BABIES HOSPITAL CLERKSHIP

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I. General Information

Overview and Role Assignments

While at Babies Hospital, each student will spend 2.5 weeks exclusively in the ER and 2.5 weeks based on the inpatient service. Each student has been assigned to a team (either A or B) that corresponds to an inpatient ward team. In addition, each student has been given a number (1 - 6) that determines whether you start on the wards or in the ER. Find your name on the list below and follow the schedule that corresponds to that code.

Students A1 - 3 and B1 - 3 will spend block 1 of the clerkship in the ER and block 2 based on the wards.

Students A4 - 7 and B4 - 6 will spend block 1 based on the wards and block 2 in the ER.

<table>
<thead>
<tr>
<th>ER then Wards</th>
<th>TEAM A (works with Ward Team 1)</th>
<th>TEAM B (works with Ward Team 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Daniel Sciubba</td>
<td>B1</td>
</tr>
<tr>
<td>A2</td>
<td>Elizabeth Gerstner</td>
<td>B2</td>
</tr>
<tr>
<td>A3</td>
<td>Matthew Giegengack</td>
<td>B3</td>
</tr>
<tr>
<td>A4</td>
<td>Elizabeth Munro</td>
<td>B4</td>
</tr>
<tr>
<td>A5</td>
<td>Stephen Quinnin</td>
<td>B5</td>
</tr>
<tr>
<td>A6</td>
<td>Liam Ryan</td>
<td>B6</td>
</tr>
<tr>
<td>A7</td>
<td>No Student</td>
<td>Total Students for PH = 12</td>
</tr>
</tbody>
</table>

Master Schedules: A separate schedule for each of the two groups (A1 - 3 and B1 - 3 // A4 - 7 and B4 - 6) is attached at the end of this packet. These sheets list all conferences, lectures, and rotation-specific assignments. Depending on lecturer schedules, some of the Tuesday conferences will have different times or locations, as noted in the handouts at the end of this packet. We recommend you note these changes on your master schedule. When you finish scheduling sessions with your mentor (details in section IV), add them to your master schedule as well.

Following are details on certain schedule items:

**TUESDAYS**

Case Presentations: 2:00 p.m. - 3:00 p.m. (details attached at the end of this packet)

Lecture series: 3:00 p.m. - 4:00 p.m. (details attached at the end of this packet)

Clerkship Director's Meeting: 4:00 p.m. - 6:00 p.m. in the McIntosh Conference Room, BHS1-113

**WEDNESDAYS**

Radiology Conference with Carrie Ruzal Shapiro, M.D.: 2:30 p.m. - 3:30 p.m. BH 3 North. These meetings will cover basic issues of pediatric radiology including airway, vomiting, limping and child abuse.

**FRIDAYS**

Psychiatry Preceptor Rounds with Jonathan Slater, M.D.: 12:00 p.m. - 1:00 p.m. BHN 6-636. (PLEASE BE ON TIME)

Course Director's Meeting with Steve Miller, M.D.: 1:30 p.m. - 3:00 p.m. Hammer Health Sciences Library Computer Area

Cases will be presented to the students in a “role play” format to emphasize clinical decision making. These sessions will emphasize decision making from a generalist perspective.

**OTHER SESSIONS**

ER Topics with Ken Katz, M.D.: various times during the clerkship in the Pediatric ER

Dr. Katz will discuss outpatient topics with the students who are in the ER only.

Feedback: 3rd and 5th Fridays from 3:00 p.m.

Dr. Miller will meet with you individually in fifteen minute intervals to give you a midpoint evaluation during the third week and he will meet with you for a wrap up and evaluation of the course on the fifth week.

II. Inpatient Information

Scheduling Details

Note that all schedules are subject to change, depending on faculty and team needs. All students begin the day on the wards at approximately 7:00 a.m. for pre-rounds and work rounds (until 9:00 a.m.). The students then either
remain on the wards or meet their mentors at an outpatient site.

Keep these important points in mind when following your inpatient master schedule:

Χ You will leave the wards for one half day a week to join your primary care mentor in clinic. On the first day of the clerkship, call your mentor to arrange these times. These meetings supersede anything that is on your master schedule. Please remind your mentor to limit the number of morning slots to when you are on the wards. See section IV for more details.

Χ Buddy up with an intern. This will provide you with a consistent contact point for both learning and patient management.

Χ Whenever you leave the wards, let your intern and resident know where you are going. Sign out your patient to another student on your team.

Χ Add your call nights to the schedule (see the responsibilities section for more details).

At the end of the day, all students return to the wards to check on any patients they may have. They will either join sign out or receive sign out from the on-call intern.

Responsibilities

Patient Load: Each student should have 2-3 inpatients at all times. If you have fewer patients, you need to ask the resident for additional patients to keep up your clinical load.

On Call: Students will take call every fourth night and on those nights they should pick up at least one admission. Make every effort to take call with the same intern. They should take the history and do the physical exam in the presence of the intern (and the resident, if the resident so desires). If there are no admissions by 10:00 p.m., the student should check the ER for any admissions waiting to come up. Make your call schedule with the resident on the first day of the clerkship. Night call on the wards ends at 11:00 P.M. Weekend call starts with work rounds at 8:00 AM and lasts until 11:00 P.M. Other on call responsibilities include:

Χ Evaluating any problems that arise on any patient
Χ Assisting the intern with any task related to patient care issues
Χ Writing notes on all patients followed by the other students on your team.

Note: If there are five students on a team, then students may have to take call together (i.e., 2 on call together from a single team). In such a case, the fifth person should stagger his/her call to minimize this occurrence. When there are two students on call, one student may go to the ER (the acute side) in the evening if the ward is not busy. Check in with the attending if you chose to do so.

Other Responsibilities: Examine your patient at least twice a day (once first thing in the morning and once before you leave for home at the end of the day). In addition to a required morning note on all your patients, you must return to the wards at 5:00 p.m. to check on your patients and write any addenda regarding daytime developments. Speak to the on-call intern and consult the chart for details. All notes should be reviewed and critiqued by the intern or teaching resident and co-signed by that person. When you leave to the ER or clinic during the day, you must sign out to a fellow student who is remaining on the wards for the entire day. You are also responsible for presenting your patients on all rounds. For formats of notes and presentations, please see the Pediatric Clerkship packet.

Admission Write Ups: Follow the format in the overall packet. Hand in a total of two write ups to the teaching attending to be critiqued. See your schedule for turn-in dates for write-ups. If these are late or not handed in at all you will miss important feedback and the resident will evaluate your performance accordingly. Make a second copy and hand in on the due date to Dr. Miller.

Daily Presentations and Write ups: Use the formats described in the Pediatrics Clerkship packet. Remember to carry your level of involvement beyond what is minimally expected by trying to formulate decision points and making some recommendations about what decision you feel is the best. Remember to back up your statements with literature and pathophysiology and not with anecdotes that you heard. Activity Details

Pre - Rounds: (7:00 a.m.- 7:30 a.m.) During this time, check on how each of your patients did overnight and examine all your patients in a focused manner to assess their current health status. Try to write your progress notes at this time and prepare your work round presentations.

Work Rounds: (7:30 a.m. - 9:00 a.m.) Residents run these rounds for the purpose of setting the day's agenda for each patient. Present all your patients in a focused manner and encourage the house staff to go over physical
findings with you on your patients at this time. Be prepared to present in bullet form if time is short.

**Work Time:** (9:00 a.m. - 10:00 a.m.) You and the interns should take a deep breath and prioritize what needs to be done. This will help you develop clinical judgment. Use this time to finish your notes, speak with families, do necessary procedures and arrange tests and consults.

**Attending Rounds:** (10:00 a.m. - 11:00 a.m.) Be prepared to discuss and present your patients during this time. Discussions should reflect your preparation and knowledge of the literature regarding your patient's problems. They should also reflect that you have thought about your patients and made some judgments regarding their problems.

**Conferences and Lectures:** The remainder of the day will usually have a variety of conferences that will pull you off the wards and other responsibilities that may pull you off the wards. If you are leaving, you must sign out any work that needs to be done to a fellow student. Let the intern of that patient know this as well.

**Radiology Rounds:** (2:00 p.m. - 2:30 p.m.) Present your patients to the radiologists succinctly; that is, using a one sentence summary that implies the reason the x-ray was obtained. The time of this conference is subject to change, so follow the house staff's lead on this issue.

**Sign Out Rounds:** (late afternoon) The time for this activity fluctuates so you will again have to follow the house staff's lead on this issue. Your role here will also depend on the individual house officers involved. Clarify this with them early in the clerkship.

### III. Emergency Room Information

#### Scheduling Details

On the first day of your ER rotation, report to Dr. Ken Katz in the pediatric ER for orientation. The ER experience takes place mostly in the non-acute area. Primary care physicians from the surrounding community (Washington Heights, an inner city environment) and from neighboring suburban communities (mostly Westchester, Riverdale and New Jersey) will supervise you. It also includes ER trained physicians and hospital based clinicians from inner New York City practices.

During your ER time you will spend at least three half days a week with your primary care mentor. Attempt to schedule these sessions on days when you are not handling acute cases.

**Neonatology:** Most students will spend three mornings on the newborn nursery at the Allen Pavilion during ER time. During this time you should practice your physical examination of newborns, including screening for congenital abnormalities (cardiac, abdominal, genital, hip and HEENT). These sessions also provide opportunities for you to counsel new parents about the anxiety of parenthood and educate new mothers about proper breast feeding technique. Other specific subject matter to cover includes: the jaundiced infant, prematurity / RDS, meconium aspiration, gestational age assessment, and Apgar scoring.

**ER On Call:** During your ER week you will also be on call one evening (5:00 p.m. - 2:00 a.m.) and part of a weekend day. You may switch your weekend and weeknight calls with each other to create one full 12 hour shift instead of 2 six hour shifts. When on call either on a weekday or weekend you are supposed to be on the acute side.

**Subject Matter**

Specifically in the non-acute ER, familiarize yourself with how to deal with the following chief complaints:

| X Fever | X Cough | X Sore Throat | X Headache |
| X Chest Pain | X Abdominal Pain | X Minor Head Trauma | X Crying Infant |
| X Diarrhea | X Vomiting | X Scrotal Pain | X Heart Murmur |
| X Vaginal Discharge | X Weakness | X Rash with fever | X Limp |
| X Arthritis |

You should be able to discuss some of the more common diagnoses and some of the key decision points in the work up of each complaint.

In the acute ER you should try to cover the following topics:
**Babies Hospital Clerkship**  

**General Information**

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<tr>
<td>X</td>
<td>Shock</td>
<td>X</td>
<td>&quot;Sick children&quot;</td>
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<td></td>
<td>Altered Mental Status</td>
<td>X</td>
<td>Ingestions</td>
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<tr>
<td>X</td>
<td>Syncope</td>
<td>X</td>
<td>DKA</td>
</tr>
<tr>
<td>X</td>
<td>Bloody Diarrhea</td>
<td>X</td>
<td>Trauma</td>
</tr>
<tr>
<td>X</td>
<td>Dehydration</td>
<td>X</td>
<td>Respiratory Distress</td>
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<tr>
<td>X</td>
<td>Apnea</td>
<td>X</td>
<td>Wheezing</td>
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<td>X</td>
<td>Ingestions</td>
<td>X</td>
<td>Seizures</td>
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<tr>
<td>X</td>
<td>Apnea</td>
<td>X</td>
<td>Pain Management</td>
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<tr>
<td>X</td>
<td>DKA</td>
<td>X</td>
<td>Dehydration</td>
</tr>
<tr>
<td>X</td>
<td>Pain Management</td>
<td>X</td>
<td>Respiratory Distress/Dying</td>
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### III. Mentoring Information

**General Description**

This clinical experience occurs in a general pediatrics setting, focusing on both preventive care and developing relationships with patients and families. Although this may be difficult in a short five week rotation, we expect that you will keep some contact with at least one or two families by phone or through follow-up visits over the weeks of the clerkship while you are in the clinic or the ER. Try to make yourself available by phone on a 24 hour a day, 7 day a week basis for at least some of your patients. In addition, these sessions provide another forum for practicing histories, physicals and presentations with your preceptor's guidance. In some cases, students may shadow attending in private offices. Try to perform at least part of the history or physical exam with your mentor.

You have been assigned an attending who will act as your mentor for the rotation and will be available for advice regarding any issues you have. On the first day of the clerkship, contact your mentor and schedule yourself to be with him or her for one 1/2 day per week while you are on inpatient and three 1/2 day sessions when you on outpatient. Avoid scheduling mornings while you are on the wards. See the attached sheets for your assignments and information about contacting your mentor. (If your mentor is not available that day, find out when he or she will return and call at the first opportunity; if you are having problems reaching your mentor let me know immediately.)

**Objectives**

Specific objectives include the following:

X Assess the developmental stage of the patient (Erikson, Piaget)

X Describe the principles of vaccination

X Teach parents to assess illness in their children and properly access the medical system

X Identify common behavioral problems

X Practice principles of preventive care for:

**Adolescents:**

X safe sex

X heads history

X smoking

X high risk for suicide

X violence

X substance abuse

**Children:**

X behavior

X school failure / phobia

X diet

X enuresis / encopresis

X safety (e.g., car/helmet)

X attention disorders

**Infants:**

X sleep

X discipline (i.e., abuse)

X diet (lead poisoning/anemia)

X development

X behavior
BABIES HOSPITAL CLERKSHIP

GENERAL INFORMATION

You should be able to approach patients with the following issues (core knowledge):

- Failure to Thrive
- Anemia
- Obesity / Nutrition
- School Phobia
- Truancy
- Enuresis
- Constipation
- Short Stature
- Precocious Puberty
- Hematuria
- Headache
- Chest/Abdominal Pain
- Attention Deficit
- Sports Physical
- Asthma
- HIV Infection

In addition, use your mentoring sessions to develop your clinical knowledge. Consider:

- Developing a hypothetical case with your preceptor, picking a diagnosis from one of the above and describing how that patient might present. For example, choose a patient with iron deficiency anemia and make up the patient's presentation, history, work up over time and management over time.
- Ask your mentor to present a hypothetical or real case from his or her file that covers one of the issues mentioned above.
- Present one of these topics to the staff in the clinic. Arrange this with your mentor.
- Choose one of the topics above and write up a hypothetical case (or a real case from your mentor) and discuss the problem and its management. One copy goes to your mentor and one to Dr. Miller. It is due on Friday of your second outpatient/ER week. The case should be 2 page; the discussion pages (include references).

Other Required Work: (This should be one side of a page in length)

1. ER/Evidence Based Medicine Project:
   1. Choose a focused clinical question (i.e. - Inpatients with moderate croup, do steroids decrease the hospitalization rate?) Don't choose a broad topic (i.e., Asthma, Head Trauma, etc.)
   2. Do a literature search. Describe your search strategy (why you did it a certain way) and choose 2 articles (to be toic and handed in).
   3. Write a brief critique of articles and your conclusion about the above question.

A final, important point: Attempt to develop a real bond with these patients. Building trust and confidence should be your top priority. Try to find the hidden agendas of your patients. By the end of each visit, you should be able to describe a typical day in the life of your patient and his or her most pressing emotional issues. I know this may sound like the psychiatry clerkship, but getting good at finding your patient's core anxieties and issues is the foundation for a successful therapeutic relationship for any physician. Ask your mentor to assess how well you developed therapeutic relationships.
### Mentor List and Assignments

**June 26 2000 Through July 28, 2000**

**OPD (FIRST 2 ½ Weeks)**

<table>
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<tr>
<th></th>
<th>Mentor</th>
<th>Assignment</th>
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<tbody>
<tr>
<td>A1</td>
<td>Daniel Sciubba</td>
<td>Dr. R. Brown</td>
</tr>
<tr>
<td>A2</td>
<td>Elizabeth Gerstner</td>
<td>Dr. H. Cunningham</td>
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<tr>
<td>A3</td>
<td>Matthew Giegengack</td>
<td>Dr. N. Salamon</td>
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<tr>
<td>B1</td>
<td>Allison Hays</td>
<td>Dr. R. Mones</td>
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<td>David Horgan</td>
<td>Dr. V. Niketakis</td>
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<td>B3</td>
<td>Bronwen Kahn</td>
<td>Dr. A. Brandes/Dr. S. Ortiz</td>
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<td>A5</td>
<td>Stephen Quinnan</td>
<td>Dr. H. Beutler</td>
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<td>Liam Ryans</td>
<td>Dr. D. Cohen</td>
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<td>B4</td>
<td>Torsten Wiegand</td>
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<td>John Duggan</td>
<td>Dr. M. Torrres</td>
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<td>Benjamin Smith</td>
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<td>B6</td>
<td>Pang-Dian Fan</td>
<td>Dr. M. Irigoyen</td>
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