



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Paul L. Foster School *of* Medicine

Pediatric Intensive Care Unit (PICU)

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Clerkship title:	Pediatric Intensive Care Unit (PICU)
Sponsoring department:	Department of Pediatrics
Clerkship Director:	Arjun Chandran, MD
Location:	El Paso Children's Hospital (EPCH), PICU, 10 th floor

This is a 4-week rotation in the Pediatric Intensive Care Unit (PICU) of El Paso Children's Hospital (EPCH). It fulfills the fourth year critical care requirement at the PLFSOM. Students will spend a 5+ days/week in the PICU participating in the care of the patients admitted to this unit under the supervision of the PICU residents and faculty. There will be no more than 2 students/month.

Monday – Friday students should arrive on time (06:00) to prepare for rounds and will stay until after sign-out rounds in the afternoon or evening. Students will sign out their own patients. Students must come in on Saturday **OR** Sunday (students' choice) in time to prepare for rounds. They will participate in rounds, and help the team achieve their goals. They may leave after signing out their patients.

Clerkship Objectives

The PICU is a 4-week rotation that exposes the student to the experience of Pediatric Critical Care Medicine and the PICU environment.

During the 4-week rotation, the medical student will be exposed to a variety of pediatric patients with complex medical and surgical conditions requiring intensive intervention and management.

The pediatric intensive care objectives were adapted internally based on those competencies required for pediatric training by ACGME and using Pediatric Intensive Care pediatric resident curriculum as a guide in the formulation of these objectives. This goals and objectives of this selective are consistent with the PLFSOM learning objectives as indicated below.

Medical Knowledge

Goals:

The student will demonstrate knowledge about established biomedical and clinical sciences and the application of this knowledge to the care their patients. They must understand the approach to establishing a differential diagnosis in the critically ill pediatric patient. (PGO: 2.1- 2.3, 2.5, 3.1, 3.3- 3.5). They will acquire medical knowledge of the following conditions:

- Acute Respiratory Failure
- Hemodynamic Instability
- Acute Neurological Conditions
- Multiple Organ Failure
- Severe Metabolic Disorders
- Trauma

Objectives: The student will

- Understand the physiologic foundation of most common etiologies of pediatric respiratory failure including but not limited to infectious, traumatic, breathing failure, metabolic, and cardiac origins.
 - Learn pediatric pulmonary physiology according to age and developmental staging (PGO: 1.3, 1.5-1.6, 2.1-2.3) .
 - Learn noninvasive and invasive methods for ventilator support in the critically ill pediatric patient, and when and how to implement the appropriate strategy (PGO: 1.3-1.6, 1.10, 2.3).
- Understand the principles of pediatric resuscitation and stabilization including the acute management of cardiorespiratory failure.
 - Understand the importance of airway management and bag-valve-mask ventilation in the pediatric patient population. Recognize different clinical scenarios where each would be beneficial (PGO: 1.1-1.6, 1.10, 2.2).
 - Know normal VS in each age group. Recognize impending or actual hemodynamic instability, and have a strategy for initial intervention for stabilization, including but not limited to airway management, fluid resuscitation, and use of vasoactive infusions (PGO: 1.1-1.6, 1.10, 2.1-2.3).
 - Recognize multiple organ dysfunction syndrome and common methods to support organ dysfunction (PGO: 1.1-1.6, 1.10, 2.1-2.3)..
 - Recognize impaired mental status or neurologic dysfunction in different age groups regardless of etiology, and develop a differential diagnosis (PGO: 1.1-1.6, 2.1-2.3)..
 - Recognize and diagnose common metabolic abnormalities resulting in PICU admission or developing in PICU patients during the hospitalization. Learn to evaluate and manage fluid and electrolytes in the pediatric critically ill patient (PGO: 1.1-1.7, 2.2-2.3).
- Understand the role and purpose of pediatric intensive care for the pediatric patient, the short and long-term ethical, societal and philosophical concerns, and the reason to obtain and assess ongoing data of outcome (PGO: 1.9, 2.4-2.6, 3.5, 5.2, 5.4-5.5, 6.1-6.4).

Assessment:

- Clinical evaluations (PGO: 1.1-1.7, 2.2-2.5, 5.7) by Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).
- Verbal evaluation by Dr. Chandran (PGO: 1.1-1.5, 2.1-2.3, 3.3). You will get immediate feedback on your performance following educational sessions.
- 2 Observed H&Ps (PGO: 1.1, 2.1, 2.5, 3.3) signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator). One is to be completed and turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4.

Patient care and procedural skills

Goals:

The student, under supervision of the Faculty and Residents, will provide patient care that is compassionate and effective for the treatment of problems associated with critically ill pediatric patients. The student is responsible for gathering essential and accurate information about their patients and their families, analyzing these data, and develop accurate assessments and effective treatment plans. The student will understand the progression or resolution of their patients' conditions over the course of the hospitalization. (PGO: 1.1–1.6, 1.8, 1.10, 4.1-4.4 6.4, 7.2-7.3, 8.1)

Objectives: The student will

- Follow 1-3 critically ill patients/day.
- Write daily notes and present their patients on rounds.
- Obtain a complete patient history, perform a physical examination, and evaluate all pertinent diagnostic data.
- Familiarize themselves with the PICU power plans and admission order sets. Additionally, the student will submit admission orders for two patients they follow for evaluation by the clerkship director. This will be included in their final evaluation and assessment.
- Participate in handing off and receiving hand-off on their patients.
- Make informed recommendations about diagnostic and therapeutic interventions.
- Together with the attending, communicate plan of care to the parents and patients (if age appropriate).
- Work with health care professionals (including those from other pediatric subspecialties and other medical disciplines) to provide patient-focused care, and to develop and carry out patient management plans.

Assessment:

- Clinical evaluations (PGO: 1.1-1.7, 2.2-2.5, 3.4, 4.1-4.3, 6.4) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).
- Verbal evaluation by clerkship director following educational sessions (PGO: 1.1-1.5, 2.1-2.3, 3.3, 4.2, 5.7). You will get immediate feedback on your performance.

- 2 Observed H&Ps (PGO: 1.1, 2.1, 2.5, 3.3, 4.1) signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator). One is to be completed and turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4.
- 2 sets of admission orders (in the ADCADAVER format – see Appendix 1) reviewed and signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator – 1 set by end of week 2 and 2nd set by end of week 4). You will receive written feedback on order writing. (PGO: 1.4, 1.6, 3.3, 4.2, 5.7)
- Hand-off evaluation form (PGO: 4.2, 6.4) - to be completed weekly and handed in to Clerkship Director and Coordinator

Interpersonal and Communications Skills

Goals:

The student will effectively exchange information with (PGO: 4.1–4.5, 6.4)

- Pediatric Intensive Care Team
- Other medical professionals involved in the patients' care
- Patients and families

Objectives: The student will

- Give clear, concise, well-organized presentations on rounds and exchange patient information effectively with members of the care team.
- Document accurately patient's status, diagnosis, assessment, and treatment plans.
- Communicate effectively with consultants and other medical professionals.
- Effectively transfer care.
- Explain (with compassion and empathy) patient's status and treatments in terms understandable to patients (if applicable) and parents under supervision of the Faculty and Residents.

Assessment:

- Clinical evaluations (PGO: 4.1-4.4, 6.4) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).
- Verbal evaluation by clerkship director. (4.2, 5.7). You will get immediate feedback on your performance after educational settings.
- 2 Observed H&Ps (PGO: 4.1) signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator). One is to be completed and turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4.
- 2 sets of admission orders (in the ADCADAVER format – see Appendix 1) reviewed and signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator – 1 set by end of week 2 and 2nd set by end of week 4) (PGO: 4.2)
- Hand-off evaluation form (PGO: 4.2, 6.4) - to be completed weekly and handed in to Clerkship Director and Coordinator

Professionalism

Goals:

The student must demonstrate commitment to carrying out professional duties, adherence to ethical principles, and sensitivity to a diverse patient population. The student must arrive in time to evaluate their patient and prepare for rounds. They must attend to all patient presentations by the other team members and participate in discussions about patient care. They should be accessible and available to the team throughout the day. (PGO: 5.1– 5.7, 7.3 8.1)

Objectives: The student will

- Demonstrate respect, compassion, and integrity to patients, their families, and the team.
- Be responsive to the needs of patients, their families, and medical professionals (and put these needs above their own self-interest).
- Be accountability to patients and the profession.
- Commit to excellence and on-going professional development.
- Commit to ethical principles pertaining to provision or withholding of clinical care and confidentiality of patient information.
- Demonstrate sensitivity and responsiveness to patients' and/or their family's culture, age, gender and disabilities.
- Fulfill clerkship requirements.

Assessment:

- Clinical evaluations (PGO: 5.1, 5.3, 5.6-5.7, 7.3, 8.1) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).
- Verbal evaluation by clerkship director (PGO: 5.7). You will get immediate feedback on your performance after educational sessions.
- 2 Observed H&Ps (PGO: 5.1-5.2, 5.7) signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator). One is to be completed and turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4.
- Assessment of Clerkship Director and Coordinator (PGO: 5.7)

Practice Based Learning and Improvement

Goals:

The student will assimilate scientific evidence into their patient care practices. The student will be proactive in their learning. (PGO: 3.1–3.5, 5.7)

Objectives: The student will

- Learn underlying physiologic principles from textbooks, medical professionals, and other resources
- Find and study evidence from scientific literature related to their patient's medical problems.
- Find and review clinical guidelines and best practices related to their patients' conditions.

- Use information technology to manage information, access on-line medical information; and support their own education.
- Be proactive in seeking out patient care opportunities.
- Seek out feedback and incorporate it into their subsequent performance.

Assessment:

- Clinical evaluations (PGO: 3.1-3.4, 5.7) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).
- Verbal evaluation by clerkship director (PGO: 3.1, 3.3). You will get immediate feedback on your performance after educational sessions.
- 2 Observed H&Ps (PGO: 3.3) signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator). One is to be completed and turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4.
- 2 sets of admission orders (in the ADCADAVER format – see Appendix 1) reviewed and signed off by Faculty, Resident, or PA (handed in to Clerkship Coordinator – 1 set by end of week 2 and 2nd set by end of week 4) (PGO: 3.3)

Systems-Based Practice

Goals:

The student must demonstrate how to practice quality health care and learn to become advocates for their patients within the Pediatric Intensive Care environment (PGO: 3.2, 6.2–6.4).

Objectives: The student will

- Understand criteria for admission to the pediatric intensive care unit.
- Learn the importance of reducing errors and infections and identify mechanisms for reducing errors and nosocomial infections.
- Learn the importance of initiating early discharge planning and participate in the discharge planning of at least one patient.

Assessment:

- Clinical evaluations (PGO: 3.2, 6.2-6.4) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).

Interprofessional Collaboration

Goals:

The medical student will learn the importance of the multidisciplinary approach to the care of the critically ill or injured child in the PICU. (PGO: 1.8, 4.2, 7.2-7.3)

Objectives: The student will

- Work with other health care personnel (including nurses, technicians, and ancillary service personnel) and the patient and family to provide the best quality care for the patient.

- Contribute, in a meaningful way, as a team member to advance the team's goals for each patient's care.
- Respond professionally when conflicts arise within the team (including patients and family) and work for a satisfactory resolution.

Assessment:

- Clinical evaluations (PGO: 1.8, 4.2, 7.2-7.3) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).

Personal and Professional Development

Goals:

The medical student will demonstrate responsibility to their own learning, and will recognize when they need help and seek it from the appropriate resources. The student will demonstrate flexibility in response to changing situations in the PICU, and will show healthy methods of dealing with stress. (PGO 8.1-8.5)

Objectives: The student will

- Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.
- Recognize when to take responsibility (under supervision) and when to seek assistance. The student will recognize appropriate resources from which to seek help (PICU personnel, literature, guidelines, other professionals, etc.)
- Demonstrate flexibility in adjusting to change.
- Demonstrate healthy methods of dealing with stress.

Assessment:

- Clinical evaluations (PGO: 8.1-8.5) from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).

Clinical Experiences and Op Log Requirements:

The selective Clerkship Director is responsible for ensuring that each student is being exposed to appropriate clinical experiences. The student is expected to review the selective syllabus and to discuss expectations and procedures at the beginning of the rotation. The Clerkship Director will meet with the student on the first day for orientation, during Week 3 for Midclerkship Evaluation, and weekly for educational sessions. The Clerkship Director and student will devise a strategy for addressing deficiencies, when needed.

The student will enter patients into the Op Log at least weekly. Op logs are checked weekly every Monday morning. They are expected to be updated by this time and prior to midclerkship evaluations.

It is anticipated that the student will have a minimum of 8 patients in your Op Log by Midclerkship evaluation and ≥ 16 patients by the end of the Clerkship.

The first day of the Clerkship will be spent in the EPCH OR, 2nd floor to learn pediatric airway management and vascular access skills. Dr. Marc Orlandi or his designee will provide supervision in the OR. Orientation will take place immediately following the OR experience (usually 3:00 pm – 3:30 pm) in Dr. Chandran's office (AEC, Room 218D).

Required Patient Encounters

- Patient with respiratory embarrassment requiring the use of novel gases (heliox, NO) or assisted ventilation (BVM, BiPAP, CPAP, hi-flow (Vapotherm), or mechanical ventilation).
- Patient with hemodynamic instability requiring support of circulation (CPR, fluids, vasoactive infusions, etc.)
- Patient with abnormal CNS function (manifested as a change in baseline MS).
- Trauma patient requiring PICU monitoring and/or therapy.
- Patient with metabolic disorders (acid-base, DKA, lactic acidosis, etc.) necessitating or arising during PICU admission.
- Patient with multiple organ dysfunction requiring PICU monitoring or therapy of ≥ 2 organ system dysfunction.

If the student has concerns regarding their ability to see the required patients or ability to meet the minimum number of patients, they should contact the Clerkship Director.

In rare circumstances it may be necessary to assign students computerized cases, simulations, or special readings to achieve objectives that are not being met through actual patient care.

- The student must get Clinical Evaluations from Faculty, Residents, and/or PA. (You must get at least 1 evaluation/week from Faculty and at least 1 evaluation/week from the Residents and/or PA).

The student will receive immediate feedback on their performance by clerkship director after educational sessions.

The student is to complete 2 observed H&Ps. One is turned in by the end of week 2 and the other is to be completed and turned in by the end of week 4. The Hand-off Evaluation Tool must be handed in weekly.

The student must turn in 2 sets of PICU Admission Orders, one by the end of Week 2 and the other by the end of Week 4. These must be reviewed and signed by Faculty, Resident, or PA prior to handing these in. In this way, the student receives immediate feedback from the team caring for the patient. These will be reviewed by the Clerkship Director and feedback will be emailed back to the student.

The student is expected to participate in daily PICU rounds and be an integral part of the PICU team.

The students will attend the following scheduled conferences:

- Pediatric Grand Rounds – 1st and 3rd Wednesday of each month from 8:00 am – 9:00 am in AEC Auditorium B.
- Pediatric Morning Report – Monday and Friday at 8:00 am – 8:30 am (when patient assignment allows). Morning Report takes place in AEC Auditorium B.
- Discharge/ Care Progression huddle – Attend one per week - preferably on Tuesdays- between 7:45 and 8:00 am (7.2).
- Students will be given access to SCCM pediatric learning modules. A pre-test will be done by the end of the first day of the Clerkship. At least 4 modules should be done per week, so as to understand deficiencies and these will be addressed in the last two weeks of the rotation. A post-test will need to be taken in the last week of the rotation. A minimum score of 75% will be required for successful completion of rotation.

See Appendix 3 for Sample Calendar

Midclerkship evaluations are scheduled for the beginning of week 3. They will occur in the PICU. At that time, you should have handed in 1 observed H & P, 1 set of admission orders and ≥ 2 evaluations, and ≥ 10 Daily Evaluation Cards, and updated your oplog.

Evaluations are scored based on evaluator's assessment of Needs Improvement, Pass, or Honors. Points are assigned to the observed H&Ps and are added to the average evaluation score in some competencies for a final score. Please see the sources for assessment listed under each competency above. Please note that the Professionalism is graded as Pass/Fail.

Failure of preparation for or completion of clerkship activities may result in a lower grade at the discretion of the Clerkship Director. As outlined in the Common Clerkship Requirements, it is expected that over the course of the rotation, student performance will have improved in many or all categories, based on constructive feedback and growing familiarity with the clinical discipline and patient care. The final assessment represents the student's final level of achievement.

You will receive 2 PICU Handbooks (Helfaer MA and Nichols DG. **Roger's Handbook of Pediatric Intensive Care, 5th edition, 2017** and Watson S and Thompson A. **Pediatric Intensive Care (Pittsburgh Critical Care Medicine, 1st edition, 2017)**) for use during the PICU rotation. You are required to return them at the conclusion of the Clerkship.

In the event of the death of a child, please immediately notify Clerkship Director and Clerkship Coordinator. This includes both planned and unplanned deaths. We will debrief about the situation.

Preparation for Teaching

Attending faculty and residents (see below) will be oriented to the experience by the PICU Clerkship Director or Chief of Pediatric Critical Care Medicine, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a “Residents as Teachers” program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student PICU syllabus with particular emphasis on goals, objectives, and assessment methods and criteria. A copy of the PICU syllabus will be kept in the PICU.

All instruction and clinical activity related to PICU Clerkship occurs in the EPCH PICU, 10th floor.

PICU Clerkship Contact Information

Arjun Chandran, MD
PICU Clerkship Director

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PICU Clerkship Coordinator, Interim

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Chief, Pediatric Critical Care

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*Emergency Contact Person
prefers text

Appendix 1 – Order Writing In Adcadaver Format

ADMISSION ORDERS

Admit: (to Service or Doctor)

Diagnosis: most important one first (reason for admission)

Condition: stable, guarded, critical, etc

Allergies: drug or food, NKDA, dog, etc.

Diet: NPO, regular for age, specific formula, clear liquids, advance to etc.

Activity: ad lib, bed rest, log roll only, OOB with assistance, etc.

Vital Signs: what, frequency, can add I & O, notifications

Etc: anything else – consults, labs, studies (and when), special instructions or precautions (suicide, aerosol or droplet, etc)

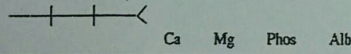
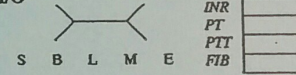
Rx: therapies – drugs, O₂, CPT, PT, OT, IVF

Date _____
Time _____

ICU Day _____

24° EVENTS	PE	Temp	HR	BP	MAP	RR	O2
	Weight						

Neurologic Drips: <input type="checkbox"/> Fentanyl <input type="checkbox"/> Midazolam <input type="checkbox"/> Morphine <input type="checkbox"/> Vecuronium PRN	Respiratory <input type="checkbox"/> MODE <input type="checkbox"/> TV <input type="checkbox"/> PIP <input type="checkbox"/> PEEP <input type="checkbox"/> RATE <input type="checkbox"/> Ti <input type="checkbox"/> PS <input type="checkbox"/> FIO2 CXR	Vent Day#: _____ HOB @ 30: Yes No Spontaneous Breathing Trial <input type="checkbox"/> Yes <input type="checkbox"/> No Possible Extubation in Next 24: <input type="checkbox"/> Yes <input type="checkbox"/> No Cuff Leak: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cardiovascular <input type="checkbox"/> Dopamine <input type="checkbox"/> Epinephrine <input type="checkbox"/> Norepinephrine <input type="checkbox"/> Milrinone <input type="checkbox"/> Dobutamine <input type="checkbox"/> Vasopressin <input type="checkbox"/> Heparin CVL/ _____ Vascular Access: Line: _____ Position: _____ Day: _____
		Candidate for sedation holiday <input type="checkbox"/> Yes <input type="checkbox"/> No	ABG / VBG / CBG pH _____ PCO2 _____ PO2 _____ HCO3 _____ BE _____

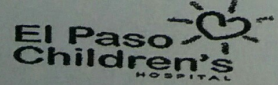
FEN In _____ Out _____ Net _____ UO _____ D #1 _____ D #2 _____ D #3 _____ Cal _____ Diet _____ 	ID Blood: _____ CSF: _____ Urine: _____ Renal _____ Foley: Yes No Day # _____	H/O  INR _____ PT _____ PTT _____ FIB _____ DVT Prophylaxis: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
Misc		

A/P

PATIENT IDENTIFICATION PLATE

Attending Nurse Practitioner Resident DATE TIME

*Pediatric Intensive Care
Progress Note*



CH 616-004-09

Appendix 3: Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday OR Sunday
Week 1						

	<p>Start PICU Rotation</p> <p><u>7:30 am</u> Meet Dr. Orlandi in EPCH OR, 2nd floor</p> <p>To follow: Meet Dr. Chandran in his office (AEC, Room 218D) for ORIENTATION</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report</p> <p>PM (time varies): Sign out rounds</p> <p>Turn in: ≥ 1 evaluation from Faculty and ≥ 1 evaluation from Resident or PA</p> <p>1 Hand-off Evaluation Tool</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds. Complete work. Sign out. Leave.</p>
<p>Week 2</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>PM (time varies): Sign out rounds</p> <p>Turn in: ≥ 1 evaluation from Faculty and ≥ 1 evaluation from Resident or PA</p> <p>1 Hand-off Evaluation Tool</p> <p>1st observed H&P</p>	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds. Complete work. Sign out. Leave.</p>

					1 st set of Admission Orders	
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday OR Sunday
Week 3	<p>6:00 am Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>1:00 pm – 3:00 pm <u>Midclerkship Evaluation,</u></p> <p>To follow: resume clinical duties</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>PM (time varies): Sign out rounds</p> <p>Turn in: ≥ 1 evaluation from Faculty and ≥ 1 evaluation from Resident or PA</p> <p><u>1 Hand-off Evaluation Tool</u></p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds. Complete work. Sign out. Leave.</p>
Week 4	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>PM (time varies): Sign out rounds</p>	<p>06:00 Rounds preparation, receives sign-out from night team, and rounds</p> <p>8:00 am Attend Morning report.</p> <p>PM (time varies): Sign out rounds</p> <p>Turn in: ≥ 1 evaluation from Faculty and ≥ 1 evaluation from Resident or PA</p>	

					1 Hand-off Evaluation Tool 2nd observed H&P <hr/> 2nd set of Admission Orders	
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Pediatric Grand Rounds: 1st and 3rd Wednesday of the (calendar) month: 08:00 – 09:00, AEC, Auditorium B (Breakfast at 07:30)

Morning Report: Mondays and Fridays: 8:00 am – 8:30 am in AEC, Auditorium B (if clinical duties permit and residents are going)

Specialty Morning Report: 2nd and 4th Wednesday of the (calendar) month: 8:00 am – 8:30 am in AEC, Auditorium B (if clinical duties permit and residents are going)

Care Progression Huddle: Tuesdays of Weeks 2 and 4. Meet team in PICU Conference room at 7:45 am – 8:00 am.

Appendix 4: Forms Used For Picu Clerkship

PICU OBSERVED H & P (OR CLINICAL INTERACTION)

STUDENT NAME: _____

Date: _____

RATING SCALE

- 0 = Not done, but should have been
- 1 = Done incorrectly or incompletely
- 2 = Done with assistance or direction - knowledge incomplete
- 3 = done with minimal assistance, or complete and accurate, but room for improvement
- 4 = Done skillfully and completely without assistance
- N/A = not applicable

Professionalism		Information Gathering		Physical Examination		Information Sharing	
Introduces self		Uses open-ended questions		Washes hands		Student is able to generate reasonable differential diagnosis and problem list.	
Calls child & parent by name		Progresses with specific questions		Has child appropriately unclothed		Student is able to generate reasonable treatment plan or next best intervention.	
Professional appearance		Logical sequence		Minimizes discomfort		Clearly explains diagnosis	
Good eye contact		Does not ask presumptive/leading questions		Explains actions to parent & child		Correctly explains management plan	
Avoids jargon/explains medical terms		Asks for clarification if necessary		Correct exam techniques used		Explains reasons for recommendations	
Comments:		Appropriately includes child in interview		General		Checks family's understanding of recommendations	
		Reflects parent's/patient's feelings		Head/scalp		Comments:	
		History complete relative to presenting complaint		Neck			
		Student elicits pertinent information.		Eyes			
		Comments:	Nose/mouth/throat				
			Ears				
			Lungs				
			Cardiovascular				
			Abdomen				
			Skin				
Skeletal							
GU							
Neuro							
Student identifies pertinent physical findings							

Clinical Problem: _____

Comments:

Attending/Resident Signature: _____

COMPLETE AND TURN IN 2 – 1 by end of Week 2 and 1 by end of Week 4

STUDENT HAND-OFF CEX TOOL EVALUATION
To be completed by Resident or Attending

Date: _____

Student's Name: _____

Evaluator's Name: _____

intern resident hospitalist

Organization/efficiency (○ Not observed)

<i>disorganized; rambling</i>	1	2	3		4	5	6		7	8	9	<i>standardized sign-out; concise</i>
	Unsatisfactory				Satisfactory				Superior			

Communication skills (○ Not observed)

<i>not face-to-face; understanding not confirmed; no time for questions; responsibility for tasks unclear; vague language</i>	1	2	3		4	5	6		7	8	9	<i>face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concrete language</i>
	Unsatisfactory				Satisfactory				Superior			

Content (○ Not observed)

<i>information omitted or irrelevant; clinical condition omitted; 'to dos' lack plan, rationale</i>	1	2	3		4	5	6		7	8	9	<i>all essential information included clinical condition described 'to dos' have plan, rationale</i>
	Unsatisfactory				Satisfactory				Superior			

Clinical judgment (○ Not observed)

<i>no recognition of sick patients; no anticipatory guidance</i>	1	2	3		4	5	6		7	8	9	<i>sick patients identified; anticipatory guidance provided with plan of action</i>
	Unsatisfactory				Satisfactory				Superior			

Patient Focused (○ Not observed)

<i>hurried, inattentive; inappropriate comments re: patients, family, staff</i>	1	2	3		4	5	6		7	8	9	<i>focused on task; appropriate comments re: patients, family, staff</i>
	Unsatisfactory				Satisfactory				Superior			

Setting (○ Not observed)

<i>≥ 5 interruptions; noisy, chaotic</i>	1	2	3		4	5	6		7	8	9	<i>no interruptions; minimal noise</i>
	Unsatisfactory				Satisfactory				Superior			

Overall sign-out quality (○ Not observed)

1	2	3		4	5	6		7	8	9
Unsatisfactory				Satisfactory				Superior		

Comments: _____

COMPLETE AND TURN IN 1 PER WEEK

For use in Wards, Nursery, and Selective



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

STUDENT'S NAME:

EVALUATOR'S NAME:

SERVICE:

DATES OF ROTATION:

DATE OF ASSESSMENT:

KNOWLEDGE FOR PRACTICE

	Needs Improvement	Pass	Honors	N/A
Demonstrates knowledge of current peer-reviewed literature in relation to patient management	0	0	0	0
Can compare and contrast normal variation and pathological states commonly encountered in Pediatrics _	0	0	0	0
Can apply established basic science principles in patient care_	0	0	0	0

Comments related to Knowledge for Practice

PATIENT CARE AND PROCEDURAL SKILLS

	Needs Improvement	Pass	Honors	N/A
Completes an appropriate history..	0	0	0	0
Exam is appropriate in scope.	0	0	0	0
Identifies pertinent physical findings	0	0	0	0

PATIENT CARE AND PROCEDURAL SKILLS (Continued)

	Needs Improvement	Pass	Honors	N/A
Accurately interprets commonly used laboratory results.	0	0	0	0
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.	0	0	0	0
Identifies serious conditions that require timely and specific interventions.	0	0	0	0
Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.	0	0	0	0
Appropriately documents findings.	0	0	0	0
Demonstrates competency in order and prescription writing.	0	0	0	0

Comments related to Patient Care and Procedural Skills

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INTERPERSONAL AND COMMUNICATION SKILLS

	Needs Improvement	Pass	Honors	NIA
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.	0	0	0	0
Presentations to faculty or resident are organized.	0	0	0	0

Comments related to Interpersonal and Communication Skills

PRACTICE-BASED LEARNING AND IMPROVEMENT

	Needs Improvement	Pass	Honors	NIA
Takes the initiative in increasing clinical knowledge and skills .	0	0	0	0
Accepts and incorporates feedback into practice.	0	0	0	0

Comments Related to Practice-Based Learning and Improvement

SYSTEMS-BASED PRACTICE

	Needs Improvement	Pass	Honors	NIA
Effectively utilizes medical care systems and resources to benefit patient health.	0	0	0	0
Demonstrates understanding of processes for maintaining continuity of care throughout transitions.	0	0	0	0

Comments related to Systems-Based Practice

PROFESSIONALISM

	Needs Improvement	Pass	Honors	N/A
Is reliable and demonstrates accountability to patients and fellow members of the health care team.	0	0	0	0
Acknowledges mistakes.	0	0	0	0
Demonstrates compassion and respect for all people.	0	0	0	0
Demonstrates honesty in all professional matters.	0	0	0	0
Protects patient confidentiality.	0	0	0	0
Dress and grooming appropriate for the setting.	0	0	0	0

Comments related to Professionalism

INTERPROFESSIONAL COLLABORATION

	Needs Improvement	Pass	Honors	1	N/A
Works professionally with other health care personnel including nurses technicians, and ancillary service personnel.	0	0	0		0
Is an important, contributing member of the assigned team.	0	0	0	1	0
Functions effectively as a team member by preparing for collaborative experiences,	0	0	0		0

Comments related to Interprofessional Collaboration

PERSONAL AND PROFESSIONAL DEVELOPMENT

	Needs Improvement	Pass	Honors	NIA
Recognizes when to take responsibility and when to seek assistance.	0	0	0	0
Demonstrates flexibility in adjusting to change.	0	0	0	0
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.	0	0	0	0

Comments related to Personal and Professional Development

REQUIRED: Overall comments/Strengths/Weaknesses

I have discussed this assessment with the student.

- Yes
- No

Assessor's Signature

Student's acknowledgment and date of review

I acknowledge that I have received and reviewed the above evaluation. I understand that my signature does not constitute agreement with the evaluation, only receipt and review.

July 24, 2015

COMPLETE AND TURN IN ≥ 1 PER WEEK FROM FACULTY AND ≥ 1 PER WEEK FROM RESIDENTS AND/OR PA.

TO RECEIVE HONORS IN PROFESSIONALISM, SPECIFIC COMMENTS DESCRIBING EXCEPTIONAL PROFESSIONALISM MUST BE INCLUDED, OR THE GRADE WILL REVERT TO A PASS.

PICU CLERKSHIP REQUIREMENTS:

Week 1

	Due	Resident or Attending	Date Completed
Hand-off evaluation #1	End of week		
Evaluation #1 (Faculty)	End of week		
Evaluation #2 (Resident and/or PA)	End of week		
PICU modules 1 - 4	End of Week 2		
* Attend OR with Anesthesiology and Orientation with Dr. Chandran to follow on Monday (1 st day) Complete PICU module pre-test by end of Day 1			

Week 2

	Due	Resident or Attending	Date Completed
Hand-off evaluation #2	End of week		
Observed H&P #1	End of week		
Admission Orders #1	End of week		
Evaluation #1 (Faculty)	End of week		
Evaluation #2 (Resident and/or PA)	End of week		
PICU modules 5 - 8	End of Week 2		

Week 3

	Due	Resident or Attending	Date Completed
Hand-off evaluation #3	End of week		
Evaluation #1 (Faculty)	End of week		
Evaluation #2 (Resident and/or PA)	End of week		

Week 4

	Due	Resident or Attending	Date Completed
Hand-off evaluation #4	End of week		
Observed H&P #2	End of week		
Admission Orders #2	End of week		

Evaluation #1 (Faculty)	End of week		
Evaluation #2 (Resident and/or PA)	End of week		
PICU Module Posttest	End of week		