Spotlight on the Pediatrics Clerkship

For those of you who know me, it will come as no surprise that I am very excited for the opportunity to become more involved with student education. Student and resident education is what I consider to be the most rewarding and important duty bestowed upon an academic physician. There are few things we can do that will have as lasting an impact as helping teach the next generation of physicians. Here at UNMC and CHMC we are already blessed with wonderful educators whom I know share in this thinking. These physician-educators have already made a conscious and sometimes difficult decision to place the student and resident above the revenue-value-unit.

Before updating you on some exciting new opportunities we are planning for the third-year clerkship, I want to thank Dr. Sharon Stoolman for her dedication and devotion to our students over the past decade. Sharon's efforts will continue to be the foundation for which we will expand the clerkship. I am now only beginning to see how much time, strength, and refusal to take "no" as an answer went into Sharon building what I think is a strong and forward-thinking clerkship. I am truly honored and lucky to have the opportunity to follow in Sharon's shoes. As a result, my goal over the next year is to build upon the clerkship's strengths while also focusing on the College of Medicine's core educational goals and initiatives.

At the forefront of the College's educational goals is nurturing interactive learning throughout the four-year experience. Interactive learning will become the standard from the basic science years through the clinical years as there is much effort going into "flipping" the classroom. This is a process where self-learning is required of students outside of classroom time, while educators are challenged to move away from the traditional didactic lectures to case-based and interactive high yield educational formats during classroom and lecture sessions to expand and solidify the student's self-learning efforts. In this vein, we are looking to focus our general pediatric clerkship lectures into shorter 20-25 minute interactive education sessions. I am excited to say the enthusiasm from our faculty
who have already been tasked with this effort has been wonderful and I am confident the students will benefit with improved retention of core pediatric concepts.

In addition to the "flipped" classroom initiative, there is a College of Medicine goal to expand simulation activities. As the result of faculty commitments from several CHMC hospitalists, hematologists-oncologists, pulmonologists, and the neonatal intensivists we have now expanded the third-year clerkship simulation opportunities to include lumbar puncture, intubation, and breath sounds. What I see as most beneficial to the students is that the very specialists who perform these procedures or experience the clinical conditions on a regular basis will facilitate these simulation sessions.

The last major addition is one that focuses on the College of Medicine's goal for clinical clerkships to prepare students for their next step in training. In this regard we are adding student case presentations, which will be fashioned after resident morning report and mini-PMC formats. The hope is this process will allow students the opportunity to gain more experience and confidence in presenting patients in a less intimidating but focused educational setting before they are asked to do this daily as residents. This exercise will also allow students a greater amount of success as they travel through the remainder of their third-year clerkships, fourth year and beyond.

To close, I wish to take this opportunity to thank those of you who already devote so much to our students; we all know who you are! I also wish to encourage those of you who have a desire to expand your involvement to do so! We still have opportunities for simulation activities and participation in the mini-case presentations is open to faculty. Let's take this opportunity to challenge ourselves to reach a new higher standard in educating our students. To quote the words of the dynamic Steelers coach Mike Tomlin, "the standard is the standard".

Clerkship Administration

Joy Higgins, M.S. has worked in the Department of Pediatrics for the Joint Division of Newborn Medicine at the University of Nebraska Medical Center for 27 years. Prior to that she worked in the Department of Family Medicine as Undergraduate Curriculum Secretary for 5 years. Upon completion of her masters degree in counseling in 2010 she began working with Prof. Gary Beck in the education office in the Department of Pediatrics. This gave her renewed interest in education. In October of 2012 she became Undergraduate Curriculum Coordinator for the Department of Pediatrics.

Joy enjoys working with the medical students and feels that a large part of her job is advocating for the students making sure their pediatric clerkship rotation is not only educational but enjoyable and as stress-free as possible.
recently completed the Clerkship Administrator Certificate Program awarded by the Central Group on Educational Affairs of the Association of American Medical Colleges. She had a poster on related to student perceptions of the inpatient learning environment at the Council on Medical Student Education in Pediatrics meeting in Ottawa, Canada in March and plans to continue working on research in this area.

**Pediatric Clerkship Learning Objectives**

The accreditation process requires annual notification of the learning objectives of the clerkship. We are publishing them here to provide all of our faculty and residents with the specific objectives of the clerkship.

**Goal of the Clerkship:** This eight-week required clerkship will provide junior medical students with a body of knowledge, skills, and attitudes fundamental for a general physician.

**Learning Objectives**

**Medical Knowledge**

- Junior medical students will apply principles of growth and development (physical, physiologic and psychosocial) from birth through adolescence during ambulatory and inpatient settings.
- Junior medical students will demonstrate clinical problem-solving skills in real and simulated experiences.

**Patient Care**

- Junior medical students will be able to demonstrate age appropriate physical examination skills for infants, children and adolescents in real and simulated experiences.
- For common acute illnesses, chronic illnesses, and common emergencies in pediatrics, junior medical students will discuss problem lists and management options during patient care experiences.

**Interpersonal & Communication Skills**

- Junior medical students will demonstrate communication skills that facilitate the clinical interaction with children, adolescents and their families.

**Professionalism**

- Junior medical students will demonstrate the attitudes and professional behaviors appropriate for clinical practice during ambulatory and inpatient settings.

**Practice-based Learning and Improvement**

- Junior medical students will identify sources of evidence based medicine in the care of patients and families during inpatient settings.

**Systems-based Practice**

- Junior medical students will explain the influence of family, community and society on the child in health and disease during ambulatory settings.
Direct Observation of Students

A new standard from the Liaison Committee on Medical Education is that students are directly observed doing a history and physical examination. This may be a focused H&P or a complete one. As part of the junior clerkship experience, they have been assigned a specific list of patient conditions that they have to log during the 8-week experience. Some of these they may ask you to observe them doing so we have included the list here:

- Anemia
- Cough/Wheeze
- Abdominal Pain
- Otalgia
- Rash
- Fever & Rash
- Bruising
- Headache
- Heart Murmur
- Rhinorrhea
- Fever without focus
- Diarrhea
- Limp/Extremity Pain
- Seizures
- Sore Throat
- Vomiting

Promotion and Tenure Recognition

The following faculty have been recognized for their accomplishments this year:

- **Don Coulter, M.D.**, Associate Professor, Division of Hematology/Oncology
- **Pat Doherty, M.D.**, Associate Professor, Division of Emergency Medicine
- **Arwa Nasir, MBBS, M.Sc.**, Associate Professor, Division of General Pediatrics
- **Adam Reinhardt, M.D.**, Associate Professor, Division of Rheumatology
- **Sharon Stoolman, M.D.**, Associate Professor, Division of Hospitalists
- **Stephen Obaro, MBBS, Ph.D.**, Professor with Tenure, Division of Infectious Diseases
- **Paul Sammut, M.D.**, Professor, Division of Pulmonology

The department relies on adjunct faculty to achieve our missions of patient care, research, and education. We are very happy to announce the following adjunct faculty received a promotion this year:

- **Doug Boon, M.D.**, Adjunct Associate Professor, Grand Island Clinic
- **Madeleine MacDonald, M.D.**, Adjunct Associate Professor, Pediatric Partners (Fremont)
• Jane Carnazzo, M.D., Clinical Associate Professor, Children's Physicians Spring Valley (Omaha)
• Brett Kettelhut, M.D., Adjunct Professor, Omaha Allergy & Immunology Associates

Correction

In last month's newsletter, Teri Mauch's title was incomplete. For the Outstanding Faculty Teaching Award she received from the residents, it should have been listed as:

Teri Mauch, M.D., Ph.D.