&P	**20-21**	Can be completed by **resident or attending**	
Mid-Month Clerkship Feedback	**22-23**	Must be completed by **first inpatient attending**	
Otoscopic Exam	**24**	Can be completed by **resident or attending**	
Developmental Assessment	**25**	Can use provided "Kube card" during assessment. Can be completed by **resident or attending**	
Night Float Scavenger Hunt	**26**	Complete as many items as you can and have **supervisor initial**	
Resident Feedback of Student on Nights	**27**	To be completed by **supervising senior resident on nights**	
Outpatient Signature Page	**28**	Fill in your NAME, BLOCK, & Dates on Outpatient Obtain Initials from **attending** each day	
Due midnight on last day of rotation			
Aquifer Cases	**30**	Complete 5 cases of your choosing	
Case logs	**30**	Complete the 15 Competencies listed on **Page 30**	
Time logs	**30**	Enter Time Logs in eMedley for each day on duty	

- Complete ALL Assignments, including dates and signatures.
- You will turn in your entire M-3 Handbook when submitting your Assignments.

**The Assignment Due Date will be sent to you via Outlook Calendar Invitation.*

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, government systems, and artificial intelligence to champion a specific pediatric issue.

Objectives:

1. Identify and describe an important public health issue for the pediatric population.
2. Describe community, state, and/or federal resources available to support pediatric advocacy initiatives.
3. Recognize obstacles in overcoming challenges in beginning advocacy initiatives.
4. Create a "one-pager" OR op-ed addressing an important pediatric health topic, why it matters, and what can be done about it.
5. Identify your local, state, and national legislative representatives.
6. Appropriately integrate and critically evaluate AI tool(s) in the context of an advocacy initiative (a letter to a government official).

Instructions: (Goal is to evaluate all presentations in one afternoon)

1. Presentation
    a. Students are to identify a specific advocacy topic (see list of suggestions) and develop a 10-minute presentation and class discussion regarding their topic to be presented on their assigned case conference day.
    b. While students may complete this project as individuals, small groups (2-3 students max) are encouraged.
    c. The presentation should include the following elements: Background, defining the problem, why it matters, possible solutions, and a call to action (how to join the collaboration). Students should also include three learning goals and/or take away points for the audience.
    d. 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. Consider using "out of the box" teaching techniques for maximum audience participation.
    e. Students are encouraged to use multi-media presentations, interviews, and non-medical contacts as sources. Think outside the box!
2. "One pager" OR "Op-Ed"
    a. The students will also develop a "one-pager" or an "Op-Ed" to be distributed to the rest of the clerkship group. See attached examples.
3. Letter to legislator
    a. Students will need to identify an appropriate legislator (local, state, or federal) and craft a letter requesting support for the advocacy topic.
    b. Students will use an AI platform to create the first draft of the letter. Students will then review the letter and revise as appropriate. Each group will submit a document (template provided) detailing which AI platform was used, the prompt that was entered (can copy and paste), and a brief summary of the general edits required for the final version (ie: did AI generate any false information, erroneous/ghost references, etc).

Summary of requirements to complete (individually or 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 (AI created; student reviewed and edited) to government official (local, state, or federal) about presentation topic

- One page outlining the AI platform used, the prompt that was entered, and a brief summary of edits required

Grade:

Presentation and work products will be graded using specific rubric (attached). Reviewers (CDs +/- others) will award up to 50 points.

Honors: 45+/50 (90%)
High Pass: 40-44/50 (80%)
Pass: 35-39/50 (70%)
Fail <35/50

Potential 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

Resources for students:

How to write a one pager:

https://everylifefoundation.org/rare-advocates/advocacy-tools/tip-sheets/tip-sheet-making-a-one-pager-for-meetings-with-legislators/

https://publichealth.jhu.edu/lerner-center/resources/how-to-create-a-one-pager

How to write an Op-Ed:

https://publichealth.jhu.edu/lerner-center/resources/how-to-write-an-op-ed-or-letter-to-the-editor

https://the-learning-agency.com/guides-resources/write-an-op-ed/

AAP Advocacy Guide:

https://www.aap.org/en/advocacy/aap-advocacy-guide/

A medical student's guide to advocacy: American College of Surgeons

https://www.facs.org/media/qqzqsxdh/6_medical_students_guide_to_advocacy.pdf

Find my legislator: TN

https://wapp.capitol.tn.gov/Apps/fml2022/search.aspx

Tips for effective communication with your legislator:

https://www.capitol.tn.gov/help/contacting.html

Advocacy Toolkit

https://www.cfms.org/what-we-do/advocacy/advocacy-toolkit

Advocacy Project Evaluation Tool

Date:	
Campus:	
Team member(s):	
Advocacy topic:	

Advocacy Presentation

1. Able to articulate why topic is relevant to pediatric population

1	2	3	4	5	Comments:
Unable to justify how topic is relevant for pediatric care		Able to show how topic is tangentially related to pediatric care		Demonstrates how topic is timely and highly relevant for pediatrics	

2. Provided supportive background information, inclusive of relevant statistics, accepted guidelines, and policies in place

1	2	3	4	5	Comments:
Completely inadequate or incorrect background information		Includes some pertinent information though could be more robust		Includes relevant history, statistics, guidelines, and policies, including things specific to our city/state/region	

3. Proposed a solution or sound contribution to fixing the problem (something reasonable, realistic)

1	2	3	4	5	Comments:
No solutions discussed		Solutions discussed, but not realistic or reasonable		Solution(s) reasonable, realistic, and "call to action" included	

4. Included 3 take-aways or summary points

1	2	3	4	5	Comments:
Not included		Take-aways included, but "missed the mark" in relevance		3 relevant take-aways included	

5. Materials are visually pleasing and well organized

1	2	3	4	5	Comments:
Poorly organized OR multiple typos OR graphics not legible		Good organization, could have optimized graphics, some text or images may be difficult to read		Excellent organization, no typos, excellent use of graphics and text-to-graphic ratio	

6. Presenters are familiar with materials, able to present without reading slides, and field questions appropriately

1	2	3	4	5	Comments:
Appears unfamiliar with material; reads directly from slides		Familiar with topic and materials, but unable to provide thoughtful response to questions		Well familiarized with topic and materials, can present with only referencing slides, appropriate responses to audience questions	

One-pager OR op-ed

7. Create one-pager that contains appropriate, correct information and is visually pleasing

1	2	3	4	5	Comments:
Not visually pleasing, exhaustive text without graphics or incorrect information		Includes text and graphics, fairly readable, includes "call to action"		Optimal use of text and graphics, easily readable, includes specific, reasonable "call to action"	

8. Create op-ed that contains a story, provokes emotion, is suitable for the audience, and includes a call to action.

1	2	3	4	5	Comments:
No story OR written as a research-type paper		Includes a story, has a call to action		Story includes appropriate amount of detail and well-illustrates the issue at hand. Call to action is clear but not too political.	

Letter to policymaker

9. Able to identify appropriate policymaker(s) (local, state, federal) for letter

1	2	3	4	5	Comments:
Did not identify policymaker		Identified correct policymaker(s), though letter better suited for different tier of government (local/state/federal)		Identified correct policymaker(s) in most appropriate tier of government (local/state/federal)	

10. Create an effective letter with pertinent information and specific "ask" or call to action

1	2	3	4	5	Comments:
Letter poorly organized, multiple typos, no "ask"		Generally well organized, contains background information and some type of call to action. May contain false information.		Well-organized, has relevant background information, call to action is specific and reasonable, no incorrect or "hallucinated" information	

11. Supplemental AI information submitted for the project.

1	2	3	4	5	Comments:
Supplemental form incomplete.		Supplemental form completed; demonstrates inappropriate integration of AI (incorrect information OR lack of revisions)		Supplemental form is completed in full and demonstrates team appropriately integrated AI into the project.	

Final Grade

Total Score: ___/50

Honors:	45+/50 (90%)
High Pass:	40-44/50 (80%)
Pass:	35-39/50 (70%)
Fail	<35/50

Advocacy Project – Supplemental Information for Evaluation

Date:	
Campus:	
Team member(s):	
Advocacy topic:	

1. Which AI platform was used to create the letter to legislator?

2. Did your team explore any additional AI platforms? Why did you choose the platform you chose?

3. What was the final prompt entered into the platform?

4. Did you have to change the prompt multiple times, and if so, how?

5. How did you edit your letter from the original AI output?

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 FEEDBACK OF MEDICAL STUDENT PERFORMANCE ON NIGHTS

Name of Student being evaluated _____

Dates of Night Shifts _____

1. Please comment on this student's history and physical exam skills: _____

   _____

   _____

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

   _____

   _____

3. Please comment on student's oral presentation skills: _____

   _____

4. Please comment on student's documentation skills: _____

   _____

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

   _____

6. Is the student well integrated into the team? If not, how can student become better integrated?_____

   _____

7. Other Comments:_____

   _____

Name of Resident completing this evaluation: _____

Signature of Resident completing this evaluation: _____

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

Outpatient Signature Page

- Fill in date for each day.
- Get initials from attending.

**If you missed a day due to orientation/holiday/illness/etc, just make a note.*

STUDENT NAME

Block

Date	Day	AM	Get Initials	PM	Get Initials
	M	nursery		continuity clinic	
	T	nursery		walk in	
	W	nursery		walk in	
	Th	nursery		continuity clinic	
	F	nursery		Didactics 12-3	
	S				
	Su				
	M			ED(1-9)	
	T			ED(1-9)	
	W			ED(1-9)	
	Th			ED(1-9)	
	F			Didactics 12-3	
	S				
	Su				
	M	Private Practice OR Subspecialty			
	T	Private Practice OR Subspecialty			
	W	Private Practice OR Subspecialty			
	Th	Private Practice OR Subspecialty			
	F	Private Practice OR Subspecialty		Didactics 12-3	

NOTES

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)

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

V. Medical Misinformation

2025 - 2026
Pediatrics Residents

1st Year Residents

Began Residency on 07/01/25

Renee Cimpanu, MD
850-797-6610

Alexandra Colclough, DO
256-653-4300

Jada Creasman, MD
423-310-4306

Claudine Habib, MD
615-926-9022

Matthew Hampton, MD
931-626-2885

Cortney Haymon-Bevel, MD
256-605-5388

Carson Jowers, MD
931-305-1431

Tara May, MD
239-728-1722

Josie Owens, DO
856-696-8742

Caylyn Yost, MD
865-474-0368

2nd 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	

3rd 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

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 – Contact below in numerical order:

***If there are any problems with the machines, it is helpful to be in front of a machine when calling:**		
1. Tiffany Nabors 423-778-7442 Tiffany.nabors@erlanger.org	**2.** Allison Horner 423-778-8032 Allison.horner@erlanger.org	**3.** LeKisha White (Xanitos) 423-994-0355 LWhite@xanitos.com
4. John Doub (Erlanger Material Svs Dir) 423-778-6439 John.Doub@erlanger.org	**5.** 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), FIRST - Please call the UT COM GME Office: 423-778-7442		

Helpful QR codes
For
M-3 Medical Students to Complete

Student Evaluation of Resident *Please complete brief survey for any residents with whom you work for more than 1-2 days. Residents will receive periodic, aggregate feedback.* *PGY3 with most positive feedback receives an award at graduation!* https://forms.office.com/r/E6dnpzphJ7	
Student Evaluation of Faculty *Use this survey to provide feedback for faculty on clinical teaching or didactics. This will be presented to the faculty in aggregate, anonymous form. This form is managed by Memphis. It does require Net ID to login but this is not saved/attached to the feedback form*	
Student Evaluation of Didactics *Use this survey to provide feedback for each didactic session during your Pediatric Clerkship. This is managed by our Department here.* https://forms.office.com/r/RNwgmeig3a?origin=lprLink	
Student Evaluation of Rotation *Use this survey to provide feedback of your experience on this rotation and the Chattanooga campus. This is managed by our Deans' office here in Chattanooga.* https://forms.office.com/r/Twnjh5VZjx	

NOTES

Pediatrics

M-3

Medical Student Handbook
2025 - 2026

If Found, Please Call: 423-778-6696

Revised 04/28/2026